

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 067660

2015 OCT 21 AM 10:19

MICHAEL B. BROWN

45-01-30-351-008.000-006

PARCEL#45-01-30-351-008.000-023

Return Recorded Instrument to:
Ms. Laura M. Vogler, Attorney
2637 45th St.
Highland, IN 46322

STATE OF INDIANA)
) SS: IN THE MATTER OF THE DEATH OF:
COUNTY OF LAKE) JOHN M. DOBRINICH

AFFIDAVIT OF DEATH
(Termination of Life Estate Interest)

Comes now DOLORES F. DOBRINICH, surviving spouse of decedent, who being duly sworn upon oath states as follows:

1. That she resides at: 1002 E. Ash Pl., Griffith, IN 46319.
2. That JOHN M. DOBRINICH died testate on or about January 11, 2015, and at the time of his death, he was a resident of Lake County, Indiana, as evidenced by a redacted copy of his death certificate attached hereto and made a part hereof, marked as EXHIBIT A.
3. That during his lifetime, said decedent conveyed his interest in the following described real estate to the DOBRINICH FAMILY TRUST Dated April 28, 2009, subject to a life estate, which property is commonly known as: 1715 Norwood Drive, Griffith, IN 46319 and legally described as follows:

A PART OF THE EAST ONE-HALF OF THE WEST TWO-THIRDS OF THE WEST ONE-HALF OF THE SOUTHEAST QUARTER OF SECTION 23, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, DESCRIBED AS: COMMENCING AT A POINT 435.91 FEET NORTH OF THE SOUTHEAST CORNER THEREOF; THENCE NORTH 100 FEET; THENCE WEST 187.72 FEET TO THE EAST LINE OF NORWOOD DRIVE IN CRESCENT SUBDIVISION, IN THE TOWN OF GRIFFITH, LAKE COUNTY, INDIANA; THENCE SOUTH 100 FEET; THENCE EAST 187.72 FEET TO THE POINT OF BEGINNING, IN THE TOWN OF GRIFFITH, LAKE COUNTY, INDIANA.



FILED

SEP 29 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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CHICAGO TITLE INSURANCE COMPANY

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4. That there was no Federal Estate tax liability by reason of decedent's death.

5. That Affiant makes this Affidavit for the sole purposes of proving the death of said decedent, satisfying the title company and governmental officials, and removing the life estate interest of JOHN M. DOBRINICH, deceased.

Dolores F. Dobrinich
DOLORES F. DOBRINICH, Affiant

STATE OF INDIANA

COUNTY OF LAKE

} SS:

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared DOLORES F. DOBRINICH, who acknowledged the execution of this instrument this 23rd day of September, 2015.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

