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PARCEL NO.: 45-11-07-426-019-000-034

AFFIDAVIT OF DEATH OF LUCA MARKOTIC

STATE OF INDIANA

ss:

COUNTY OF LAKE

2015

MACA MARKOTIC, being first duly sworn, upon oath deposes and says as follows:

- 1. This Affidavit is made pursuant to the Indiana Statutes.
- 2. The undersigned Maca Markotic is the wife of the decedent, Luca Markotic. This Affidavit is to establish the death of Luca Markotic who died a resident of Lake County, Indiana, on the 23rd day of September, 2014. A certified copy of the Death Certificate is attached hereto.
- 3. At the time of death of Owner, the Owner held the Real Estate is Document is the property of

See attached Exhibit County Recorder!

Commonly known at 428 77th Avenue

Dyer, Indiana 46311.

4. That this affidavit is made to establish the death of of the luca Markotic.

State of Indiana

SS:

COUNTY OF LAKE

Mue Muhhi

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Maca Markotic who acknowledged the execution of the foregoing Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this Fcb. 2

, 20<u>/5</u>

My commission expires:

Signature Printed

Thomas A. Vater

Resident of Lake County, Indiana

This instrument prepared by Law Office of Thomas A. Vater

7814 Belmont Ave., Hammond, IN 46324

Return affidavit to: Attorney Thomas A. Vater

7814 Belmont Ave., Hammond, IN 46324

011394

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. No representation is made as to any time after this instrument was delivered or given to my client.

Attorney Thomas A. Vater

#1793-45

EXHIBIT A

LEGAL DESCRIPTION:

Lot 2 in Brighton Woods, an addition to the Town of Dyer, as per plat thereof, recorded in plat book 80 page 2, and amended by certificate of correction recorded March 4, 1996 as document no. 96014031, in the office of the Recorder of Lake County, Indiana.

Commonly known as: 428 77th Avenue, Dyer, IN 46311.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No.

