COUNTY OF LAKE

STATE OF INDIANA

) ss:) 2009 081065 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 DEC -7 PH 2: 19

MICHAEL A. BROWN RECORDER

SURVIVORSHIP AFFIDAVIT

George Stojancevic, hereby affirms under penalties of perjury that the foregoing representations are true and correct:

- 1. My name is George Stojancevic and I am one and the same person as Djordje Stojancevic, the latter being the spelling of my first name in the Serbian language.
- 2. My wife's name is Zora Stojancevic and she died on March 3, 2009. Her Death Certificate, Local No. 1110-09, listed her name as "Zorka Stojancevic". The name listed on the Death Certificate is a diminutive of "Zora" in the Serbian language. Accordingly, Zora Stojancevic, is one and the same person as "Zorka Stojancevic" which was listed on the Death Certificate.
- 3. At the time of her death, my wife and I owned certain real estate in Lake County, Indiana commonly known as 8772 Mathews Lane, Crown Point, Indiana and being Property No. 45-11-25-276-019.000-036. We owned the real estate as tenants by the entireties and, upon her death, I have become the sole owner of the real estate.

4. I make this affidavit for the purpose of inducing the relevant governmental officials in Lake County, Indiana to effect a change of ownership of said real estate upon the county records to reflect that title is now solely held in the name of George Stojancevic.

LEGAL DESCRIPTION

George Stojancevic a/k/a Djordje Stojancevic

Subscribed and sworn to this

day of December, 2009.

My. Comm. Expires:

, Notary Public

021440

DEC 07 2009

Resident of Lake

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR



\$ 15 CS Lot 473, Pine Island Ridge, Unit 17, as per plat thereof, recorded in Plat Book 46, page 75, in the Office of the recorded of Lake County, Indiana.

Document is NOT OFFICIAL!

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"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."

PREPARED BY:

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.				State No						******************	
Decedent's Legal Name (First, Middle, Last) ZORKA STOJANCEVIC			1a. Maiden Last Name (If Female) MALESEVIC			FEMALE 10:			e of Death 4. Date of Death (Month/Day/Year) MARCH 3, 2009		
5. Social Security Number 6a. Age – Yrs 303–64–6748	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day	6e. Under 1 Hour Minutes	i	5, 19	h/Day/Year) 922	8. Birthplace (City VAGAN,		r Foreign Country)	
9. Ever In U.S. Armed Forces? 10. If Death ☐ Yes ☐ No Unknown ☐ ☐ Inpatien	10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)										
11. Facility Name (If Not Institution, Give Street And		authorit Outputont 🛄	Social Off Militar	Thospide Facility X	COCCOCIE 3 1 P	one 🗀 Nai	ang Homercong-	Term Gare Facility	Other (Sp	cony)	
8772 MATHEWS LN. 12. City Or Town, State, And Zip Code			·	13. County Of De	ath			14. Marital Status	At Time Of F)esth	
CROWN POINT				LAKE X Marm					arried Married, But Separated Divorced		
15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Last Name											
DJORDJE STOJANCE	N/A	1	HOMEMAKER			DOMES	DOMESTIC				
INDIANA LAKE				CROWN POINT							
8772 MATHEWS LN.						18	ld. Apt. No.	18e. Zip		18f. Inside City Limits?	
19. Decedent's Education 20. Decedent of Hispanic Origin NO				21. Decedent's Race WHITE							
22. Father's Name (First, Middle, Last) NIKOLA MALESEVIC				23. Mother's Name (First, Middle, Last) SAVA MALESEVIC				23a.	SAVIJA		
DJORDJE STOJANCEVIC 24a. Relationship to Decedent HUSBAND				8772 MATHEWS LN. CROWN POINT, IND. 46307							
25a. Method Of Disposition.	25b. Place O	f Disposition (Name Of	Cemetery, Crematory	ace Of Disposition 7, Other Place) 2:	5c. Location	- City, Towr	n, And State				
	MARCH	HOLY MOTE 7, 2009				SLAKE	ILLIN	NOIS			
T TAT	COT AT DITE	OF 13137500 A	7 7700 000	is the pro		•				eral Home License Number:	
760 27b. Signature Of Indiana Funeral Service Licensee	7 W. LIN	COLN HWY.	CROWN I	OINT, RIND!	4630	7	icense Number	,	8880	00070	
Eli Tung	no	Cours	Of Death (Se		-		FD0100	'			
28. Part I. Enter The <u>Chain Of Events</u> —Dis Such As Cardiac Arrest, Respiratory Arrest,	seases, Injuries, O	Complications-Th	nat Directly Cause	e Instructions And I d The Death, Do Not E	nter Termi	nal Events	00			Approximate Interval: Onset	
A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Conditi	ARDIO PULMOMARY ARRIST										
Sequentially List Conditions, If Any, Leading To The Cause Listed On B.											
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last											
		D.	TUIT	THIRD D		Consequence C		/	,		
Part II. Enter Other Significant Conditions Contribution	ng To Death But Not F	esulting In The Underly	ring Cause Given in P	MARKET CANANA		Autopsy Perfo topsy Finding		Yes No omplete The Cause	Of Death?	Yes No	
31. Did Tobacco Use Contribute To Death?	32 If Female					3	3. Mariner Of D	eath:			
☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ Not Pregnan	t, But Pregnant 43 Days To 1	Year Before Death	Not Pregnant, But Pregnant With Unknown if Pregnant Within The B	Past Year	1	Suicide 🔲 Could	icide	ending Investig	ation	
34. Date Of Injury (Month/Day/Year)	35. Time Of	njury	36. Pla	ace Of Injury (E.G., Decedent	t's Home, Co	onstruction Si	Mar Scholie Au	SUVE IS A HEUR	37 E AND CO	Injury At Work?	
38. Location Of Injury - State	38a. City Or 1	own	38b. S	treet & Number		At the	at Ulkiing. Ya Harini	38c Apt No	JA THE VI	Yes □ No Zip Code	
							n a n	15		0.85	
39 Describe How Injury Occurred							3.100.32	rtation Injury, Special	t et	Other (Specify)	
41. Signature, Of Person Certifying Cause Of Death: DAKSHA VYAS MD. 42. Certifying Check Only One) Coroner Health Officer											
43. otame. Address And Zip Code Of Person Certifying Cause Of Death The Simte 3B Memillville 1N 46410 01032692 3440.											
46. Additional Funeral Service Provider:	,						47. *Akas:		1	114	
48. Signature of Local Health Officer:	7 /				4	9. For Regis	trar Only – Date	Filed (Month/Day/	rear):		
Susan W			\mathcal{M}	1 ~ "	10 E	~6	MA				