

3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 006780

2014 FEB -4 AM 11:04

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

STATE OF INDIANA )  
                              ) SS:  
COUNTY OF LAKE )

Comes now **ILSE MITIC**, being duly sworn upon her oath and states as follows:

That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 4, 5, 6, 7 and 8, Block 22, Earle's Third Glen Park Addition to Gary as per plat thereof, recorded in Plat Book 9, page 36, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 4013-4025 Connecticut St., Gary, Indiana 46409  
Parcel ID No. 45-08-27-158-003.000-004 and 45-08-27-158-004.000-004

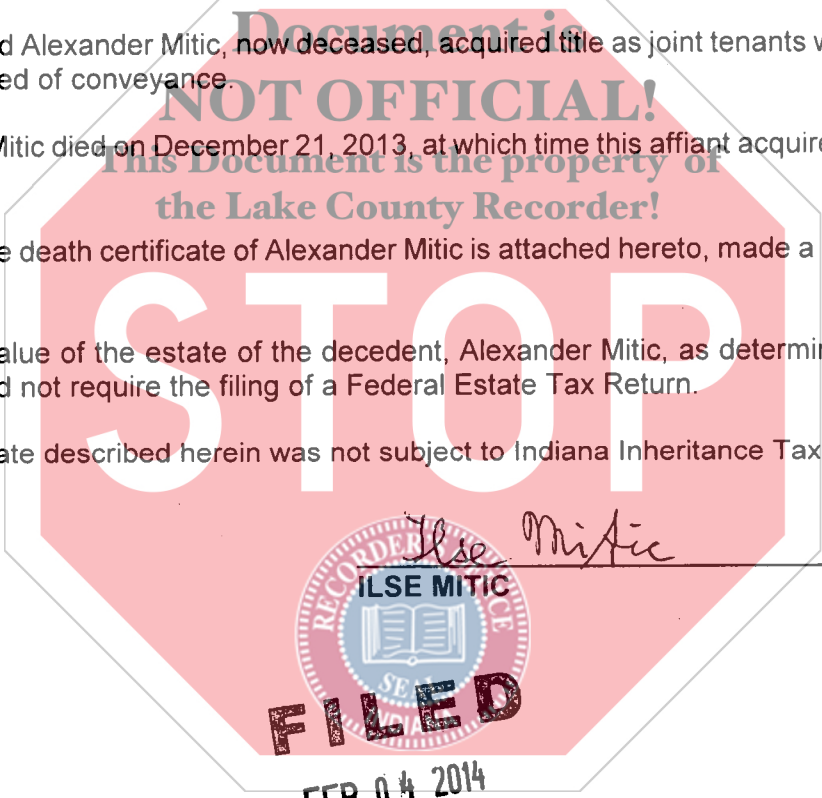
That Ilse Mitic and Alexander Mitic, now deceased, acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance.

That Alexander Mitic died on December 21, 2013, at which time this affiant acquired title to the real estate as surviving joint tenant.

That a copy of the death certificate of Alexander Mitic is attached hereto, made a part hereof and marked Exhibit "A".

That the gross value of the estate of the decedent, Alexander Mitic, as determined for the purposes of Federal Estate Taxes did not require the filing of a Federal Estate Tax Return.

That the real estate described herein was not subject to Indiana Inheritance Tax.



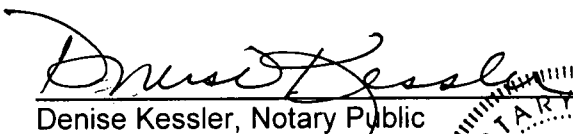
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

010571

#15-00  
M.E  
#4356

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Subscribed and sworn to before me by the affiant this 30th day of January, 2014.

  
Denise Kessler, Notary Public



My Commission Expires: June 25, 2014

County of Residence: Porter

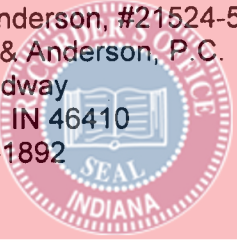
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

  
Printed Name: Mark R. Anderson

**This Document is the property of  
the Lake County Recorder!**

**STOP**

This instrument prepared by: Mark R. Anderson, #21524-53  
Anderson & Anderson, P.C.  
9211 Broadway  
Merrillville, IN 46410  
(219) 769-1892





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1080614

Local No 000597

EDR No 00000360034

State No

1. Decedent's Legal Name (First, Middle, Last) <b>ALEXANDER MITIC</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>05:38 AM</b>		4. Date Of Death (Month/Day/Year) <b>12/21/2013</b>		
5. Social Security Number		6a. Age - Yrs <b>63</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		
		Months		Days		Hours		Minutes		7. Date of Birth (Month/Day/Year) <b>07/14/1950</b>		
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Hospice Facility <input checked="" 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>4013 CONNECTICUT STREET</b>												
12. City Or Town, State, And Zip Code <b>GARY, IN, 46409</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 type="checkbox"/> Widowed <input checked="" 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>HOUSEKEEPING</b>		17. Kind Of Business/Industry <b>COLLEGE</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>GARY</b>			18c. Street And Number <b>4013 CONNECTICUT STREET</b>		18d. Apt. No.	
								18e. Zip Code <b>46409</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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>BRANISLAV MITIC</b>						23. Mother's Name (First, Middle, Last) <b>ILSE MITIC</b>			23a. Mother's Maiden Last Name <b>BRUHN</b>			
24. Informant's Name <b>URSULA MITIC</b>			24a. Relationship To Decedent <b>SISTER</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7541 BROADWAY, MERRILLVILLE, IN 46410</b>						
25. Place Of Disposition												
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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>NORTHWEST INDIANA CREMATION</b>				25c. Location - City, Town, And State <b>CROWN POINT, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307</b>						27a. Funeral Home License Number: <b>FH83002445</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES E. BURNS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20700059</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)										Approximate Interval: Onset To Death		
A. <b>RECTAL CANCER STAGE 4</b>										<b>5 1/2 YEARS</b>		
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. _____												
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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CHRONIC KIDNEY DISEASE, HYPERTENSION												
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 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>CHERYL MORGAN-IHRIG, 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>CHERYL MORGAN-IHRIG, 1630 W. 45TH AVENUE, MUNSTER, IN 46321</b>						44. License Number <b>01041301A</b>			45. Date Certified <b>12/29/2013</b>			
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>DEC 30 2013</b>						

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395  
IVRA-20  
(7/05)

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

VOID IF ALTERED OR ERASED. NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT