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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 063477

2009 SEP 17 AM 9:21

**TICOR TITLE INSURANCE**

MICHAEL A. BROWN  
RECORDER

### SURVIVORSHIP AFFIDAVIT

STATE OF: Indiana )

) SS:

COUNTY OF: Lake )

On this 9th day of Sept., 2009 Before me personally appeared Mark Anthony Maskovich

to me personally known, who being duly sworn on oath did say that:

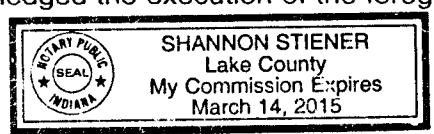
- Affiant resides at the address given below affiant's signature;
- Affiant is son  
(state interest of affiant in the above premises as owner)
- Said premises described as follows: Lot 18, except a 4 foot strip on the Westerly side of Lot 18, and contiguous to Lot 17, in Block "C", together with a 3 foot strip on the Westerly side of Lot 19, and contiguous to Lot 18, in Block "C" in Parkland Terrace Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 24 page 18, in the Office of the Recorder of Lake County, Indiana.  
45-07-c4-451-028.000-023
- Said premises were formerly owned as joint tenants ~~or as tenants by entirety~~ by Matilda Rose Maskovich and Mark Anthony Maskovich, etal
- Said Matilda Rose Maskovich  
(fill in name of co-tenant who died)  
died on August 9, 2008  
leaving no will;  
(insert "a" or "no" if a will has been left, attach a copy)
- The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ 100,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent:
- Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? N/A  
(If answer is YES, identify the dissolution proceedings.)
- Affiant's relationship to the deceased was Son

Signature Mark Anthony Maskovich  
Address: 8485 Jennifer Ct. St John IN  
Mark Anthony Maskovich

State of Indiana )  
Lake )  
County of ~~Porter~~ )

Before me, the undersigned, a Notary Public in and for said County and State, this 9th day of Sept., 2009 personally appeared Mark Anthony Maskovich

and acknowledged the execution of the foregoing Affidavit.



Shannon Stiener  
Notary Public  
Resident of Lake County  
My Commission expires: 3-14-15

Prepared by: Mark Anthony Maskovich

**FILED**  
SEP 15 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

**TICOR SO**

**016409**

929-6207

"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." Chris Burk

A13  
TI  
CA



**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No. 2815-08

State No. ....

