

3

STATE OF INDIANA
LAKE COUNTY
FILED

2008 016429

2008 MAR -5 AM 10:22

RECORDER

Tax Parcel No.: 23-09-0590-0140

Property Address:

10535 Maine Drive
Crown Point, IN 46307

AFFIDAVIT IN AID OF TITLE

Barbara L. Ogibovic, being first duly sworn upon oath, deposes and says:

1. Affiant states that she is the present owner of the following described real estate situated in Lake County, Indiana:

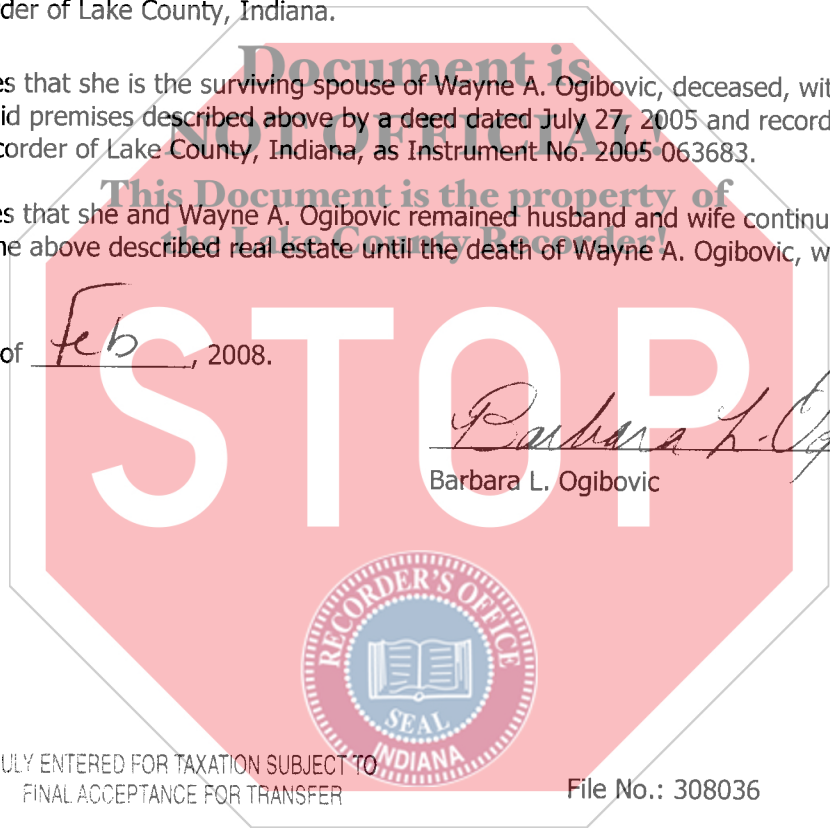
The North 1/2 of Lot 219 in Waterside Crossing Phase-1, as per plat thereof, recorded in Plat Book 94 page 10, in the Office of the Recorder of Lake County, Indiana.

2. Affiant further states that she is the surviving spouse of Wayne A. Ogibovic, deceased, with whom she acquired title to said premises described above by a deed dated July 27, 2005 and recorded August 1, 2005, in the Office of the Recorder of Lake County, Indiana, as Instrument No. 2005-063683.

3. Affiant further states that she and Wayne A. Ogibovic remained husband and wife continuously from the date they acquired title to the above described real estate until the death of Wayne A. Ogibovic, which occurred on May 16, 2006.

Signed this 11th day of Feb, 2008.

Barbara L. Ogibovic
Barbara L. Ogibovic



DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

File No.: 308036

Page 1 of 2

MAR - 5 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

001910

15.00
CR# 6315-201134
cp

Acknowledgement

State of Indiana; Lake County:

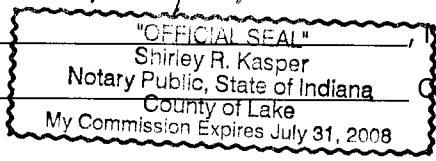
Subscribed and sworn to before me, a Notary Public in and for said county and state, this 11th day of Feb, 2008.

