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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 018411

2007 MAR -1 PM 3:14

**SURVIVORSHIP AFFIDAVIT**

MICHAEL A. BROWN  
RECORDER

Michael J. Grcich ("Affiant"), being first duly sworn upon an oath, deposes and says:

1. That Dolores J. Grcich ("the Decedent") and Affiant were husband and wife at the time they acquired title, as tenants by the entireties, to certain real estate by deed October 8, 1968 in the Office of the Recorder of Lake County, Indiana, and more particularly described as follows:

The South 32 feet of Lot Twenty-two (22), and the North 10 feet of Lot Twenty-one (21), in Block Three (3), in Hessville Park Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 17, page 14, in the Office of the Recorder of Lake County, Indiana.

The address of the real estate is commonly known as 6541 Delaware Avenue, Hammond, IN 46323.

2. That the marital relationship which existed between the Decedent and Affiant continued unbroken from the time they so acquired title to said real estate until the death of the Decedent on November 27, 1986, at which time Affiant acquired title to said real estate as surviving tenant by the entirety.
3. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of the Decedent have been fully paid and satisfied.
4. That all of the above representations are true.

AFFIANT:

*Michael J. Grcich*  
Signature

Michael J. Grcich  
Printed

METROPOLITAN TITLE IN, LLC  
216877CP-1



CK# 6315102543

\$15  
MTC  
CA

**FILED**

FEB 27 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

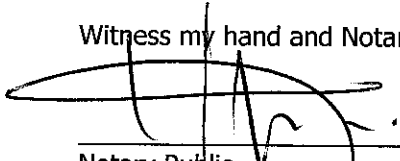
002658

STATE OF INDIANA            }  
                                      }SS:  
COUNTY OF Lake            }

ACKNOWLEDGMENT

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Michael J. Greich who, being first duly sworn by me upon an oath, states that the facts alleged in the foregoing Survivorship Affidavit are true.

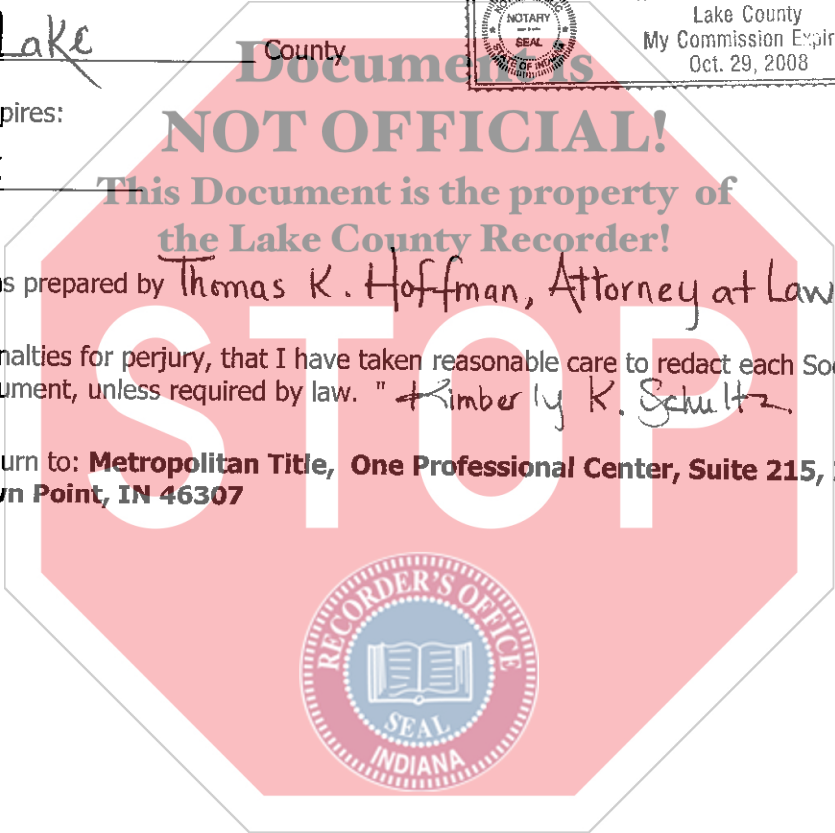
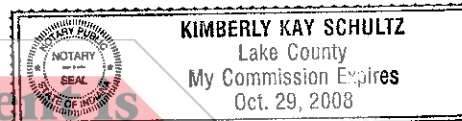
Witness my hand and Notarial Seal this 18 day of January, 2007.



