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State of Indiana)
) SS:
County of Lake)
John Tica, deceased

2005 002967

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

KEY # 24-30-345-7
JAN 14 2005 PM 12:00

AFFIDAVIT OF HEIRSHIP

Jovan Tica, being first duly sworn on his oath deposes and says as follows:

1. That he is the son of John Tica, who died testate on 2/20/99.
2. That John Tica was married to Natalie Tica. ~~She~~
3. That as a result of their marriage ~~three~~ ^{TWO} children were born and none adopted, as follows. ~~A) Jovan Tica, affiant who is living and is an adult. B) Dan Tica, who is living and is an adult. C) Nina Tica, who is living and is an adult.~~
4. That John Tica never had or adopted any other children.
5. That the only heirs of John Tica are as follows: Nina Tica, daughter; John Tica, son and Dan Tica, son
6. That there is no federal or Indiana state inheritance tax due as a result of the death of John Tica.
7. That John Tica was owner of the following described real estate: Lot 7 in Block 13 in Second Addition to Indiana Harbor, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5, Page 18, in the Office of the Recorder of Lake County, Indiana.

8. JOHN TICA WAS MARRIED TO STEVANISA PLASA
 7. THAT AS A RESULT OF THEIR MARRIAGE ONE CHILD WAS BORN AND NONE ADOPTED, as follows
 Further affiant sayeth not. A. JOVAN TICA, AFFIANT WHO IS LIVING AND IS AN ADULT.

Jovan Tica
Jovan Tica

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

Subscribed and Sworn before me by Jovan Tica this 17th day of DECEMBER, 2004.

Ljiljana Uzelac
Notary Public
MY COMMISSION EXP: 2/10/07
RESIDENT OF LAKE COUNTY

This instrument prepared by: Richard Parks, Attorney at Law



DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

Bankers Title

#320042681

SRB

JAN 14 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

000683A

*OK # 683A
1/14/05*

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0519-99

KEY # 24-30-345-7

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Bankers Title # 320042681 SFB

1. DECEASED—NAME (First, Middle, Last) JOVAN TICA		2. SEX MALE	3a. TIME OF DEATH 10:44A_M	3b. DATE OF DEATH (Month, Day, Yr.) FEBRUARY 20, 1999	
4. SOCIAL SECURITY NUMBER 358-42-0160	5a. AGE—Last Birthday (Years) 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) JULY 7, 1938	
7a. WAS DECEDENT A U.S. VETERAN? NO	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) ST. MARGARET MERCY SOUTH		9c. CITY, TOWN, OR LOCATION OF DEATH DYER	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) NATALIE NANIC	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SELF EMPLOYED	12b. KIND OF BUSINESS/INDUSTRY CONSTRUCTION BUSINESS		
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION SCHERERVILLE	13d. STREET AND NUMBER 7009 CLINE AVE		
13e. ZIP CODE 46375	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. WHITE	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (0-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) MARKO TICA			
19. MOTHER'S NAME (First, Middle, Maiden Surname) MARTA BUBONJA		20. INFORMANT'S NAME (Type/Print) NATALIE TICA			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7009 CLINE AVE. SCHERERVILLE, IN. 46375		20c. Relationship WIFE			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FEBRUARY 24, 1999 CALUMET PARK CEMETERY		21c. LOCATION—City or Town, State MERRILLVILLE, INDIANA	
22a. EMBALMER'S NAME CHARLES WELLS		22b. EMBALMER'S LICENSE NO. FD01042372	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Di Doyle</i>		24b. LICENSE NUMBER (of License) FD01008300	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiopulmonary Arrest DUE TO (OR AS A CONSEQUENCE OF): b. status post cerebrovascular accident 2 yrs DUE TO (OR AS A CONSEQUENCE OF): c. myoclonus DUE TO (OR AS A CONSEQUENCE OF): d. dysphagia					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Martha J. Meche M.D.</i>		29c. MEDICAL LICENSE NO. 01032821	29d. DATE SIGNED (Month, Day, Year) 2-26-99		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MARTHA J. MECHE, M.D. 5265 COMMERCE ST ECD CROWN POINT, INDIANA 46307					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams M.D.</i>			32. DATE FILED (Month, Day, Year) February 26, 1999		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

FILED
JAN 14 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Alexander S. Williams M.D.
LAKE COUNTY HEALTH COMMISSIONER

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