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**TRANSFER ON DEATH DEED AFFIDAVIT**

STATE OF IN )  
 ) SS:  
COUNTY OF Lake )

2013 091679

**Steven Katic, Peter Katic, Marco Katic and Betsy Hamilton (collectively "Affiants"),** being first duly sworn upon oath, deposes and says:

1. That Steven Katic does reside at 450 Seminole Dr., Lowell, IN 46356.
2. That Peter Katic does reside at 1307 N. Oriole Rd., Valparaiso, IN 46356.
3. That Marco Katic does reside at 128 Green Street, Michigan City, IN 46360.
4. That Betsy Hamilton does reside at 7204 W. 133 Ct., Cedar Lake, IN 46303.
5. Affiants swear and state they are listed as the Transferees of a Transfer on Death Deed, Instrument Number 2012-010298.
6. The Transferor on such Death Deed, Instrument Number 2012-010298, Mary Katic, did pass away on April 17, 2013, as is indicated on the attached Certificate of Death.
7. Affiants do hereby receive in equal shares, as tenants in common, the interest ascribed in the Death Deed.

The North 1/2 of the South 1/2 of the South 1/2 of the Northeast 1/4 of the Northwest 1/4 of Section 35 North, Range 9 West of the Principal Meridian, in Lake County, Indiana, and 9413 Blaine Street, Crown Point, IN 46007. 45-11-35-126-007.000-032

Signature Steven Katic  
 STATE OF IN )  
 ) SS:  
 COUNTY OF Lake )

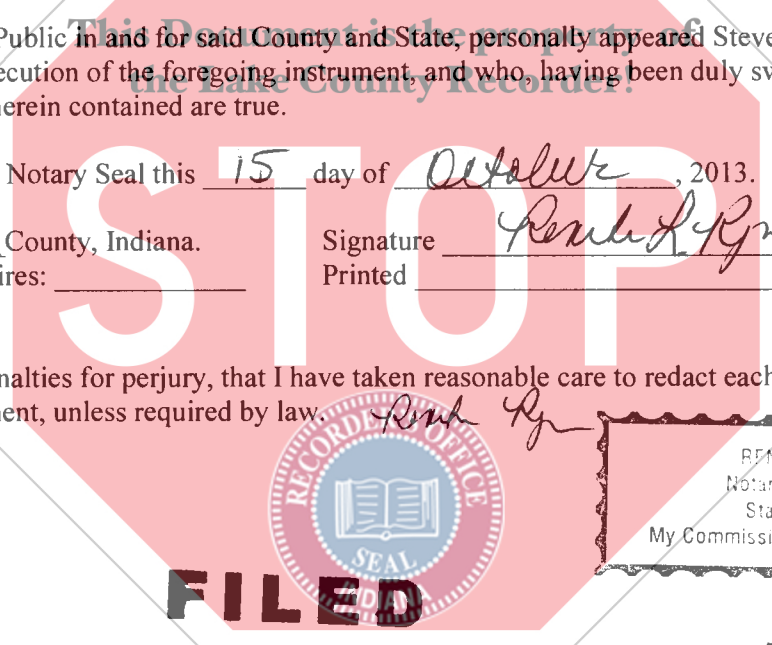
2013 DEC 16 PM 2:46  
 NOTARIAL RECORDS  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD

Before me, a Notary Public in and for said County and State, personally appeared Steven Katic, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notary Seal this 15 day of October, 2013.

Resident of Lake County, Indiana. Signature Renita Reyna  
 My Commission Expires: \_\_\_\_\_ Printed \_\_\_\_\_

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.



**FILED**

DEC 12 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

006954

CK# 08008041  
 CK# 08007842  
 IRef  
 non conf  
 \$24

Signature Peter Katic  
Peter Katic

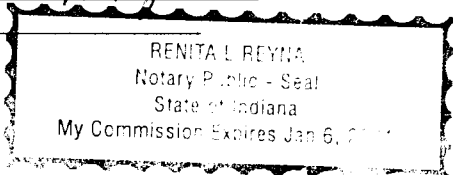
STATE OF IN )  
 ) SS:  
COUNTY OF Lake )

Before me, a Notary Public in and for said County and State, personally appeared Peter Katic, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notary Seal this 16 day of October, 2013.

Resident of Lake County, Indiana.  
My Commission Expires: \_\_\_\_\_

Signature Renita L. Reyna  
Printed \_\_\_\_\_



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. Renita Reyna

Document is NOT OFFICIAL  
Signature Marco Katic  
Marco Katic

STATE OF IN )  
 ) SS:  
COUNTY OF Lake )

This Document is the property of the Lake County Recorder!

Before me, a Notary Public in and for said County and State, personally appeared Marco Katic, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

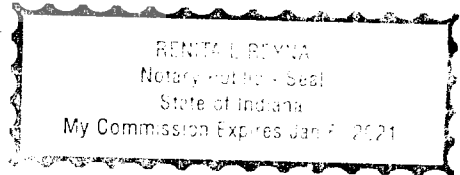
Witness my hand and Notary Seal this 15 day of October, 2013.

Resident of Lake County, Indiana.  
My Commission Expires: \_\_\_\_\_

Signature Renita L. Reyna  
Printed \_\_\_\_\_



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. Renita Reyna







**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No **001455**

EDR No **00000319496**

State No **019829**

1. Decedent's Legal Name (First, Middle, Last) <b>MARY KATIC</b>			1a. Maiden Name (If female) <b>VLAISAVICH</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>10:48 PM</b>	4. Date Of Death (Month/Day/Year) <b>04/17/2013</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>85</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>03/01/1928</b>	
8. Birthplace (City and State or Foreign Country) <b>OMAHA, NE</b>			9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) <b>ST ANTHONY HOSPICE-CROWN POINT</b>								
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</b>					13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>DOMESTIC</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>		18d. Apt. No.		18e. Zip Code <b>46307</b>
18c. Street And Number <b>9413 BLAINE STREET</b>								
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>PETAR VLAISAVICH</b>			23. Mother's Name (First, Middle, Last) <b>MILKA VLAISAVICH</b>			23a. Mother's Maiden Last Name <b>DELICH</b>		
24. Informant's Name <b>STEVE KATIC</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>450 SEMINOLE DRIVE, LOWELL, IN 46356</b>				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>ST SAVA CEMETERY</b>		25c. Location - City, Town, And State <b>LIBERTYVILLE, IL</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HIGHWAY, CROWN POINT, IN 46307</b>					27a. Funeral Home License Number: <b>FH88800070</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>ELI VUJKO, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Of Licensee): <b>FD01008300</b>					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>OVARIAN CANCER</u>  Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____ C. _____ D. _____						Approximate Interval: Onset To Death <b>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH LAKE COUNTY HEALTH DEPARTMENT</b> <b>AUG 29 2013</b> <i>Susan W Best, M.D.</i> <b>LAKE COUNTY HEALTH OFFICER</b>		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. Signature, Of Person Certifying Cause Of Death: <b>KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE</b>					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311</b>					44. License Number <b>01052342A</b>		45. Date Certified <b>04/19/2013</b>	
46. Additional Funeral Service Provider:					47. *Akas:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>					49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 25 2013</b>			
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>								