Notary Public  
Kimberly Kay Schultz  
Printed Name

Resident of Lake County

My Commission Expires:  
10-29-08



This instrument was prepared by Thomas K. Hoffman, Attorney at Law

"I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." Kimberly K. Schultz

After recording, return to: **Metropolitan Title, One Professional Center, Suite 215, 2100 North Main Street, Crown Point, IN 46307**

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

DEC - 3 1986

Date Issued

Disposition Permit Issued	/
Provisional Certificate	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Local No. 788

FUNERAL HOME No. 286

FUNERAL DIRECTORS LICENSE No. 2497

FUNERAL HOME LICENSE No. 1061

BALMER'S NAME John L. Alexander  
FUNERAL DIRECTOR'S SIGNATURE John V. Huber

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME 1. Dolores Jeanette Gricich		SEX 2. Female		DATE OF DEATH (MONTH, DAY, YEAR) 3. Nov 27, 1986	
RACE—(a) White, Black, American Indian, etc. (Specify) 4. White		DATE OF BIRTH (Mo., Day, Yr.) 5. Apr 23, 1933		COUNTY OF DEATH 6. Lake	
CITY, TOWN OR LOCATION OF DEATH 7a. Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not in abstract, give street and number) 7c. 6541 Delaware Avenue		IF HCSP OR INST. indicate DOA, CP, Enter, etc., (Specify)	
STATE OF BIRTH (If not in U.S.A. name country) 8. Illinois		CITIZEN OF WHAT COUNTRY 9. USA		7d. N/A	
SOCIAL SECURITY NUMBER 13. 338-26-7742		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married		11. Michael J. Gricich	
RESIDENCE—STATE 15a. Indiana		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14. Housewife		KIND OF BUSINESS OR INDUSTRY 14b. Home	
STREET AND NUMBER 15d. 6541 Delaware Avenue		CITY, TOWN OR LOCATION 15c. Hammond		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15f. Yes			
FATHER—NAME 16. John Lambros		MOTHER—MAIDEN NAME 17. Emma Spahn		LAST	
INFORMANT—NAME (Type or print) 18. Michael J. Gricich, Husband		STREET OR R.F.D. NO. 18b. 6541 Delaware Ave., Hammond, IN 46323		CITY OR TOWN 18c. Hammond, Indiana	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19. Burial		MAILING ADDRESS 19b. St. John Cemetery		STATE 19c. Hammond, Indiana	
DATE (MONTH, DAY, YEAR) 20a. Nov 29, 1986		DATE SIGNED (Mo., Day, Yr.) 21b. 11/28/86		HOUR OF DEATH 21c. 08:20A	
To the best of my knowledge, death occurred at the place and date due to the cause(s) stated. 21a. (Signature) <i>S. D. Gailani</i>		NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. S.D. Gailani, M.D.		M	
MAILING ADDRESS—PHYSICIAN 21e. 9116 Columbia Ave., Munster, IN 46321		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. DEC - 1 1986			
HEALTH OFFICER—SIGNATURE 22a. <i>S. D. Gailani</i>		INTERVAL BETWEEN ONSET AND DEATH			
PART I (a) Metastatic Breast Cancer		INTERVAL BETWEEN ONSET AND DEATH			
(b) _____		INTERVAL BETWEEN ONSET AND DEATH			
(c) _____		INTERVAL BETWEEN ONSET AND DEATH			
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I.)		AUTOPSY (Specify Yes or No) 24. No			



HAMMOND HEALTH COMMISSION