

2009 080711

2009 DEC -4 AM 9:45

MICHAEL A. BROWN
RECORDER

Return to: Attorney Donald L. Gray, 5102 Grapevine Blvd.
West Lafayette, Indiana 47906

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Margaret Alexovic, a competent adult, being first duly sworn upon oath, deposes and says:

1. That this affiant and Edward P. Alexovic were husband and wife and during coverture they did acquire by Warranty Deed dated November 7, 1977 and recorded December 17, 1977, fee simple title as tenants by the entireties of a certain parcel of real estate located in the County of Lake, State of Indiana, more particularly described as follows:

Lot 5 in Davidson's Second Addition to Whiting, as per plat thereof, recorded in Plat Book 3, page 97, in Lake County, Indiana, more commonly known and described as 2010 White Oak Avenue, Whiting, Indiana, bearing property number 45 0307282039.000 025; formerly tax key number 29-43-5 (Unit 28).

2. That this affiant's spouse, Edward P. Alexovic died on the 28th day of October, 2009, and that by operation of law the title in the above described real estate vested in this affiant solely.

3. That the decedent's estate was not subject to federal estate tax or to Indiana inheritance tax.

4. That this affiant makes this affidavit for the purpose of showing that the title to the above described real estate is now vested in this affiant solely and for the purpose of inducing the Auditor of Lake County to change the land transfer records to show ownership in this affiant solely.

Further affiant sayeth not.

Margaret Alexovic
Margaret Alexovic

Subscribed and sworn to before me this 13th day of November, 2009.

My Commission expires:

August 10, 2014

Donald L. Gray
Donald L. Gray, Notary Public
A Lake County Resident

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

This instrument prepared by Attorney Donald L. Gray, 1825 Cleveland Avenue, Whiting, Indiana 46394

FILED

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DEC. 03 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1400
1791
Rm



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3741-09

State No.

1. Decedent's Legal Name (First, Middle, Last) EDWARD P. ALEXOVIC
1a. Maiden Last Name (if Female) N/A
2. Sex MALE
3. Time Of Death 6:31P.M.
4. Date Of Death (Month/Day/Year) OCTOBER 28, 2009

5. Social Security Number 310-32-3000
6a. Age - Yrs 97
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date Of Birth (Month/Day/Year) APRIL 6, 1912
8. Birthplace (City And State Or Foreign Country) HOMESTEAD, PENNSYLVANIA

9. Ever In U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital:

11. Facility Name (if Not Institution, Give Street And Number) DYER NURSING AND REHABILITATION CENTER

12. City Or Town, State, And Zip Code DYER, INDIANA 46311
13. County Of Death LAKE
14. Marital Status At Time Of Death

15. Surviving Spouse's Name MARGARET ALEXOVIC
15a. (if Wife) Give Maiden Last Name PETRUS
16. Decedent's Usual Occupation WATER DEPARTMENT
17. Kind Of Business/Industry CITY OF WHITING, IN

18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town WHITING

18c. Street And Number 2010 WHITE OAK AVENUE
18d. Apt. No.
18e. Zip Code 46394
18f. Inside City Limits? Yes

19. Decedent's Education 16 YEARS BACHELOR DEGREE NO, NOT HISPANIC
20. Decedent Of Hispanic Origin NO, NOT HISPANIC
21. Decedent's Race WHITE

22. Father's Name (First, Middle, Last) MICHAEL ALEXOVIC
23. Mother's Name (First, Middle, Last) MARY ALEXOVIC
23a. Mother's Maiden Last Name SOTA

24. Informant's Name MRS. MARGARET ALEXOVIC
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code) 2010 WHITE OAK AVE., WHITING, IN 46394

25a. Method Of Disposition:
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HERITAGE CREMATORY
25c. Location - City, Town, And State PORTAGE, INDIANA

26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility BARAN & SON, INC. 1235-119TH ST., WHITING, IND. 46394
27a. Funeral Home License Number: FDH83007267

27b. Signature Of Indiana Funeral Service Licensee:
27c. License Number (Of Licensee): FDE01019456

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.

Immediate Cause (Final Disease Or Condition Resulting In Death) A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
B. CHRONIC HEART FAILURE
C.
D.

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I
29. Was An Autopsy Performed?
30. Were Autopsy Findings Available To Complete The Cause Of Death?

31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:

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?

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

41. Signature, Of Person Certifying Cause Of Death:
42. Certifier (Check Only One)

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: R. MAJETY, M.D. 5454 HOHMAN AVENUE HAMMOND, INDIANA 46320
44. License Number 01055426A
45. Date Certified OCT. 30, 2009

46. Additional Funeral Service Provider:
47. *Akes:

48. Signature of Local Health Officer: Susan W. Best, D.O.
49. For Registrar Only - Date Filed (Month/Day/Year) November 3, 2009