

5
STATE OF INDIANA)
) SS:
COUNTY OF LAKE) 2009 056745

IN THE MATTER OF)
)
MICHAEL D. DZUROVCIK, DECEASED)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 AUG 10 AM 10:29
MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF HEIRSHIP

Bonnie J. Dzurovcik, being first duly sworn upon her oath, does depose and say as follows:

1. That the affiant was married to Michael Dzurovcik a/k/a Michael D. Dzurovcik a/k/a Michael Daniel Dzurovcik who died on September 27, 2008, a resident of 11400 Avenue H, Chicago, Illinois, Cook County, Illinois.

2. That a copy of the decedent's death certificate is attached as Exhibit "A".

3. That the decedent owned an undivided half interest in a parcel of real estate in Lake County, Indiana more particularly described as follows:

Lot Numbered 15, except the East 55 feet thereof, Block 4, as shown on the recorded plat of Forsyth Water Gardens, in the City of Hammond, recorded in Plat Book 14, page 19, in the Office of the Recorder of Lake County, Indiana.

4. That the decedent left a Last Will and Testament dated the 15th day of February, 2000, in which he devised, under Article Three, all of his property to his wife, Bonnie J. Dzurovcik, and a copy of said Last Will and Testament is attached as Exhibit "B".

5. That affiant makes this affidavit to induce the Auditor of Lake County, Indiana, and all interested persons to transfer title to said property in the name of Bonnie J. Dzurovcik as the co-owner of the afore described real estate.

6. That this affidavit is being made for the sole purpose of determining heirship

Page 1 of 2

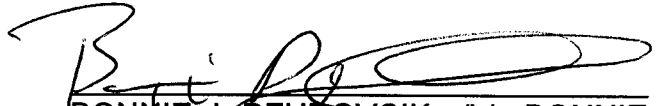
**MERIDIAN TITLE CORPORATION
HAS MADE AN ACCOMODATION
RECORDING OF THIS DOCUMENT**

FILED
AUG 14 2009
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
012344

19.00
ddm
M.T.

to the above-described real estate.

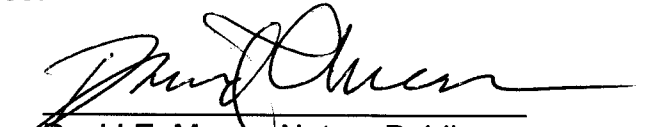
Further your affiant sayth not.


BONNIE J. DZUROVCIK a/k/a BONNIE
J. STRICTLAND

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said county and state, this 3rd day of August, 2009.




David E. Mears, Notary Public

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

This Document is the property of the Lake County Recorder!


David E. Mears



THIS INSTRUMENT PREPARED BY: David E. Mears, Attorney at Law, 3527 Ridge Road, Highland, Indiana 46322, (219) 972-0990, Attorney ID # 9119-45

13

STATE OF ILLINOIS
CERTIFICATE OF DEATH

| | | | |
|---|--|---|--|
| REGISTRATION DISTRICT NO. 16.10 | | STATE FILE NUMBER | |
| LOCAL FILE NUMBER 613211 | | Case # 475 September 2008 | |
| 1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Michael Daniel Dzuravcik | | 2. SEX Male | 3. DATE OF DEATH (Month/Day/Year) (Spell Month) September 27, 2008 |
| 4. COUNTY OF DEATH COOK | 5a. AGE AT LAST BIRTHDAY (Years) 58 | 5b. UNDER 1 YEAR Months _____ Days _____ | 5c. UNDER 1 DAY Hours _____ Minutes _____ |
| 7a. CITY OR TOWN CHICAGO | | 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 11400 AVENUE H | |
| IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival | | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____ | |
| 8. BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, IN | 9. SOCIAL SECURITY NUMBER [REDACTED] | 10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) BONNIE J. STRICKLAND |
| 12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 13a. RESIDENCE (Street and Number) 11400 AVENUE H | |
| 13b. COUNTY COOK | 13c. STATE IL | 13d. APT. NO. 60617 | 13e. CITY OR TOWN CHICAGO |
| 14. FATHER'S NAME (First, Middle, Last) ANDREW DZUROVCIK | | 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MARIA KOLESAR | |
| 16a. INFORMANT'S NAME MRS. BONNIE J. DZUROVCIK | | 16b. RELATIONSHIP WIFE | 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 11400 AVENUE H, CHICAGO, ILLINOIS 60617 |
| 17. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____ | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) CONCORDIA CEMETERY | 19. LOCATION - CITY, TOWN AND STATE HAMMOND, INDIANA | 20. DATE OF DISPOSITION (Month/Day/Year) OCTOBER 1, 2008 |
| 21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP AERO REMOVALS, 919 N. GARFIELD STREET, LOMBARD, ILLINOIS 60148 | | | |
| 21b. FUNERAL DIRECTOR'S SIGNATURE <i>Terry Mason M.D.</i> | | 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014287 | |
| 22. LOCAL REGISTRAR'S SIGNATURE <i>Terry Mason M.D.</i> | | 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) OCT - 1 2008 | |
| 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Aortic Atherosclerotic Cardiovascular Disease Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. This Document is the property of the Lake County Recorder! Due to (or as a consequence of): c. _____ Due to (or as a consequence of): | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | 25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | 27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| 28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months | | 29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation | |
| 30. DATE OF INJURY (Month/Day/Year) | 31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) | 33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code | | 35. DESCRIBE HOW INJURY OCCURRED: | |
| 36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____ | | 37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON | |
| 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 39. DATE PRONOUNCED (Month/Day/Year) September 27, 2008 | 40. TIME OF DEATH 7:51 A.M. <input type="checkbox"/> P.M. |
| 41. CERTIFIER (Check only one): <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/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 stated. | | | |
| 42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Pamela Antonelli M.D. 2121 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3705 | | | 43. PHYSICIAN'S LICENSE NUMBER |
| 44. TITLE OF CERTIFIER THE MEDICAL EXAMINER | | 45. DATE CERTIFIED (Month/Day/Year) September 27, 2008 | 46. SIGNATURE OF CERTIFIER <i>Terry Mason M.D.</i> |