|  |  |   |  |   |   |   |  |  |   |  |
|--|--|---|--|---|---|---|--|--|---|--|
| 1. Decedent's Legal Name (First, Middle, Last)<br><b>MATILDA R. MASKOVICH</b>  |  |   |  | 1a. Maiden Last Name (If Female)<br><b>SERTICH</b>  |   | 2. Sex<br><b>F</b>  | 3. Time Of Death<br><b>9:35AM</b>                      | 4. Date Of Death (Month/Day/Year)<br><b>08/09/2008</b>   |   |  |
| 5. Social Security Number<br><b>██████-6632</b>  |  | 6a. Age Yrs<br><b>83</b>  | 6b. Under 1 Year<br>Months                       | 6c. Under 1 Month<br>Days   | 6d. Under 1 Day<br>Hours  | 6e. Under 1 Hour<br>Minutes   | 7. Date Of Birth (Month/Day/Year)<br><b>02/19/1925</b> |  | 8. Birthplace (City And State Or Foreign Country)<br><b>EAST CHICAGO, INDIANA</b> |  |
| 9. Ever In U.S. Armed Forces?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown  |  | 10. If Death Occurred In A Hospital:<br><input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival  |  |   | 10a. If Death Occurred Somewhere Other Than A Hospital:<br><input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify) |   |  |  |   |  |
| 11. Facility Name (If Not Institution, Give Street And Number)<br><b>WILLIAM J. RILEY</b>  |  |   |  |   |   |   |  |  |   |  |
| 12. City Or Town, State, And Zip Code<br><b>MUNSTER, INDIANA</b>   |  |   |  |   | 13. County Of Death<br><b>LAKE</b>  |   |  | 14. Marital Status At Time Of Death<br><input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced<br><input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown |   |  |
| 15. Surviving Spouse's Name  |  |   |  | 15a. (If Wife) Give Maiden Last Name  |   | 16. Decedent's Usual Occupation<br><b>HOMEMAKER</b>   |  | 17. Kind Of Business/Industry<br><b>OWN HOME</b>   |   |  |
| 18. Residence - State<br><b>INDIANA</b>  |  |   | 18a. County<br><b>LAKE</b>                       |   | 18b. City Or Town<br><b>GRIFFITH</b>  |   |  | 18c. Street And Number<br><b>1756 W. OAK STREET</b>  | 18d. Apt. No.   |  |
| 18e. Zip Code<br><b>46319</b>  |  | 18f. Inside City Limits?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | 19. Decedent's Education<br><b>9-12th grade, no diploma</b>   |   | 20. Decedent Of Hispanic Origin<br><b>No, not Spanish/Hispanic/Latino</b>   |  | 21. Decedent's Race<br><b>White</b>  |   |  |
| 22. Father's Name (First, Middle, Last)<br><b>LOUIS SERTICH</b>  |  |   |  | 23. Mother's Name (First, Middle, Last)<br><b>MARY SERTICH</b>  |   |   | 23a. Mother's Maiden Last Name<br><b>GRCEVICH</b>      |  |   |  |
| 24. Informant's Name<br><b>LOUISE BABBITT</b>  |  |   | 24a. Relationship To Decedent<br><b>DAUGHTER</b> |   | 24b. Mailing Address (Street And Number, City, State, Zip Code)<br><b>1756 W. OAK STREET GRIFFITH, IN 46319</b>   |   |  |  |   |  |
| 25. Place Of Disposition   |  |   |  |   |   |   |  |  |   |  |
| 25a. Method Of Disposition.<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation<br><input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State<br><input type="checkbox"/> Other (Specify):   |  | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)<br><b>ST JOHN/ST. JOE CEMETERY</b>   |  |   | 25c. Location - City, Town, And State<br><b>HAMMOND, IN</b>   |   |  |  |   |  |
| 26. Was Coroner Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 27. Name And Complete Address Of Funeral Facility<br><b>WHITE FUNERAL HOME &amp; CREMATION SERVICE 921 W. 45TH AVENUE, GRIFFITH, IN 46319</b>   |  |   |   |   | 27a. Funeral Home License Number:<br><b>FH10600026</b> |  |   |  |
| 27b. Signature Of Indiana Funeral Service Licensee:<br><i>[Signature]</i>  |  |   |  |   |   | 27c. License Number (Of Licensee)<br><b>FD08700086</b>  |  |  |   |  |
| <p align="center"><b>Cause Of Death (See Instructions And Examples)</b></p> <p>28. 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 The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.</p> <p>Immediate Cause (Final Disease Or Condition Resulting In Death)</p> <p>A. <b>ADULT FAILURE TO THRIVE</b> <span style="float: right;">Approximate Interval: Onset To Death <b>&lt; 3 Mo</b></span></p> <p>B. _____</p> <p>C. _____</p> <p>D. _____</p> <p>Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I</p> |  |   |  |   |   |   |  |  |   |  |
| 29. Was An Autopsy Performed?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |  |   |   | 30. Were Autopsy Findings Available To Complete The Cause Of Death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |  |  |   |  |
| 31. Did Tobacco Use Contribute To Death?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown   |  | 32. If Female:<br><input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death, And Unknown If This Was Within The Past Year |  | 33. Manner Of Death:<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined |   |   | 34. Date Of Injury (Month/Day/Year)                    |  | 35. Time Of Injury  |  |
| 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)  |  | 37. Injury At Work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | 38. Location Of Injury - State  |   | 38a. City Or Town   |  | 38b. Street & Number   |   |  |
| 38c. Apt. No.  |  | 38d. Zip Code   |  | 39. Describe How Injury Occurred  |   |   |  |  |   |  |
| 40. If Transportation Injury, Specify:<br><input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)  |  |   |  |   |   | 41. Signature, Of Person Certifying Cause Of Death:<br><i>[Signature]</i>   |  |  |   |  |
| 42. Certifier (Check Only One)<br><input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer  |  |   |  |   |   | 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:<br><b>LYLE R. MURPHY MD 1190 N. STATE RD 49 PORTER IN 46304</b> |  | 44. License Number<br><b>01031582</b>  |   |  |
| 45. Date Certified<br><b>8/12/08</b>   |  |   |  |   |   | 46. Additional Funeral Service Provider:  |  |  |   |  |
| 47. *Akas:   |  |   |  |   |   | 48. Signature of Local Health Officer:<br><i>[Signature]</i>  |  | 49. For Registrar Only - Date Filed (Month/Day/Year):<br><b>August 14, 2008</b>  |   |  |