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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:

2014 067385

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 OCT 23 PM 1:30

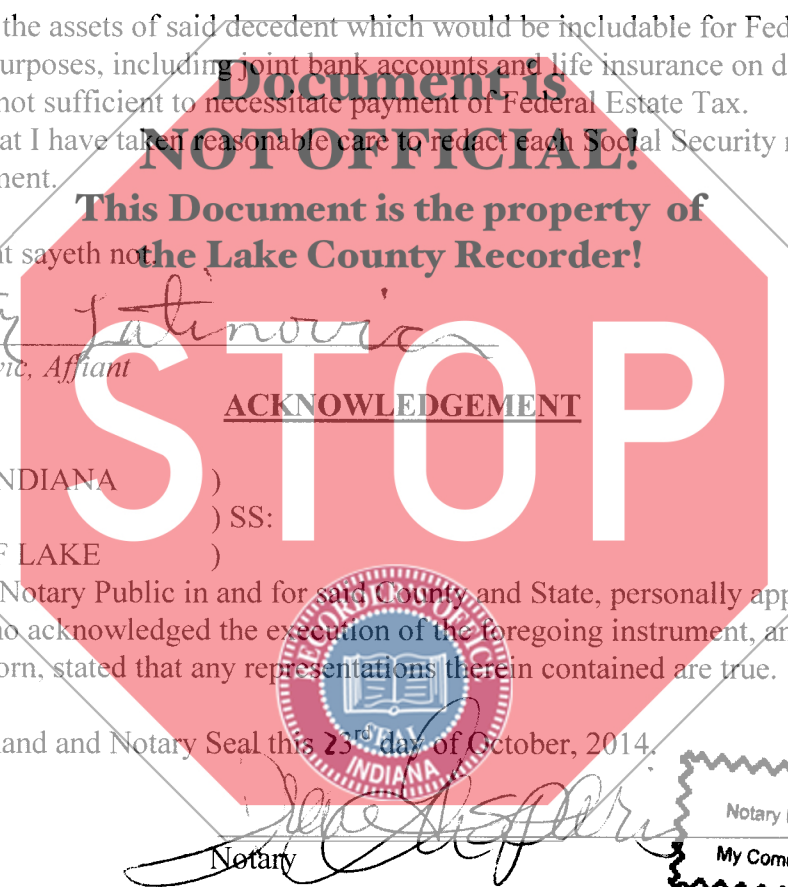
Petar Latinovic, being first duly sworn upon oath, deposes and says:

**MICHAEL B. BROWN
RECORDER**

1. That Ruza Latinovic died on 2/19/84, in Lake County, Indiana.
2. That Ruza Latinovic and Miladen Latinovic were duly and legally married and they owned a home with title in the name of Miladin and Ruza Latinovic to the following described real estate:

**3571 Virginia Street, Gary, IN 46409
Schug Park SO, Broadway ADD. All L.31 & L.32, BL.3
Parcel Number: 45-08-22-378-012.000-004**

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 her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.
6. I affirm that I have taken reasonable care to redact each Social Security number in this document.



Further affiant sayeth not

Petar Latinovic
Petar Latinovic, Affiant

ACKNOWLEDGEMENT

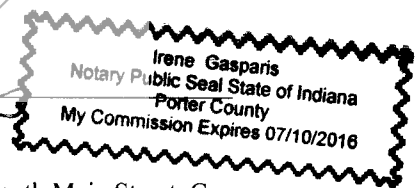
STATE OF INDIANA)
COUNTY OF LAKE)

) SS:

Before me, a Notary Public in and for said County and State, personally appeared Petar Latinovic, 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 23rd day of October, 2014.

Irene Gasparis
Notary



This instrument prepared by The Law Offices of Gasparis & Zembillas, 301 South Main Street, Crown Point, IN 46307 (219) 661-6000



27500

FILED

OCT 23 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

M-
nun can
CS
RV

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
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EMBALMER'S NAME James Gholston LICENSE No. 419

FUNERAL DIRECTOR'S SIGNATURE Robert Wiatrolik FUNERAL DIRECTOR'S LICENSE No. 968

FUNERAL HOME No. 242

Local No. 353-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____
DATE OF DEATH: February 19, 1984

DECEASED NAME: <u>Ruza</u>		RACE: <u>White</u>		AGE: <u>76</u>		SEX: <u>Female</u>		DATE OF BIRTH: <u>09-10-1907</u>		COUNTY OF DEATH: <u>Lake</u>	
CITY/TOWN OF DEATH: <u>Merrillville</u>		CITY/TOWN OF BIRTH: <u>Merrillville</u>		CITIZENSHIP: <u>USA</u>		MARRIED: <u>Married</u>		SPOUSAL OCCUPATION: <u>Housewife</u>		HOSPITAL OR OTHER INSTITUTION: <u>Broadway Methodist Hospital</u>	
STATE OF BIRTH: <u>Jugoslavia</u>		CITIZENSHIP: <u>USA</u>		MARRIED: <u>Married</u>		SPOUSAL OCCUPATION: <u>Housewife</u>		HOSPITAL OR OTHER INSTITUTION: <u>Broadway Methodist Hospital</u>		MANNER OF DEATH: <u>Inpatient</u>	
RESIDENCE: <u>Indiana</u>		CITY/TOWN OF RESIDENCE: <u>Lake</u>		STREET ADDRESS: <u>3571 Virginia Street</u>		CITY/TOWN OF RESIDENCE: <u>Gary</u>		STATE OF RESIDENCE: <u>Indiana</u>		MANNER OF DEATH: <u>Inpatient</u>	
FATHER: <u>Mile</u>		MOTHER: <u>Julia</u>		BIRTHPLACE: <u>Yugoslavia</u>		BIRTHPLACE: <u>Yugoslavia</u>		BIRTHPLACE: <u>Yugoslavia</u>		BIRTHPLACE: <u>Yugoslavia</u>	
MILITARY SERVICE: <u>None</u>		MILITARY SERVICE: <u>None</u>		MILITARY SERVICE: <u>None</u>		MILITARY SERVICE: <u>None</u>		MILITARY SERVICE: <u>None</u>		MILITARY SERVICE: <u>None</u>	
DATE OF DEATH: <u>Feb. 22, 1984</u>		PLACE OF DEATH: <u>Broadway Methodist Hospital</u>		CITY/TOWN OF DEATH: <u>Lake</u>		STATE OF DEATH: <u>Indiana</u>		COUNTY OF DEATH: <u>Lake</u>		MANNER OF DEATH: <u>Inpatient</u>	
CAUSE OF DEATH: <u>Acute Cardiorespiratory</u>		MANNER OF DEATH: <u>Chronic and Acute</u>		MANNER OF DEATH: <u>Chronic and Acute</u>		MANNER OF DEATH: <u>Chronic and Acute</u>		MANNER OF DEATH: <u>Chronic and Acute</u>		MANNER OF DEATH: <u>Chronic and Acute</u>	



Acute Cardiorespiratory
Chronic and Acute
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