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2014-025992
Chicago Title Insurance Company

2014 MAY -8 AM 10:39

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

1408980

On this 4/30/14 before me personally appeared Marge Kubascik
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is James Julovich "owner"
state interest of affiant in the above premises as "owner", "son of owner", etc.
- Said premises were formerly owned as joint tenants or as tenants by the entireties by James Julovich and reserving a life estate to Angeline C. Julovich
- Said Angeline Julovich aka Angeline C. Julovich
(fill in name of co-tenant who died)
died on 10/19/13
leaving no will;
(insert "a" or "no"; if will left, attach a copy)

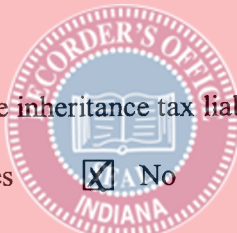
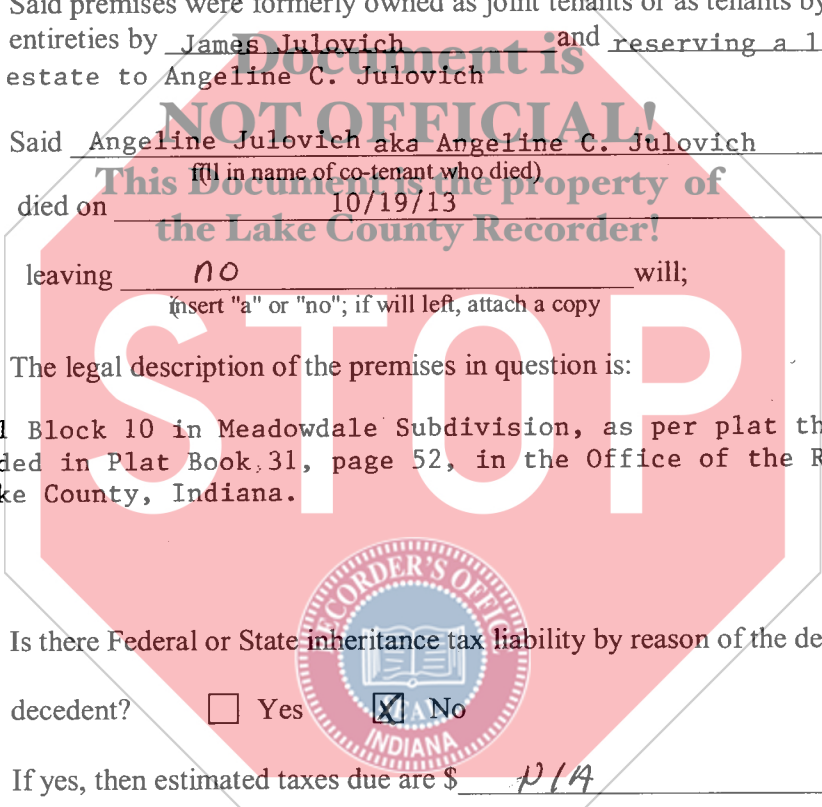
5. The legal description of the premises in question is:

Lot 21 Block 10 in Meadowdale Subdivision, as per plat thereof recorded in Plat Book 31, page 52, in the Office of the Recorder of Lake County, Indiana.

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ 0/4

The taxes due are paid or unpaid



FILED

MAY 06 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CHICAGO TITLE INSURANCE COMPANY

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? N/A

(If answer is "Yes", identify the divorce proceedings:

N/A):

8. Affiant's relationship to the deceased was Son

Signature: Marge Kubascik

Printed Name Marge Kubascik

Address: 421 W. Lenoxon Highway
Achererville, IN 46375

Subscribed and sworn to before me by the affiant

This 4/30/2014
(insert date)

Karen Graig
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____



This instrument prepared by Marge Kubascik

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. M. KUBASCIK



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003487

EDR No 00000349831

State No 048981

1. Decedent's Legal Name (First, Middle, Last) ANGELINE JULOVICH				1a. Maiden Name (If female) TRAJKOVSKI		2. Sex FEMALE		3. Time Of Death 08:04 PM		4. Date Of Death (Month/Day/Year) 10/19/2013			
5. Social Security Number 000000000		6a. Age - Yrs 89		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes			
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											
11. Facility Name (If Not Institution, Give Street and Number) 5515 JOHNSON STREET										13. County Of Death LAKE			
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410										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 HOMEMAKER		17. Kind Of Business/Industry AT HOME			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town MERRILLVILLE			18c. Street And Number 5515 JOHNSON STREET		18d. Apt. No.	18e. Zip Code 46410	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			23a. Mother's Maiden Last Name UNKNOWN				
22. Father's Name (First, Middle, Last) ANASTAS TRAJKOVSKI			23. Mother's Name (First, Middle, Last) STERJANA TRAJKOVSKI			24b. Mailing Address (Street And Number, City, State, Zip Code) 2207 EAST MAXWELL LANE, BLOOMINGTON, IN 47401			24. Informant's Name JIM JULOVICH				
24a. Relationship To Decedent SON			25. Place Of Disposition										
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN			27a. Funeral Home License Number: FH83002445				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307			27c. License Number (Of Licensee): FD08600686			27b. Signature Of Indiana Funeral Service Licensee: DAVID W. SEMPLINSKI, BY ELECTRONIC SIGNATURE				
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.											Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death) A. ADVANCED UTERINE CANCER Due to (Or As A Consequence Of):											MONTHS		
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											11/07		
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											31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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											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 (If In Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT			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: LYLE R MUNN, BY ELECTRONIC SIGNATURE											45. Date Certified 10/24/2013		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383											47. *Akas: 01031582A		
46. Additional Funeral Service Provider:											49. For Registrar Only - Date Filed (Month/Day/Year): OCT 28 2013		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE											49. For Registrar Only - Date Filed (Month/Day/Year): OCT 28 2013		

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.