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2006 108206

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 DEC -8 AM 9:38

MICHAEL A. BROWN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )  
 620066678

**AFFIDAVIT OF SURVIVORSHIP**

Comes now, Tammy Buchan, as Personal Representative of the Supervised Estate of Dusan Vujnich, being of legal age and duly sworn upon her oath, who now states as follows:

Chicago Title Insurance Company

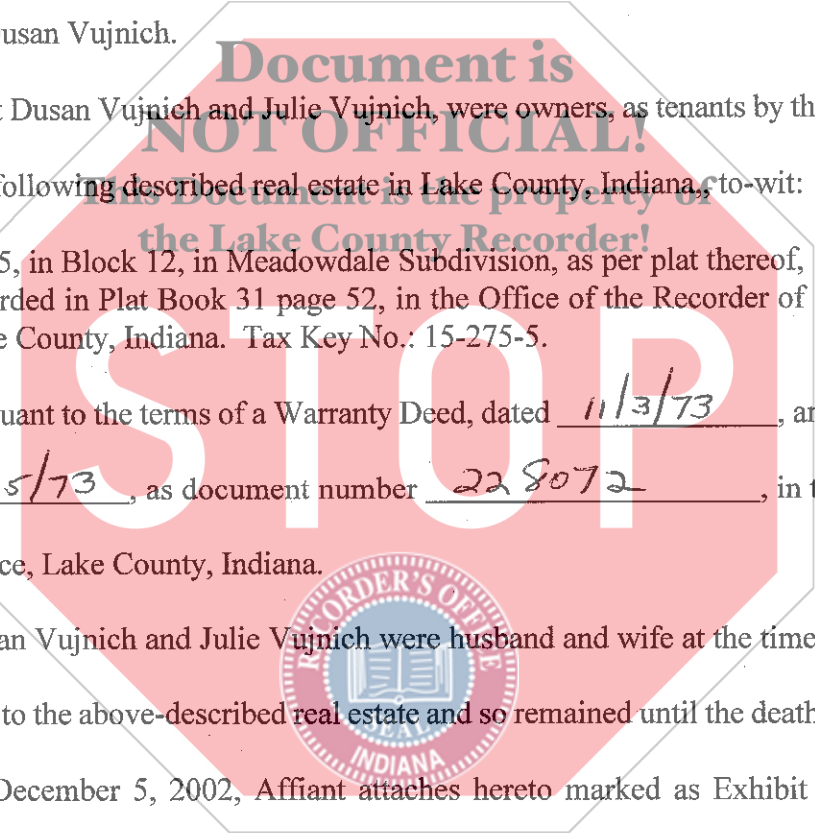
1. That Tammy Buchan, as Personal Representative of the Supervised Estate of Dusan Vujnich, is an adult and resides in Porter County, Indiana, and is the granddaughter of Dusan Vujnich.

2. That Dusan Vujnich and Julie Vujnich, were owners, as tenants by the entireties, of the following described real estate in Lake County, Indiana, to-wit:

Lot 5, in Block 12, in Meadowdale Subdivision, as per plat thereof, recorded in Plat Book 31 page 52, in the Office of the Recorder of Lake County, Indiana. Tax Key No.: 15-275-5.

pursuant to the terms of a Warranty Deed, dated 11/3/73, and recorded on 11/5/73, as document number 228072, in the Recorder's Office, Lake County, Indiana.

3. Dusan Vujnich and Julie Vujnich were husband and wife at the time they acquired title to the above-described real estate and so remained until the death Julie Vujnich on December 5, 2002, Affiant attaches hereto marked as Exhibit "A", a Death



**FILED**

DEC - 7 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

025287

15-  
CT  
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Certificate of Julie Vujnich.

4. Dusan Vujnich died on December 15, 2002, and that pursuant to a Court Order for Appointment of Personal Representative and for Supervised Administration dated May 26, 2004, Tammy Buchan, granddaughter and the Affiant herein, was appointed Personal Representative of the Supervised Estate of Dusan Vujnich.
5. This Affidavit is made for the purpose of clearing title to the above parcel of real estate and removing the name of Julie Vuhnich from the transfer records of the

Auditor of Lake County.

Dated this 4<sup>th</sup> day of December, 2006.

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

Tammy Buchan Personal Rep  
TAMMY BUCHAN, Personal Representative of the  
Supervised Estate of Dusan Vujnich

**SUBSCRIBED AND SWORN** to before me, a Notary Public in and for said State and County, this 4 day of Dec, 2006.

Andrea A. Wialowski  
Notary Public (Written)

Commission Expires: 9/17/09

ANDREA A WIALOWSKI  
Notary Public (Printed)

County of Residence: LAKE  
I warrant, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Jackie Smith

This instrument prepared by: Frank J. Koprčina, BRANDEWIE & KOPRCINA, P.C., Attorneys at Law, 150 E. Third Street, Hobart, Indiana 46342, (219) 942-6999.

\* 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. 2869-02

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>JULIE VUJNICH</b>		2. SEX <b>FEMALE</b>	3a. TIME OF DEATH <b>8:27 AM</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>DECEMBER 5, 2002</b>
4. *SOCIAL SECURITY NUMBER <b>-5970</b>	5a. AGE—Last Birthday (Years) <b>88</b>	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) <b>Jan 3, 1914</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>-</b>		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>Methodist Hospital-Southlake Campus</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville</b>		9d. COUNTY OF DEATH <b>Lake</b>
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Dusan Vujnich</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Housewife</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Merrillville</b>
13d. STREET AND NUMBER <b>1421 Meadow Drive</b>		13e. ZIP CODE <b>46410</b>		
13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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>8</b> College (1-4 or 5+):		
18. FATHER'S NAME (First, Middle, Last) <b>John Rohcir</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>N/A Sajdik</b>		
20a. INFORMANT'S NAME (Type/Print) <b>Tammy Buchan</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>5480 Mulberry Ave. Portage, IN 46368</b>		20c. Relationship <b>Grand Daughter</b>
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) <b>December 7, 2002 Calumet Park Cemetery</b>		21c. LOCATION—City or Town, State <b>Merrillville, Indiana</b>
22a. EMBALMER'S NAME <b>Leonard Gregorczyk</b>		22b. EMBALMER'S LICENSE NO. <b>FD08800305</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Leonard Gregorczyk</i>		24b. LICENSE NUMBER (of licensee) <b>FD08800305</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>STILINOVICH &amp; WIATROLIKFH830044 7535 Taft St. Merrillville, IN 464</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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Cardiac arrest</b>				
b. DUE TO (OR AS A CONSEQUENCE OF): <b>Dehydration</b>				
c. DUE TO (OR AS A CONSEQUENCE OF): <b>Electrolyte imbalance</b>				
d. DUE TO (OR AS A CONSEQUENCE OF):				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Cerebrovascular accident</b>				
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>Andrew</i>		29c. MEDICAL LICENSE NO. <b>01032180</b>		29d. DATE SIGNED (Month, Day, Year) <b>12-11-2002</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>S. Shah 5825 Broadway A Merrillville, IN 46410 219-884-1400</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. But...</i>				32. DATE FILED (Month, Day, Year) <b>December 12, 2002</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		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
34f. LOCATION (Street Number or Rural Route Number, City or Town, State)		34g. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH FILED WITH THE LAKE COUNTY HEALTH DEPT.		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>DEC 12 2002</b>		