

STATE OF INDIANA )  
COUNTY OF LAKE )

SS: 2015 071177

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 OCT 20 PM 12:48

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

OLGA VRANIC being first duly sworn upon oath deposes and says:

1. My husband MILAN VRANIC ( the "decedent") died on May 22, 2002 at Dyer, Indiana. Attached is a true copy of his death certificate.

2. The Decedent and I were duly and legally married at the time we acquired title as husband and wife to the following described Real Estate:

Lot # 8, excepting the North 46.25 ft thereof, in Wildflower Estates subdivision of Dyer, Lake County, Indiana . More commonly known as 1602 Rokosz Ln, Dyer, Indiana

3. The marital relationship which existed between us at the time we acquired title to said Real Estate remained in effect and unbroken until the date of his death.

4. All funeral expenses in connection with the death of said decedent have been paid in full.

5. The decedent died intestate.

6. All of the assets of said decedent which would be includable for Federal Estate tax purposes, including joint assets and life insurance did not equal or exceed the amount in value required for the filing of an Estate Tax Return.

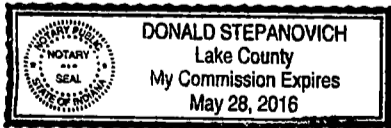
7. I make this sworn statement for the purpose of demonstrating that upon the death of my husband Milan Vranic I, Olga Vranic, became the sole owner in fee of the real estate described in paragraph 2 above.

Further your affiant sayeth not.

*Olga Vranic*  
OLGA VRANIC

Subscribed and sworn to before me this 12<sup>th</sup> day of October, 2015.

*Donald Stepanovich*  
Notary Public



I affirm under the penalties for perjury, that I drafted this document and I have taken reasonable care to redact each Social Security Number in this document , unless required by law.

*Donald Stepanovich*  
Donald Stepanovich Attorney No. 709-45

**FILED**

OCT 20 2015

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JOHN E. PETALAS  
LAKE COUNTY AUDITOR

14. -  
CAST  
BY  
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ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its stationary responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 2057-02

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

Form with fields for: 1. DECEASED NAME (MILAN VRANIC), 2. SEX (MALE), 3a. TIME OF DEATH (12:15 P M), 3b. DATE OF DEATH (MAY 21, 2002), 4. SOCIAL SECURITY NUMBER, 5a. AGE (79), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (JAN. 14, 1923), 7. BIRTHPLACE (YUGOSLAVIA), 8a. WAS DECEDENT A U.S. VETERAN? (NO), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (NONE), 9a. PLACE OF DEATH (HOSPITAL, OTHER - Residence), 9b. FACILITY NAME (W.J. RILEY HOSPICE HOUSE), 9c. CITY, TOWN, OR LOCATION OF DEATH (MUNSTER), 9d. COUNTY OF DEATH (LAKE), 10. MARITAL STATUS (MARRIED), 11. SURVIVING SPOUSE (OLGA STEVANOVIC), 12a. DECEDENT'S USUAL OCCUPATION (STEELWORKER), 12b. KIND OF BUSINESS/INDUSTRY (INLAND STEEL COMPANY), 13a. RESIDENCE-STATE (INDIANA), 13b. COUNTY (LAKE), 13c. CITY, TOWN, OR LOCATION (DYER), 13d. STREET AND NUMBER (1602 ROKOSZ LN.), 13e. ZIP CODE (46311), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (WHITE), 17. DECEDENT'S EDUCATION (Secondary), 18. FATHER'S NAME (DMITAR VRANIC), 19. MOTHER'S NAME (JOKA ZAGORAC), 20a. INFORMANT'S NAME (OLGA VRANIC), 20b. MAILING ADDRESS (1602 ROKOSZ LN. DYER, IND. 46311), 20c. Relationship (WIFE), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (MAY 25, 2002, MOST HOLY MOTHER OF GOD CEM., GRAYSLAKE, ILLINOIS), 22a. EMBALMER'S NAME (CHARLES WELLS), 22b. EMBALMER'S LICENSE NO. (FDO1042372), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (FDO1008300), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HWY. CROWN POINT, IN. 4630), 26. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) (BRAIN), 26. PART II. Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes), 28a. WAS AN AUTOPSY PERFORMED? (Yes), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes), 29a. CERTIFIER (HEALTH OFFICER), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO. (540706), 29d. DATE SIGNED (5-22-02), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (G. JANO, M.D., 7905 CALUMET AVE., MUNSTER, IN 46321), 31. HEALTH OFFICER'S SIGNATURE, 32. DATE FILED (MAY 23 2002), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIPTION OF INJURY, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT?

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

