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COUNTY OF LAKE)
STATE OF INDIANA) SS:
2009 081065

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 DEC -7 PM 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.

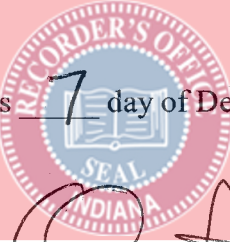
4. I make this affidavit for the purpose of inducing the relevant governmental officials in Lake County, Indiana to effect a change of ownership of said real estate upon the county records to reflect that title is now solely held in the name of George Stojancevic.

LEGAL DESCRIPTION: SEE ATTACHED GG

George Stojancevic
George Stojancevic a/k/a Djordje Stojancevic

Subscribed and sworn to this 7 day of December, 2009.

My. Comm. Expires:



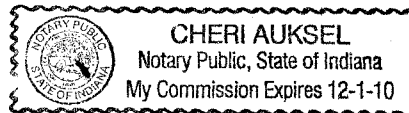
[Signature]
, Notary Public

FILED Resident of Lake County

021440

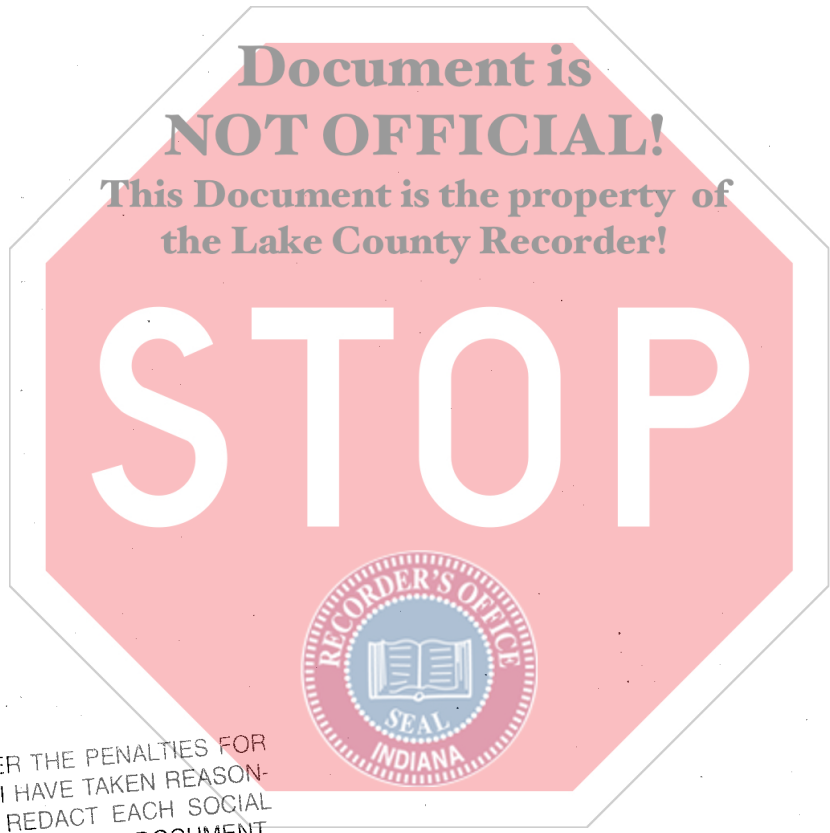
DEC 07 2009


PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



\$15
CS
CNA

13-262-6
Lot 473, Pine Island Ridge, Unit 17, as per plat thereof,
recorded in Plat Book 46, page 75, in the Office of the
Recorder of Lake County, Indiana.



"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. 1110-09

State No.

Form containing fields for decedent's name (ZORKA STOJANCEVIC MALESEVIC), sex (FEMALE), date of death (MARCH 3, 2009), birth date (MAY 5, 1922), birthplace (VAGAN, YUGOSLAVIA), residence (8772 MATHEWS LN., CROWN POINT, LAKE), education (12 YRS.), race (WHITE), cause of death (CARDIO PULMONARY ARREST), and certifier information (DAKSHA VYAS MD.).