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2011 061597

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 NOV -3 AM 11:19

MICHELLE R. FAJMAN
RECORDER

2011 070411

STATE OF INDIANA)
) **SS:**
COUNTY OF LAKE)

CORRECTED (as to middle initial)

SURVIVORSHIP AFFIDAVIT

JOSEPH P. ZEMEN, being first duly sworn upon oath, deposes and says:

1. That **ANGELINE M. MATEJA** died on October 14, 1997. A certified copy of the death certificate of **ANGELINE M. MATEJA** is attached hereto as "Exhibit A".

2. That **ANGELINE M. MATEJA and PAUL J. MATEJA** were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 7 in Block 2, as marked and laid down on the recorded Plat of Schrage's Central Addition to Whiting, in Lake County, Indiana, as the same appears of record in Plat Book 5, Page 10, in the Recorder's Office of Lake County, Indiana.
Commonly known as: 1940 Schrage Avenue, Whiting, IN 46394
Key No. 45-03-08-152-008.000-025

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2011 DEC -7 AM 10:21
MICHELLE R. FAJMAN
RECORDER

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.

4. That to the best of Affiants' knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.

JOSEPH P. ZEMEN

FILED
DEC 07 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF Illinois, COUNTY OF Will, SS:

Before me the undersigned, a notary public in and for said County and State, this 1st day of November, 2011, JOSEPH P. ZEMEN personally appeared, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

OFFICIAL SEAL
ALLISON N. HAMMOND
Notary Public - State of Illinois
My Commission Expires Jan 11, 2014

Allison Hammond, Notary Public

My Commission Expires: Resident of LAKE County.

$14

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. Thomas L. Kirsch.

004683 CK#917

Grantee's address: Zoran Savic, 1936 Schrage Avenue, Whiting, IN 46394

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, Atty. No. 5224-45, 131 Ridge Road, Munster, IN 46321

056715

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

NOV 03 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1 Rec
15-
#905

* **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

Local No. 820 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Angeline Mateja
2. SEX: Female
3a. TIME OF DEATH: 4:23 PM
3b. DATE OF DEATH (Month, Day, Yr.): October 14, 1997
4. *SOCIAL SECURITY NUMBER: 305-70-7459
5a. AGE—Last Birthday (Years): 103
5b. UNDER 1 YEAR Months Days:
5c. UNDER 1 DAY Hours Minutes:
6. DATE OF BIRTH (Mo, Day, Yr.): APR-24-1894
7. BIRTHPLACE (City and State or Foreign Country): Czechoslavakia
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): St. Margarets
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): WID.
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own.
13a. RESIDENCE—STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Whiting
13d. STREET AND NUMBER: 1940 Schrage
13e. ZIP CODE: 46394
13f. INSIDE CITY LIMITS [ ] No [X] Yes
13g. ON A FARM? [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): John Huzor
19. MOTHER'S NAME (First, Middle, Maiden Surname): Regina Huzor

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Ann Roberts
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 731 Hollywood Ct. Whiting, IN 46394
20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) [ ] Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): October 17, 1997 Calumet Park
21c. LOCATION—City or Town, State: Merrillville, IN.
22a. EMBALMER'S NAME: Tom Owens
22b. EMBALMER'S LICENSE NO.: 1001049
23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Tom Owens
24b. LICENSE NUMBER (of Licensee): 1001049
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Owens Funeral Home 816 119th St. Whiting IN 46394 307291

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CONGESTIVE HEART FAILURE

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

Approximate Interval Between Onset and Death

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): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): 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: G. Asteris
29c. MEDICAL LICENSE NO.: 16?7468
29d. DATE SIGNED (Month, Day, Year): 10/21/97 (Oct.)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): G. Asteris M.D. 2450 169th St. Hammond, Indiana 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Ignacio J. Bermuda M.D.
32. DATE FILED (Month, Day, Year): October 23, 1997

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

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1