My commission expires: _____

Signature *Shirley R. Kasper*

Printed _____, Notary Public

Residing in _____ County, Indiana



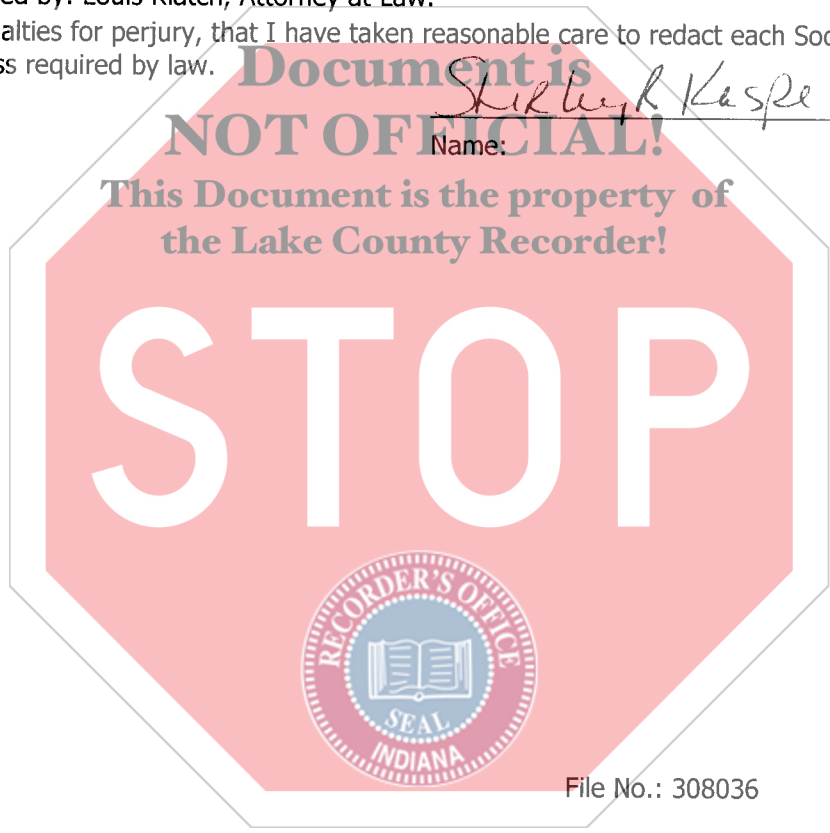
This instrument prepared by: Louis Klatch, Attorney at Law.

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

Document is NOT OFFICIAL!

Name: *Shirley R. Kasper*

This Document is the property of the Lake County Recorder!



Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16-92</u>	STATE OF ILLINOIS			STATE FILE NUMBER	
	REGISTERED NUMBER <u>606</u>	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 22a 22b 22c 22d DISPOSITION 24a 24b 24c 24d 25a 25b 25c 26a 26b	DECEASED-NAME FIRST MIDDLE LAST 1. WAYNE Andrew OGIBOVIC		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. MAY 16, 2006		
	COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 64	UNDER 1 YEAR 5b. 64	UNDER 1 DAY 5c. 64	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. January 4, 1942
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G. MCGAW HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chgo. Hts. IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Barbara Dettman		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes
	SOCIAL SECURITY NUMBER 10. 355-30-7637		USUAL OCCUPATION 11a. System Analyst	KIND OF BUSINESS OR INDUSTRY 11b. Insurance	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 Elementary/Secondary (0-12) College (1-4 or 5+)	
	RESIDENCE (STREET AND NUMBER) 13a. 10535 Maine Drive		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Crown Point	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Lake	
	STATE 13e. Indiana	ZIP CODE 13f. 46307	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
	FATHER-NAME FIRST MIDDLE LAST 15. Andrew Ogibovic		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. Sadie LaRosa			
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Barbara Ogibovic		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 10535 Maine Dr. Crown Pt. IN 46307		
	PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, 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) Acute Heart Failure		DUE TO, OR AS A CONSEQUENCE OF				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Heart Transplantation		DUE TO, OR AS A CONSEQUENCE OF				
(c) NOT OFFICIAL!						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.		
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 5-16-06		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes		HOUR OF DEATH 21c. 10:30 p.m.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 5-18-06		ILLINOIS LICENSE NUMBER 22d. 036-109317		
SIGNATURE 22a. Jeffrey Stumberger MD		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 2160 SOUTH FIRST AVENUE MAYWOOD ILLINOIS 60153		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation		CEMETERY OR CREMATORY-NAME 24b. Kraft crematory		
LOCATION CITY OR TOWN STATE 24c. Hobart, Indiana		DATE (MONTH, DAY, YEAR) 24d. May 22, 2006				
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE 25a. Corona Funeral Service 5935 W. Belmont Ave. Chicago, IL 60634		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-012287				
FUNERAL DIRECTOR'S SIGNATURE 25b. Jose G. Corona		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. May 22, 2006				
LOCAL REGISTRAR'S SIGNATURE 26a. Grady Rivers Jr		BROADVIEW ILLINOIS 60155				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act

DATE MAY 22 2006 SIGNED Grady Rivers Jr

AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.