30143

Local No OC		EDI	R No 0000		<u>)5</u>	2. Sex	tate No	04281	7 4. Date Of	Death (Month/Day/Year)
	 ,		ia. malasi wan	o (ii ioiiiaio)			-,	7 PM		09/23/2014
LUKA MARKOTIC 5. Social Security Number 6a. Age - Yrs	6b, Under 1 Year	6c, Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date	MALE of Birth (Month/Day/				Foreign Country)
63	Months	Days	Hours	Minutes	1	09/24/1950	GF	RAB, C1		
	eath Occurred In A Hospi	tal:	L .	10a. If Death Occur		where Other Than A	Hospital	ome/Long-term (are Facilit	
☐ Yes ☒ No ☐ Unknown ☐ Inpa	atient 🔲 Emergency De	partment Outpatient	☐ Dead on Arrival	Other (Specify)	M 00	secont a flotine [Nulsing Fix	omercang-term	Jaic r adili	,
11. Facility Name (If Not Institution, Give St 428 77TH AVENUE	reet and Number)			· · · · · · · · · · · · · · · · · · ·						
12. City Or Town, State, And Zip Code				13. County C	of Death			4. Marital Statu		
DYER, IN, 46311				LAKE						t Separated Divorced Divorced Divorced
15. Surviving Spouse's Name		15a	. (If Wife)Give Maider			16. Decedent's Us	ual Occupatio	n	17. Kind 0	of Business/Industry
MACA MARKOTIC		DC	DIG			PLUMBER		F	LUMB	ING
18. Residence - State	18a. C			18b. City Or Tov				J-:		
INDIANA	LAKE			DYER						
18c. Street And Number						18d. /	Apt. No.	18e. Zip Co	ede	18f. Inside City Limits?
428 77TH AVENUE								463	11	Yes No
19. Decedent's Education HIGH SCHOOL GRADUATE		Decedent Of Hispar	nic Origin	ment	ecedent's	Race				
COMPLETED		T HISPANIC		White		In Tank		Dan Ma	thada Maia	en Last Name
22. Father's Name (First, Middle, Last)	,	NO	$\mathbf{O}[\mathbf{O}]$	23. Mother's Name (rirst, Midd	ie, Last)		23a. Ma	uler S Maid	ien rast Mallia
IVAN MARKOTIC 24. Informant's Name		Na Description		BLAGICA MA			ato Zin Cod-	KRAL	JEVIC	
		24a, Relationship T		24b. Mailing Address	- o P					
MACA MARKOTIC		WIFEthe 1	uant UU	428 77TH AV	ENUE.	DYER, IN 46	311			
25a. Method Of Disposition Burial Cremation Donation		e Of Disposition (Na	ame Of Cemetery, Cre		25c. Le	ocation - City, Town,	And State			
Removal From State	Entombinent									
Other (Specify): 26. Was Coroner Contacted?	7. Name And Complete		E CEMETERY		ALSI	P, IL		-	27a Fune	eral Home License Number.
Dys. Bys										•
27b. Signature Of Indiana Funeral Service L	LMWOOD CHA	PEL LTD, 11	300 W 97TH	LN, SAINT JO	HN, IN	46373	nse Number (Of Licensee):	FH199	00052
JAMES F BETKOWSKI, BY						FD092				
28. Part I. Enter The <u>Chain Of Events</u> Such As Cardiac Arrest, Respiratory Ar	rest, Or Ventricular Fib	Complications - T	use Of Death (See hat Directly Caused nowing The Etiology.	The Death, Do Not	Enter Ten	minal Events by One Cause On				Approximate Interval: Onset To Death
A Line. Add Additinal Lines If Necessa Immediate Cause (Final Disease Or Co	•	eath) A	RECTAL CANCER	WITH LIVER META	STASS			COPY OF		2 YEARS
minocial occupy (i mai pipoco or oc		,	ELOK.		Due to (Or A	THE RECO	Y HEALT	H DEPART	MENT	
Sequentially List Conditions, If Any, Le	eading To The Cause Li Disease Or Injury That I	sted On B.				As A Consequence UII.			IVILIVI	-
The Events Resulting In Death) Last		C			Due b (Or /	As A Consequent OSE	P 25	2014		
		D.		SEAL S		L./				
Part II. Enter Other Significant Conditions Co	ontributing to Death But N	<u> </u>	Underlying Cause Giv	in In Part I	29. Wa	An Autopsy Perform	ned?	⊋∆'es,	⊠ No	
			44	umuu	30. Wei	e Autopsy Finding A	vailable To Co			^{h?} ☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death?	☐ Not Pregna		Pregnant At Time Of Death	Not Pregnant, But Pregn	nant Within 42			omicide ☐ A		Pending Investigation
Yes Probably No Unknow	n Not Pregna	nt, But Pregnant 43 Days T	o 1 year Before Death	Unknown If Pregnant W	Sthin The Past	Year 🔲	Suicide 🔲 C	ould Not Be Det	ermined	. Injury At Work?
34. Date Of Injury (Month/Day/Year)	35. Time O	ı ırıjur y	36. Plac	æ or injury (z.G., Dec	eueni S MC	wie, Construction St	'/.	, avoludu Alea)	'۔ ا ^ء '	☐ Yes ☐ No
38. Location Of Injury - State	38a. City Or	Town	38b. S	treet & Number				. 38c. Apt. No	38	d. Zip Code
				•				1000	\ -	. =
39. Describe How Injury Occurred			1			40.	If Transports	tion Injury, Spec	ify:	Specify) n n
44 Circuit or Of Decree Contition Cons	Of Death:							<u> </u>	VACI	D-UNLESS
41. Signature, Of Person Certifying Cause LYLE R MUNN, BY ELECTF	RONIC SIGNATU					42. Certifier (I	Physician	☐ Coroner		Heath Officer
43. Name, Address And Zip Code Of Perso	n Certifying Cause Of De	ath:					44. License	Númper	J 45	Date Certified
LYLE R MUNN , 85 E. US H	IGHWAY 6, MEI	DICAL PLAZA	A, STE 235, V	ALPARAISO, I	N 463	B3	0103158			09/24/2014
46. Additional Funeral Service Provider.							47. *Akas:			
48. Signature of Local Health Officer. SUSAN W. BEST, VIA ELEC	TRONIC SIGNA	TURF				49. For Registra	r Only - Date	SEP 25 2		
COOKIN VV. DEGT, VIA LEEC	THOMAS SIGNA		NT TO CERTIFICA	TE OF DEATH (EN	TRY OR (ORIGINAL)	; ;			
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							1 1			
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State Form 53395 ATTENTION ESTAT	E: The Social Security	# is being requeste	ed by this state agen	ncy in order to pursu	e respons	ibility. Disclosure i	s voiuntary a	nd the SE	D.S.	AL ALFIXED