4

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2013 030873

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Natalie Djudjich, upon being first duly sworn, states the following;

1. My name is Natalie Djudjich and I am a resident of Lake County, Indiana.

2. My natural father was Alexander Djudjic ("the decedent") who died on the 8th day of September, 2007 in Munster, Indiana.

3. At the time of his death the decedent was the owner in fee of the following described real estate

45-03-22-358-005.000-024

All of Lot 5, Block 3, Park Addition to Indiana Harbor, in the City of East Chicago, as shown in Plat Book 5, Page 32, in the Office of the Recorder of Lake County. More commonly known as 4009 Grand Boulevard, East Chicago, Indiana

4. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars ($50,000), the costs and expenses of administration, and reasonable funeral expenses.

5. My father (the decedent) died a widower and intestate. At the time of his death and still today, I am the decedent's only surviving issue and his only heir at law.

6. The value of the decedent's real estate during the year of his death (2007) was $48,300 as evidenced by the Lake County Assessor's report for 2007 which is attached to this affidavit.

7. The only other assets owned by the decedent were the following

Account number 4334906519 at BMO Harris bank with a balance at the time of death of approximately $214. The account was owned jointly by the decedent and his wife Vera Djudjich (also spelled as "Djudjic") who predeceased the decedent by having died on the 20th day of April, 2001.

Unclaimed refund from the Lake County Auditor's Office in the amount of $110.36 currently being held by the Indiana Attorney General

12223

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 MAY -9 AM 11:
MICHAEL B. BROWN
RECORDER

FILED
MAY 01 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

18.00
CASH
NON CONF
PP

8. I make this affidavit pursuant to Indiana Code Section 29-1-8-3 for the purposes of proving my title in fee to the real estate described in paragraph 4 of this affidavit and my right to the funds in the checking account described in paragraph 7 of this affidavit

NATALIE DJUDICH

On the 1st day of May, 2013, Natalie Djudjic personally appeared before me, a Notary Public, in and for Lake County, Indiana, and she swore to the truth of the foregoing statements and subscribed to this affidavit in my presence.

Donald Stepanovich, Notary Public

DONALD STEPANOVICH
Lake County
My Commission Expires
May 28, 2018

I affirm under the penalties for perjury that I have prepared this instrument and I have taken reasonable care to redact each Social Security number in this document unless required by law.

Donald Stepanovich Attorney # 709-45

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.

Local No. 2285-07

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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)
ALEXANDAR	ALEKSANDAR	DJUDJIC	MALE	11:56 PM	SEPTEMBER 18, 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)
311-32-9974	82			FEB. 12, 1925	SABAC, 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
COMMUNITY HOSPITAL	MUNSTER	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	STEEL WORKER	INLAND STEEL COMPANY

13a. RESIDENCE — STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	EAST CHICAGO	4009 GRAND BLVD.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	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 +)
46312	[ ] No [X] Yes	[X] No [ ] Yes	U.S.A.	[X] No [ ] Yes	WHITE	12	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
DANILO DJUDJIC	KATARINA

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
NATALIE DJUDJICH	4009 GRAND BLVD. EAST CHICAGO, IN.46312	DAUGHTER

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
[X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) _____	SEPTEMBER 22, 2007 OAK HILL CEMETERY	HAMMOND, INDIANA

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.463(

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. Ventricular Fibrillation	
	DUE TO (OR AS A CONSEQUENCE OF):	
	b. Ischemic Cardiomyopathy	
Conditions, if any, which gave rise to the immediate cause. stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Coronary artery disease	
	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)
		(Yes)	

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)
[signature]	01038128 A	SEPT. 24, 2007

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

7217 Indianapolis Blvd Hammond IN 46324

31. HEALTH OFFICER'S SIGNATURE	THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH AS FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT	32. DATE FILED (Month, Day, Year)
[signature]		September 24, 2007

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				SEP 24 2007

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.

*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. 101   State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	VERA DJUDJIC
2. SEX	FEMALE
3a. TIME OF DEATH	12:10AM
3b. DATE OF DEATH (Month, Day, Yr)	APRIL 20, 2001
4. *SOCIAL SECURITY NUMBER	315-74-5146
5a. AGE—Last Birthday (Years)	81
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	JUNE 3, 1919
7. BIRTHPLACE (City and State or Foreign Country)	YUGOSLAVIA
8a. WAS DECEDENT A U.S. VETERAN?	NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	NONE
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	ST. CATHERINE HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH	EAST CHICAGO
9d. COUNTY OF DEATH	LAKE
10. MARITAL STATUS (Specify)	MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name)	ALEKSANDER DJUDJIC
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	DOMESTIC
13a. RESIDENCE—STATE	INDIANA
13b. COUNTY	LAKE
13c. CITY, TOWN, OR LOCATION	EAST CHICAGO
13d. STREET AND NUMBER	4009 GRAND BLVD.
13e. ZIP CODE	46312
13f. INSIDE CITY LIMITS	[ ] No [X] Yes
13g. ON A FARM?	[X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
16. RACE—American Indian, Black, White, etc. (Specify)	WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	BRANKO POPOVIC
19. MOTHER'S NAME (First, Middle, Maiden Surname)	PERZA

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	NATALIE DJUDJIC
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4009 GRAND BLVD.EAST CHICAGO,IND.46312
20c. Relationship	DAUGHTER

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	[X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	APRIL 23, 2001 OAK HILL CEMETERY
21c. LOCATION—City or Town, State	HAMMOND, INDIANA
22a. EMBALMER'S NAME	CHARLES WELLS
22b. EMBALMER'S LICENSE NO	FD01042372
23. WAS DEATH REPORTED TO CORONER?	[X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Eli [signature]
24b. LICENSE NUMBER (of Licensee)	FD01008300
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	LINCOLN RIDGE FUNERAL HOME 88800070 7607 W.LINCOLN HWY.CROWN POINT,IN.4630

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

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cardiomyopathy	months
DUE TO (OR AS A CONSEQUENCE OF) b.	End Stage Renal Disease	Months
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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)

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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	Paula Benchik Atwoh MD
29c. MEDICAL LICENSE NO	01045436
29d. DATE SIGNED (Month, Day, Year)	4/24/01
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	1534 119th St. Whiting In 46394

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Dr. Raykovich
32. DATE FILED (Month, Day, Year)	4-24-01

33. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined

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