Based on the 2003 U.S. Standard Certificate (Illinois Department of Public Health - Division of Vital Records VR200 (Rev. 1/08))

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS APPLIED OVER
REGISTRAR'S SIGNATURE.

TERRY MASON, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
COUNTY OF COOK
CITY OF CHICAGO

I, TERRY MASON, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
COUNTY OF COOK, CITY OF CHICAGO
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTH, STILLBIRTHS
AND DEATHS FOR THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE STATE
OF ILLINOIS AND THE ORDINANCES OF
THE CITY OF CHICAGO; THAT THE
ACCOMPANYING CERTIFICATE ON THIS
SHEET IS A TRUE COPY OF A RECORD
LEFT BY ME IN Obedience OF SAID
LAWS AND ORDINANCES.

OCT - 1 2008

Exhibit "A"

LAST WILL AND TESTAMENT

OF

MICHAEL D. DZUROVCIK

BE IT KNOWN that I, *Michael D. DZUROVCIK*, a resident of *Chicago*, County of *COOK*, in the State of *Illinois*, being of sound mind, do make and declare this to be my Last Will and Testament expressly revoking all my prior Wills and Codicils at any time made.

I. PERSONAL REPRESENTATIVE:

I appoint *Bonnie T. DZUROVCIK* of *Chicago Illinois*, as Personal Representative of this my Last Will and Testament and provide if this Personal Representative is unable or unwilling to serve then I appoint *Holly L. Goggins* of *Port Edwards, Wisconsin*, as alternate Personal Representative. My Personal Representative shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Personal Representative shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

II. GUARDIAN:

In the event I shall die as the sole parent of minor children, then I appoint *Holly L. Goggins* as Guardian of said minor children. If this named Guardian is unable or unwilling to serve, then I appoint *Andrew J. DZUROVCIK* as alternate Guardian.

III. BEQUESTS:

I direct that after payment of all my just debts, my property be bequeathed in the manner following: *All of my property of every nature and description, I leave to my wife Bonnie T. DZUROVCIK. If she should predecease me, I leave said property, equally divided, between Holly L. Goggins and Andrew J. DZUROVCIK. If either of these shall also predecease me, all property shall go to the surviving one.*

[Handwritten Signature]

Testator's Initials

Page 1 of 2.

Execute and attest before a notary.

Caution: Louisiana residents should consult an attorney before preparing a will.

This product does not constitute the rendering of legal advice or services. This product is intended for informational use only and is not a substitute for legal advice. State laws vary, so consult an attorney on all legal matters. This product was not prepared by a person licensed to practice law in this state.

Exhibit "B"

K107-1A
AQHH

IN WITNESS WHEREOF, I have hereunto set my hand this 15th day of February, 2000 (year), to this my Last Will and Testament.

[Signature]
Testator Signature

IV. WITNESSED:

The testator has signed this will at the end and on each other separate page, and has declared or signified in our presence that it is his/her last will and testament, and in the presence of the testator and each other we have hereunto subscribed our names this _____ day of _____ (year).

[Signature]
Witness Signature

11157 Ewing Chgo, IL 60617
Address

[Signature]
Witness Signature

11157 S. Ewing Chgo IL 60617
Address

[Signature]
Witness Signature

11157 S. Ewing Chgo IL 60617
Address

Document is
ACKNOWLEDGMENT
NOT OFFICIAL!

State of _____
County of _____

This Document is the property of

We, Michael D. DZUROVIC, DIANA SCHNABEL,
MARGARITA RODRIGEZ, and Anel Jaramillo

the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and Testament and that each of the witnesses, in the presence of the testator and each other, signed the will as witnesses.

Testator: [Signature]

Witness: [Signature]

Witness: [Signature]

Witness: [Signature]

On 15th, February 2000 before me, MICHAEL D. DZUROVIC,

appeared personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature [Signature]

Affiant Known Produced ID
Type of ID IL DL # [Redacted]

(Seal)

