

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 028560

2014 MAY 19 PM 3: 27

MICHAEL B. BROWN
RECORDER

3

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF INDIANA)
COUNTY OF LAKE

) SS:

Drago Benic (by its CO-POA Milenko Benic)

, being first duly sworn upon oath, deposes and says:

1. That Danka Benic
Merrillville, Indiana
hereto as Exhibit A.

died on November 22, 2004 at

. A certified copy of the death certificate is attached

2. That Danko Benic
were duly and legally married at the time they acquired title as husband and wife to the following described real estate, recorded on 06/22/1977 as in the records of LAKE County, Indiana:

and Drago Benic (by its CO-POA Milenko Benic)

ELLENDALE 1ST ADD. TO HIGHLAND ALL L21 BL 3

Document is NOT OFFICIAL!

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Property address: 9607 Farmer DR, Highland IN 46322-3232
Parcel ID: 45-07-27-377-002-000-026

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That Drago Benic (by its CO-POA Milenko Benic) makes these representations to set forth the present ownership of title to the above real estate pursuant to IC 32-17-3-1(c).

IC 32-17-3-1(c).

Further affiant sayeth not.

Drago Benic Milenko Benic
Affiant Signature

Drago Benic (by its CO-POA Milenko Benic)

Print name

Milenko Benic CO- POA

Date



FILED

MAY 19 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15-
CASH
DN

012797

ACKNOWLEDGEMENT

STATE OF INDIANA)
COUNTY OF LAKE _____) SS:

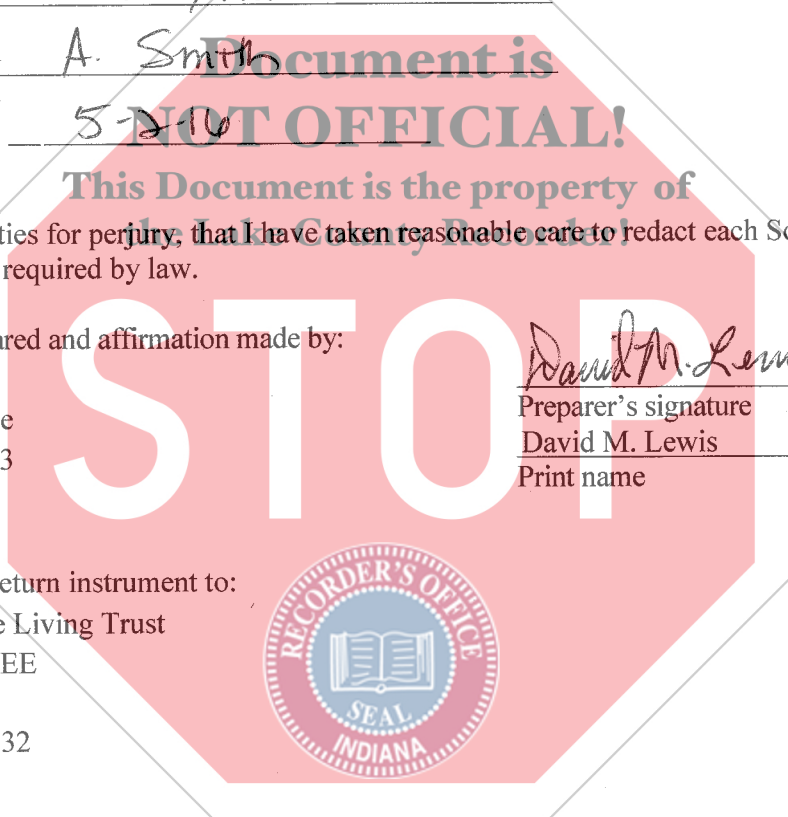
Before me, a notary public in and for said county and state, and a resident of _____ County, Indiana, personally appeared Drago Benic (by its CO-POA Milenko Benic) who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this 13th day of MAY, 2014.

Notary signature: Gina A. Smith

Print name: Gina A. Smith

My commission expires: 5-2-10



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.

This document was prepared and affirmation made by:
L O Group
540 N Lake Shore Drive
Chicago, IL 60611-7413

David M. Lewis
Preparer's signature
David M. Lewis
Print name

After recording, please return instrument to:
Drago Benic Revocable Living Trust
C/O Milenko Benic TTEE
9607 Farmer DR
Highland, IN 46322-3232



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

INDIANA STATE DEPARTMENT OF HEALTH

MOM DEATH CERT.

Local No. 2918-04

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT INK

DECEDENT

RELATIONS

FORMANT

POSITION

USE OF THIS

CERTIFIER

THIS CER

1. DECEASED—NAME (First, Middle, Last) DANKA BENIC		2. SEX FEMALE	3a. TIME OF DEATH 6:30 P M	3b. DATE OF DEATH (Month, Day, Year) NOVEMBER 22, 2004	
5a. AGE—Last Birthday (Years) 80		5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) MARCH 4, 1924	
7. BIRTHPLACE (City and State or Foreign Country) MARINKOVCI, YUGOSLAVIA		8a. WAS DECEDENT A U.S. VETERAN? NO			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) SOUTHLAKE METHODIST HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH MERRILLVILLE	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) DRAGO BENIC	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 HIGHLAND	13d. STREET AND NUMBER 9607 FARMER DR.		
13e. ZIP CODE 46322	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	
13g. ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+)				
18. FATHER'S NAME (First, Middle, Last) MICO TRKULJA		19. MOTHER'S NAME (First, Middle, Maiden Surname) MARIJA VIDOVIC			
20a. INFORMANT'S NAME (Type/Print) DRAGO BENIC		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9607 FARMER DR. HIGHLAND, IND. 46322	20c. Relationship HUSBAND		
21a. METHOD OF DISPOSITION <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) NOVEMBER 26, 2004 CALUMET PARK CEMETERY		21c. LOCATION—City or Town, State MERRILLVILLE, INDIANA	
22a. EMBALMER'S NAME ELI VUJKO		22b. EMBALMER'S LICENSE NO. FD01008300	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eli Vujko</i>		24b. LICENSE NUMBER (of License) FD01008300	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307		
26. PART I Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Cerebral Infarction</i> DUE TO (OR AS A CONSEQUENCE OF): b. <i>Vascular Dementia</i> DUE TO (OR AS A CONSEQUENCE OF): c. <i>Congestive heart failure</i> DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval: Between Onset and Death					
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)		
29a. 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.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>N. Djurovic MD</i>		29c. MEDICAL LICENSE NO. 01026620	29d. DATE SIGNED (Month, Day, Year) 11-30-04		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. NADEZDA DJUROVIC 155 W 86th Ave Sec C Merrillville IN 46410					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W But D.O.</i>					
33. MANNER OF DEATH <input checked="" 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 OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
		34e. DESCRIBE HOW INJURY OCCURRED DEC 03 2004			
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.			