STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

STATE OF INDIANA

COUNTY OF LAKE

2006_s090359

2006 OCT 16 AM 11: 10

MICHAEL A. BROWN RECORDER

AFFIDAVIT OF SURVIVORSHIP

- I, Christ Angelov, as agent under Power of Attorney for Aleksander L. Angelov, being duly sworn, state as follows:
- 1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
- 2. Aleksander L. Angelov is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 205 in Imperial Heights Eighth Subdivision to the City of Crown Point, as per plat thereof, recorded in Plat Book 47 page 22, in the Office of the Recorder of Lake County, Indiana.

This Document is the property of Tax Key None 9-413-17 County Recorder!

Commonly known as 620 Helen Court, Crown Point, IN 46307

- 3. The decedent, Alexandra Angelov, and Aleksander L. Angelov acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 16th day of May, 1990, and recorded in the Office of the Lake County Recorder as Document No. 100732.
- 4. The decedent and Aleksander L. Angelov jointly held title to said real estate until the death of Alexandra Angelov on the 22nd day of August, 2002, at which time Aleksander L. Angelov acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Alexandra Angelov.

FILED

OCT 16 2006

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 21107 \$15 CK# 3580

of Federal Estate Taxes was less than	of the decedent as determined for the purpose in the value required for the filing of a Federal dent's estate was not subject to Federal Estate
	Christ Angelov, Agent Under Power of Attorney for Aleksander L. Angelov
STATE OF INDIANA)) SS:
COUNTY OF LAKE)
Before me the undersigned, a No personally appeared Christ Angelov, and that the facts alleged in the foregoing in Signed and sealed this day of Oct	iment is
My commission expires: WOTAR SEAL PUBLIC PUBLIC TO EMPLIA THE OF INDIANT.	Signature: Palmare Guran Resident of: Lake County, Indiana
I affirm, under the penalties for penuty, tha	t I have taken reasonable care to redact each Social
Security number in this document, unless re	Quired by law.
This instrument prepared by: Gary P. B. Schererville, IN 46375; (219) 864-7800	onk, Attorney; 900 Parker Place, Suite A,
7	

ing requested by this state agency in order to rsue its statutory responsibility. Disclosure is untary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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,	late	HU.	٠	٠	

