

2013 016990

2013 MAR -6 AM 10: 44

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT of SURVIVORSHIP**

TAX: I.D. NO. 45-12-04-156-016.000-031

COMMUNITY TITLE COMPANY  
FILE NO 123179

**Vaselinka Christina Julovich**, being first duly sworn upon oath, deposes and says:

1. That Affiant's father, **Chris S. Julovich a/k/a Christopher S. Julovich**, died without leaving a will on January 31, 2000 at Merrillville, Lake County, Indiana.
2. That he was duly and legally married to Draga C. Julovich at the time they acquired title as Husband and Wife in the following described real estate:

**LOT 31, BLOCK 13, MEADOWDALE SUBDIVISION, AS SHOWN IN PLAT BOOK 31, PAGE 52, IN LAKE COUNTY, INDIANA.**

Commonly known as: **5665 JOHNSON STREET, MERRILLVILLE, IN 46410**

3. That the marital relationship which existed between **Chris S. Julovich a/k/a Christopher S. Julovich and Draga C. Julovich** at the time they acquired title to said real estate remained in effect and unbroken until the date of the death of **Chris S. Julovich a/k/a Christopher S. Julovich**.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.
6. That Affiant's relationship to decedent is daughter

**FURTHER**, your Affiant saith naught.

*Vaselinka Christina Julovich*  
**VASELINKA CHRISTINA JULOVICH**

STATE OF INDIANA, COUNTY OF Lake SS:

Subscribed and sworn to before me, a Notary Public this 27 day of February 20 13

My Commission Expires: 5/9/17  
County of Residence: \_\_\_\_\_

Signature \_\_\_\_\_  
Printed \_\_\_\_\_



This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

*[Signature]*  
Signature of Preparer

**FILED** bet Kinzie  
Printed Name of Preparer

MAR 04 2013

**PEGGY HOLINGAKATONA**  
LAKE COUNTY AUDITOR

# 13  
CM  
COT

11088

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

Local No. .... 0323-00

## CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED - NAME (First, Middle, Last) <b>CHRISTOPHER S. JULOVICH</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>11:29AM</b>	3b DATE OF DEATH (Month, Day, Year) <b>JANUARY 31, 2000</b>
4 SOCIAL SECURITY NUMBER <b>304-12-6184</b>	5a AGE - Last Birthday (Years) <b>80</b>	5b UNDER 1 YEAR Months Days <b>0 0</b>	5c UNDER 1 DAY Hours Minutes <b>0 0</b>	6 DATE OF BIRTH (Month, Day, Year) <b>July 28, 1919</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Macedonia</b>	8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <b>Residence</b>	
9b FACILITY NAME (If not institution, give street and number) <b>5665 Johnson St.</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville</b>	9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Dragua Trajkovski</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use official title) <b>Broker</b>		12b KIND OF BUSINESS, INDUSTRY <b>Real Estate</b>
13a RESIDENCE - STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Merrillville</b>	13d STREET AND NUMBER <b>5665 Johnson St.</b>	
13e ZIP CODE <b>46410</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE - American Indian, Black, White, etc. (Specify) <b>White</b>
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) <b>12</b>		17 DECEASED'S EDUCATION (Specify only highest grade completed) College (14 or 5+)		
18 FATHER'S NAME (First, Middle, Last) <b>Slavo Julovich</b>		19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Angeline Cizalovski</b>		
20a INFORMANT'S NAME (Type/Print) <b>Dragua Julovich</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>5665 Johnson St. Merrillville, IN 46410</b>		20c Relationship <b>Wife</b>
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>February 3, 2000 Calumet Park Cemetery</b>		21c LOCATION - City or Town, State <b>Merrillville, Indiana</b>
22a EMBALMER'S NAME <b>Henry Blake</b>		22b EMBALMER'S LICENSE NO. <b>ED1019406</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Leonard...</i>		24b LICENSE NUMBER <b>FD08800305</b>		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>STILINOVICH &amp; WIATROLIK FH83004 7535 Taft St. Merrillville, IN 46410</b>
26 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory. Indicate which disease, injury, or complication is most related to the death. List only one cause on each line. <b>ACUTE CORONARY CARDIAC FAILURE</b> DUE TO (OR AS A CONSEQUENCE OF) <b>SEVERE ARTERIOSCLEROTIC CORONARY ARTERY DISEASE</b> DUE TO (OR AS A CONSEQUENCE OF) <b>ATHEROSCLEROTIC VASCULAR DISEASE</b> DUE TO (OR AS A CONSEQUENCE OF) <b>ALSO: AORTIC VALVE STENOSIS</b> <b>PERIPHERAL EFFUSION</b>				
26 PART II: Other pertinent conditions - Conditions which were present but not previously stated in Part I. <b>MASS MED. AL. ASPECT OF RIGHT LUNGS</b>		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>	28 WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>
24 CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.				
25b SIGNATURE AND TITLE OF CERTIFIER <i>Alvin M. Mathews MD</i>		25c MEDICAL LICENSE NO. <b>61037034</b>	25d DATE SIGNED (Month, Day, Year) <b>2/2/2000</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 20b) <b>C. Mathews, M.D. 751 E. 81st Place Merrillville, IN 46410 738-6600</b>				
31 SIGNATURE OF HEALTH OFFICER <i>Alvin M. Mathews MD</i>				
32 DATE FILED (Month, Day, Year) <b>February 4, 2000</b>		33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		
34a DATE PROLONGED DEAD (Month, Day, Year)	34b MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, destination, destination, etc.	34c DATE OF INJURY (Month, Day, Year)	34d TIME OF INJURY	34e INJURY AT WORK? (Yes or no)
34f DESCRIBES HOW INJURY OCCURRED		34g PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		34h LOCATION (Street and Number or Rural Route Number, City or Town, State)

