

620053414

STATE OF INDIANA )  
 )ss:  
COUNTY OF LAKE )

2005 JUN 10 AM 9:50  
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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**AFFIDAVIT OF SURVIVORSHIP**

Comes now the undersigned Affiant, KATHRYN BOKUN, and after being duly sworn on her oath, states as follows:

1. That Vaso George Bokun died intestate on November 29, 2004.
2. That at the time of her death, the decedent and your Affiant, KATHRYN BOKUN held a fee simple interest, as husband and wife (tenants by the entireties), in the following parcel of real estate located within Lake County, Indiana, to wit:

Lot 13, Green Acres Estates, as shown in Plat Book 51, page 25, and in Plat of Correction recorded in Plat Book 51, page 63, in Lake County, Indiana

Commonly known as: 7050 W 105th Pl., Crown Point, IN 46307

Tax I.D. No.: 03-07-0289-0013

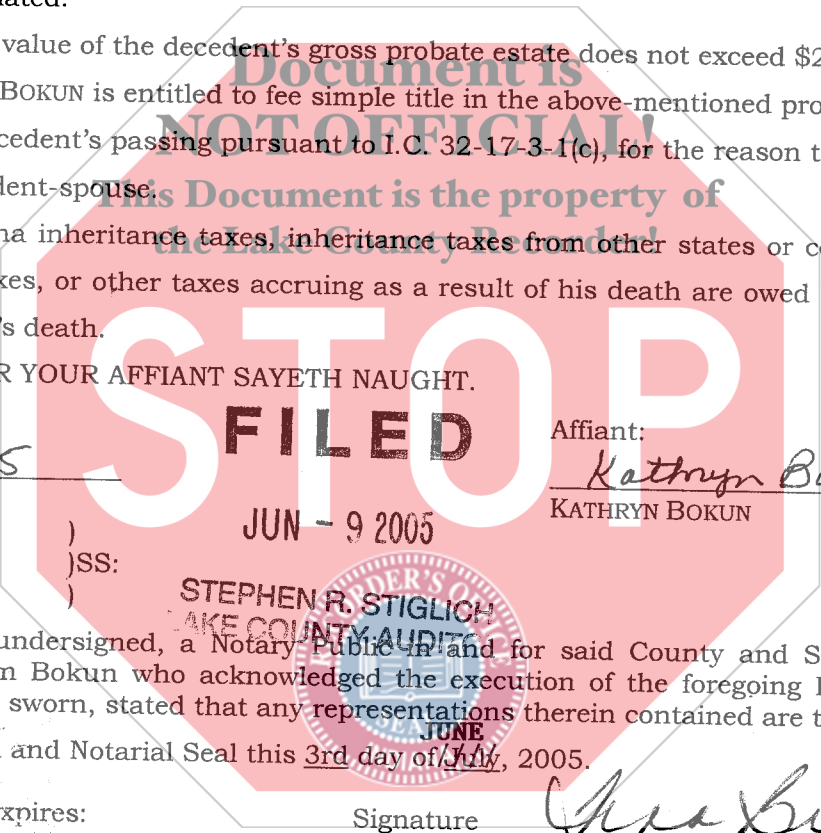
3. That no application or petition for the appointment of a personal representative pending or has been granted in any jurisdiction nor is any administration contemplated.
4. That the value of the decedent's gross probate estate does not exceed \$25,000.
5. KATHRYN BOKUN is entitled to fee simple title in the above-mentioned property as a result of the decedent's passing pursuant to I.C. 32-17-3-1(c), for the reason that she survived the decedent-spouse.
6. No Indiana inheritance taxes, inheritance taxes from other states or countries, federal estate taxes, or other taxes accruing as a result of his death are owed by reason of the decedent's death.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Date: 6/3/05

State of Indiana )  
 )ss:  
County of Lake )

Affiant:  
Kathryn Bokun  
KATHRYN BOKUN



Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Kathryn Bokun who acknowledged the execution of the foregoing Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 3rd day of July, 2005.

My commission expires: 12/26/07

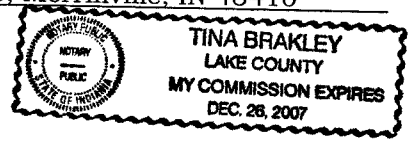
Signature Tina Brakley  
Printed Tina Brakley  
Resident of LAKE County, Indiana.

12-  
LP  
CT

This instrument prepared by Law Office of Garry A. Weiss, 6 W 73rd Avenue, Merrillville, Indiana 46410.

00840

Tax Bills To: Kathryn Bokun, 428 W. Southfield Ln., Valparaiso, IN 46383  
Return To: Law Office of Garry A. Weiss, P.C., Six W. 73rd Ave., Merrillville, IN 46410



CHICAGO TITLE INSURANCE COMPANY

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

620053414  
INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0582-041

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT INK

DECEDENT

MENTS

FORMANT

POSITION

USE OF AUTH

CERTIFIER

ALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>VASO G. BOKUN</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>4:29 A M</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>October 13, 2004</b>
4. *SOCIAL SECURITY NUMBER <b>354-26-3737</b>	5a. AGE—Last Birthday (Years) <b>78</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) <b>Jan. 7, 1926</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Dalmatia, Yugoslavia</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		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) <b>St. Mary Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Hobart</b>		9d. COUNTY OF DEATH <b>Lake</b>
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Kathryn Macesich</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Maintenance Repair</b>	
12b. KIND OF BUSINESS/INDUSTRY <b>Ford Motot Company</b>		13a. RESIDENCE—STATE <b>Indiana</b>		
13b. COUNTY <b>Porter</b>		13c. CITY, TOWN, OR LOCATION <b>Valparaiso</b>		13d. STREET AND NUMBER <b>482 W. Southfield Lane</b>
13e. ZIP CODE <b>46385</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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. (Specify) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>		18. FATHER'S NAME (First, Middle, Last) <b>Djuro Bokun</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Jela Bogovac</b>		20a. INFORMANT'S NAME (Type/Print) <b>Kathryn Bokun</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>482 W. Southfield LN, Valparaiso, IN</b>		20c. Relationship <b>Wife</b>		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>October 16, 2004 Calumet Park Cemetery</b>		21c. LOCATION—City or Town, State <b>Merrillville, IN</b>
22a. EMBALMER'S NAME <b>David W. Semplinski</b>		22b. EMBALMER'S LICENSE NO. <b>FD08600686</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jovan Soucek</i>		24b. LICENSE NUMBER (of Licensee) <b>FD08601292</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>FH83002445-Burns Funeral Home 10101 Broadway, Crown Point, IN</b>
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. <i>Large cell lymphoblastic lymphoma</i>		Approximate Interval Between Onset and Death <b>4 yrs</b>
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF):		
		c. DUE TO (OR AS A CONSEQUENCE OF):		
		d. DUE TO (OR AS A CONSEQUENCE OF):		
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) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>
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>M. Trybula</i>		29c. MEDICAL LICENSE NO. <b>01045710</b>		29d. DATE SIGNED (Month, Day, Year) <b>10/21/04</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) <b>M. TRYBULA, MD, 200 E. 69TH AVE, MERR. IN 46410</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But D.O.</i>				32. DATE FILED (Month, Day, Year) <b>October 23, 2004</b>
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. DESCRIBE HOW INJURY OCCURRED OR COMPLETE COPY OF THE CERTIFICATE OF DEATH OR FILE WITH THE LAKE COUNTY HEALTH DEPT.		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) <b>OCT 23 2004</b>		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