cal No	1422 OF	 RIES ARE CONFIDENTIAL PEI			7111	State	110	
(05 (00 N)T	1 DECEASED—NAME (First Mi			2	SEX	3a TIME OF DEA	TH 36 DATE OF D	DEATH (Month, Day, Yr)
PE/PRINT			OV		Female	3:10 A	M Augus	t 22, 2002
IN RMANENT	ALEXAN 4. *SOCIAL SECURITY NUMBER	Se AGE—Last Birthday	56 UNDER I YEAR	5c UNDER 1 DA	6. DATE OF	BIRTH (Mo. Day, Yr)	7. BIRTHPLÄCE (C	lity and State or Foreign Country)
	B05-30-7287	(Years) 73	Months Days	Hours Minu	April			i,Macedonia
	Be. WAS DECEDENT A U.S. VETERAN?	86 YEAR LAST SERVED IN U.S. ARMED FORCES?				DEATH (Check only or		
	1	O.S. ANNELS I OTICES!	HOSPITAL Inpat		OTHE	R X X Nursing Home	Other (Specify)	
	No	N/A	∐ ER/C	Outpatient DOA	CITY TOWN OF U	Residence OCATION OF DEATH	9d COUNTY	OF DEATH
CEDENT	96 FACILITY NAME (# not institut			j	Merril		Lai	/ A
		<u>Nursine & Ke</u> Lii surviving spouse	<u>hab Cent</u>					USINESS/INDUSTRY
(Specify) (If wife, give maiden name) done during most of working life Do				Op not use retired)	National Uniform Co			
	Married 130 RESIDENCE—STATE	Aleksander <i>F</i> 135. COUNTY	ngelov	<u> </u>		13d STREET AND N		14. 0111101111.0
	Indiana	Lake	Crown P	oint		620 He	len Cour	rt
			15 WAS DECEDENT	OF HISPANIC ORIGI	N? 16. RA	CE—American Indian.	17 DE	CEDENT'S EDUCATION
	136 ZIP CODE 13f. INSIDE CUT	Yes WHAT COUNTRY	2	Yes (If yes, specif	fy Cuban, Ble	ack, White, etc.		arry (0-12) College (1-4 or 5 +)
	13g ON A FAR	™ U.S.A.	Mexican, Puerto r	NEANS BIC.)	W	hite	Elementary/Second	ary (U-12) College (1-4 or 5 *)
		Yes	1,		MOTHER'S NAM	E (First, Middle, Maiden	Surneme)	
RENTS	18. FATHER'S NAME (First Middle				Stebra		kovski	
	Todor 20s. INFORMANTS NAME (Type)	Parkovich	20b MAILIN			al Route Number, City o		20c. Relationship
ORMANT	Aleksander A					n Point,		Husband
	210, METHOD OF DISPOSITION		216 DATE AND PLAC				21c LOCATION—C	ty or Town, State
	Buriel Cremetion	Removal from State	other place)	ug.24,	2002			
	☐ Donation ☐ Other (Spec	fy)/ _		Park C		y	Merrill	yille, IN
SPOSITION	220. EMBALMER'S NAME			S LICENSE NO.		3. WAS DEATH REPO	RTED TO CORONER?	
и обиного	David W. Sem	plinski	FD0860	0686	T A TO	V□ № □	√es .	
	246 SIGNATURE OF FUNERAL D			ICENSE NUMBER	25. NAM	ME. ADDRESS. AND LIK	CENSE NUMBER OF F	UNERAL HOME
	()	Salvento		(of Licensee)				neral Home
	Journ	70000	cumer-06	8601292	obtror	Ombrogo	iway, cro	wn Point, IN
		ses, injuries, or complications that can be read to the cause of the c		nter nonspecific terms.	such as cardiac or	respiratory		Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel	MI						
USE OF	disease or conditions of 27 (4.86) resulting in deathlesses for a finite	STHE AS JULIES A I K ODE YOU BY OF THE CE RATERIALL OF	OR AS A CONSEQUEN	CE OF)				
ATH	resulting in death) Conditions if any, which gave	DUE TO	OR AS A CONSEQUEN	CE OF).				
	rise to the immediate cause. stating the underlying	· -	epsie					
	Cause last		OR/AS A CONSEQUEN	CE OF)				
	0.11	G Z 2 (1111/						
	PART II. Other significant condition	a - Conditions contributing to death	but not previously stated		AS DECEDENT			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Supplied these regarded to the stands and		-77	р	PREGNANT OR 90 POSTPARTUM?	DAYS PERFOR		
			TUTE	R'S	Yes or no) N	0	No	OF DEATH? (Yes or no)
-		CERTIFYING PHYSICIAN To the	A CONTRACTOR	1.00	ee data and plans	and due to the country	as sured	
	(Check only	HEALTH OFFICER On the basis of						(s) as stated.
			nation and/or investigation					
	296. SIGNATURE AND TITLE OF		E 30	EAV. or 3		9c. MEDICAL LICENS		DATE SIGNED (Month. Day, Year)
RTIFIER	1	Fleme	- Aul	IANA THIT	1	10255	91	8-27-02
	30 NAME AND ADDRESS OF PE	RSON WHO COMPLETED GAUSE	OF DEATH (ITEM 26) (1	Type/Print) r		,	,	<u> </u>
	ALEVALIDED	A. STEMER	40 76	1 45-4	5V. 1	LUNSTER	TN.	46321
	31 HEALTH OFFICER'S SIGNATU	, , , , , , , , , , , , , , , , , , , 	5		2-7-1	10	32	DATE FILED (Month, Day, Year)
ALTH FICER	The state of the s						ugust 27, 2002	
-	33 MANNER OF DEATH	34e. DATE OF INJU	RY 34b. TIME OF	34c INJUR	Y AT WORK?	34d. DESCRIBE H	OW INJURY OCCURR	ED (
	1	(Month, Day, Ye	er) INJURY	(Yes or	no)			
	Netural Pending	n	1					
Accident 34e PLACE OF INJURY—At home, farm, street, factory, office 34f LOCATION (Street and Number or Rural Route Number. City or Town						umber, City or Town, State)		
	Suicide Could not b		н а слу)					i
	☐ Hornicide							
	34g. DATE PRONOUNCED DEAD	(Month, Day, Year) 34h. MOT	OR VEHICLE ACCIDENT	7 (Yesorno) If yes	, specify driver, pes	rsenger, pedestrien, etc.		ļ
	I							

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1