

4
Chicago Title Insurance Company

1302053

SURVIVORSHIP AFFIDAVIT

Parcel No: 45-07-21-276-004.000-026

On this 4/24/13 before me personally appeared _____
(insert date)

Thomas M. Fistrovich

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 son of the Owners
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Thomas M. Fistrovich and Dorothy J. Fistrovich
4/12/1924

4. Said Thomas M. Fistrovich
(if in name of co-tenant who died)
died on August 25, 2005
leaving a will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
Highland Terrace 5th Add. Lot 109, to the Town of Highland, Lake County, Indiana

SEE ATTACHED

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 \$ _____

The taxes due are paid or unpaid.

2014 048628

2014 AUG 13 AM 10:37
MICHAEL BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

25487

FILED

AUG 08 2014

**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**

This is to certify that this is a true and exact copy of the original instrument.
CHICAGO TITLE INSURANCE CO.
Indiana Division

By Carol J. Webb

*1700
LT
22*

Chicago Title Insurance Company

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

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

_____):

8. Affiant's relationship to the deceased was Son

Signature: [Handwritten Signature]

Printed Name Thomas M. Fistrovich

Address: 3127 98th Street

Highland, IN 46322

Subscribed and sworn to before me by the affiant

This 24th Day of April 2013
(insert date)

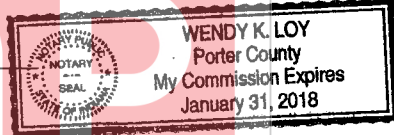
[Handwritten Signature]
Notary Public

Printed Name Wendy K. Loy

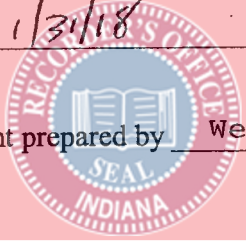
My County of Residence is: Porter

In the State of IN

My Commission Expires 1/31/18



This instrument prepared by Wendy K. Loy



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. Kevin Zaremba

EXHIBIT "A"

LOT 109 IN HIGHLAND TERRACE 5TH ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30, PAGE 19, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address: 3018 Grand Blvd, Highland, IN 46322



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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 572

1302053
Parcel No. 45-07-21-276-004.000-026

Sept 1, 2005
Date Issued
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Thomas M. Fistrovich		2. SEX Male	3a. TIME OF DEATH 9:30 PM	3b. DATE OF DEATH (Month, Day, Yr.) August 25, 2005	
4. SOCIAL SECURITY NUMBER 000000000	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.) April 12, 1924	
7. BIRTHPLACE (City and State or Foreign Country) Whiting, Indiana	8a. WAS DECEASED A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) Select Specialty Hospital	9b. CITY, TOWN, OR LOCATION OF DEATH Hammond, IN	9c. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Dorothy Mazur	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during major of working yrs. Do not use retired) Research Assistant	12b. KIND OF BUSINESS/INDUSTRY Oil Refinery		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Highland	13d. STREET AND NUMBER 3018 Grand Boulevard		
15a. ZIP CODE 46322	13f. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEASED OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <input type="checkbox"/> College (1-4 or 5+) 12		18. DECEASED'S EDUCATION			
18. FATHER'S NAME (First, Middle, Last) Phillip Fistrovich		19. MOTHER'S NAME (First, Middle, Maiden Surname) Barbara Horvat			
20a. INFORMANT'S NAME (Type/Print) Dorothy Fistrovich		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3018 Grand Boulevard, Highland, IN 46322		20c. Relationship Wife	
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) August 29, 2005 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, IN	
22a. EMBALMER'S NAME Edgar C. Gleim		22b. EMBALMER'S LICENSE NO. FD01016173		22c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jacob A. Peter</i>		24b. LICENSE NUMBER (of License) FD08601585	24c. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kicinman Road Highland, IN 46322 FH10300021		
25. PART I. Over the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cerebral or respiratory arrest, shock, or heart failure. Use only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): CEREBROVASCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): END STAGE RENAL DISEASE DUE TO (OR AS A CONSEQUENCE OF): CHRONIC OBSTRUCTIVE LUNG DISEASE					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEASED PREGNANT OR POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 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>W. Ahdab</i>		29c. MEDICAL LICENSE NO. 01046859A	29d. DATE SIGNED (Month, Day, Year) 9-1-05		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) W. Ahdab M.D. 7400 Columbia Avenue, Hammond, IN 46324					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) September 1, 2005	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		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.			

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