4

AFFIDAVIT OF SURVIVING SPOUSE OR JOINT SURVIVOR

2011 025773

State of INDIANA
County of Lake

Nick S. Simms, being first duly sworn,

1) That Augusto Flores and Roberto Flores are joint owners of property under a duly recorded survivorship or tenancy by entireties deed.

2) That the property is known as 9025 Bryan St (Crown Point) IN, Lake County, State of IN and also known as Permanent Parcel Number * on the records of the County Auditor. The original Survivorship Deed is recorded in the records of the Lake County Recorder in Document Number 2006-094854.

* 45-11-26-304-008.000-032

I have included the descriptive information requested below and have attached a full legal description as an attachment hereto.

"SEE EXHIBIT "A" ATTACHED"

3) That Dora Grkovich died on or about October, 3, 2007, at (date)
the Regency Hospital in East Chicago, IN.

4) That by virtue of the death of the party listed in Item #3 above, Augusto Flores is the fee simple owner of the above described property and requests that this fact be reflected on the land and tax records of the county.

2011 MAY -9 AM 10:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MICHAEL B. BROWN
RECORDER

FILED

MAY 6 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

052623

Witness

State of INDIANA
County of Lake

Sworn to before me and subscribed in the my presence this 14th day of April, ~~2005.~~ 2011

Notary Public
My commission expires: 09/03/16

Alejandra P. Lizarde, Notary Public
Lake County, State of Indiana
My Commission Expires 09/03/16

This document prepared by & Return to:
AUGUSTO FLORES
9025 BRYAN ST
CROWN POINT, IN 46307

Return To:
Southwest Financial Services, LTD.
P.O. Box 300
Cincinnati, OH 45273-8043
DF474949

AMOUNT $ 18.00
CASH ____ CHARGE ____
CHECK # 0000 46382
OVERAGE 1 0000 46392
COPY ____
NON-COM ✓
CLERK ____

Chicago Title Insurance Company

Commitment Number: 23-14857328REVISED

SCHEDULE A CONTINUATION
PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

Situated in Lake County, Indiana:

Lot numbered 45 High Point Acres Unit 3 as shown in Plat Book 35, page 36, Lake County, Indiana.

Parcel No. 45-11-26-304-008.000-032

153807

* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

City Of East Chicago
East Chicago, In 46312

Local No. 231 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
DARA GRKINICH	FEMALE	M	OCTOBER 3, 2007

4. *SOCIAL SECURITY NUMBER	5a. AGE – Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
	81			OCT. 14, 1925	YUGOSLAVIA

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
NO	N/A	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
REGENCY HOSPITAL	EAST CHICAGO	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
WIDOWED	NONE	HOMEMAKER	DOMESTIC

13a. RESIDENCE — STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	CROWN POINT	9025 BRYAN ST.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN?	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46307	[ ] No [X] Yes	[X] No [ ] Yes	U.S.A.	[X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	WHITE	12	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
LAZAR BACKO	SAMONA LAZIC

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)	20c. Relationship
BOSKO GRKINICH	9025 BRYAN ST. CROWN POINT, IND. 46307	SON

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
[ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)	OCTOBER 8, 2007 ST. SAVA CEMETERY	LIBERTYVILLE, ILLINOIS

22a. EMBALMER'S NAME:	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
ELI VUJKO	FD01008300	[X] No [ ] Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Eli Vujko	FD01008300	LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiopulmonary Arrest	
	DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No)	28a. WAS AN AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
		No	

CERTIFIER

29a. CERTIFIER (Check only one)
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] HEALTH OFFICER 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) as stated.
[ ] 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 as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
	1030852	10-09-07

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Elliot Stokar, MD 7614 45th St. Munster, IN. 46322

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE
Paula Bonanno Attorney MD

32. DATE FILED (Month, Day, Year) 10/10/07

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)	34d. DESCRIBE HOW INJURY OCCURRED
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could Not Be Determined [ ] Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

IVR-20
(7/05) SDH06-004 State Form 10110 (R5/1-99)

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.

Mary L. Meek
Name of Declarant