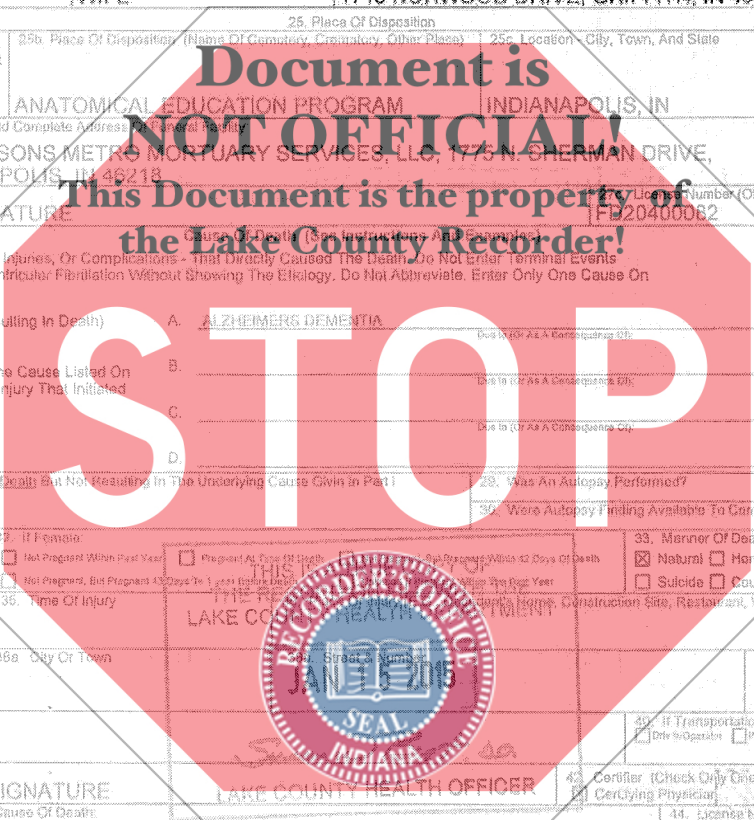
Tracking No. 41292

Local No 000138

EDR No 000000426422

State No 001837

1. Decedent's Legal Name (First, Middle, Last) JOHN MATTHEW DOBRINICH				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 09:40 AM		4. Date Of Death (Month/Day/Year) 01/11/2015			
5. Social Security Number		6a. Age - Yrs 90		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes			
7. Date of Birth (Month/Day/Year) 07/12/1924				8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN									
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				10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street and Number) HOSPICE OF CALUMET RILEY RESIDENCE										12. City Or Town, State, And Zip Code MUNSTER, IN, 46321			
13. County Of Death LAKE				14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				15. Surviving Spouse's Name DOLORES DOBRINICH		15a. (If Wife) Give Maiden Last Name FORSTKA		16. Decedent's Usual Occupation INDUSTRIAL REPAIR	
17. Kind Of Business/Industry PETROLEUM				18. Residence - State INDIANA		19a. County LAKE		19b. City Or Town GRIFFITH		19c. Street And Number 1715 NORWOOD DRIVE			
19d. Apt. No.		19e. Zip Code 46319		19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Father's Name (First, Middle, Last) GEORGE DOBRINICH SR			
23. Mother's Name (First, Middle, Last) MARY DOBRINICH				23a. Mother's Maiden Last Name BANJAVCIC				24. Informant's Name DELORES DOBRINICH		24a. Relationship To Decedent WIFE			
24b. Mailing Address (Street And Number, City, State, Zip Code) 1715 NORWOOD DRIVE, GRIFFITH, IN 46319				25. Place Of Disposition ANATOMICAL EDUCATION PROGRAM INDIANAPOLIS, IN		25a. Location - City, Town, And State		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Home ALBERTSONS METRO MORTUARY SERVICES, LLC, 1735 N. SHERMAN DRIVE, INDIANAPOLIS, IN 46218			
27a. Funeral Home License Number FH11200030				28. Signature Of Indiana Funeral Service Licensee: PAUL FOX, BY ELECTRONIC SIGNATURE		28. License Number Of Licensee: FD20400062		29. 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. ALZHEIMERS DEMENTIA		Due to (Or As A Consequence Of)		YEARS		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		B.			
C.		D.		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 Findings 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 Date Of Death <input type="checkbox"/> Not Pregnant, But Pregnant At 20 Days To 1 Year Before Death		32. If Male: <input type="checkbox"/> Not Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant At Date Of Death <input type="checkbox"/> Not Pregnant, But Pregnant At 1 Year Before Death		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. Location Of Injury - State		36a. City Or Town	
36b. City Or Town		36c. Apt. No.		36d. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Describes How Injury Occurred		39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian			
40. Signature Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE				40. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				41. License Number 01031582A		41. Date Certified 01/13/2015		42. *Ages	
42. 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				43. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				44. For Registrar Only - Date Filed (Month/Day/Year): JAN 15 2015		45. *Ages		46. *Ages	



I certify that I have redacted Social Security Number(s) from this document. Laura M. Vogler, Attorney

EXHIBIT "A"