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AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA }
 } SS
COUNTY OF LAKE }

2016 016899

2016 MAR 21 AM 9:55

MICHAEL B. BROWN
RECORDER

I, GEORGE BRAJKOVICH, hereinafter referred to as the affiant, states under oath that the affiant resides at **1654 Indianapolis Blvd., Whiting, IN 46394**. That the affiant was married to **Theo Brajkovich**, the deceased; at the time of purchase of the property and remained so until her death. That at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded warranty deed and said property located in **Lake County, Indiana**.

(SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A")

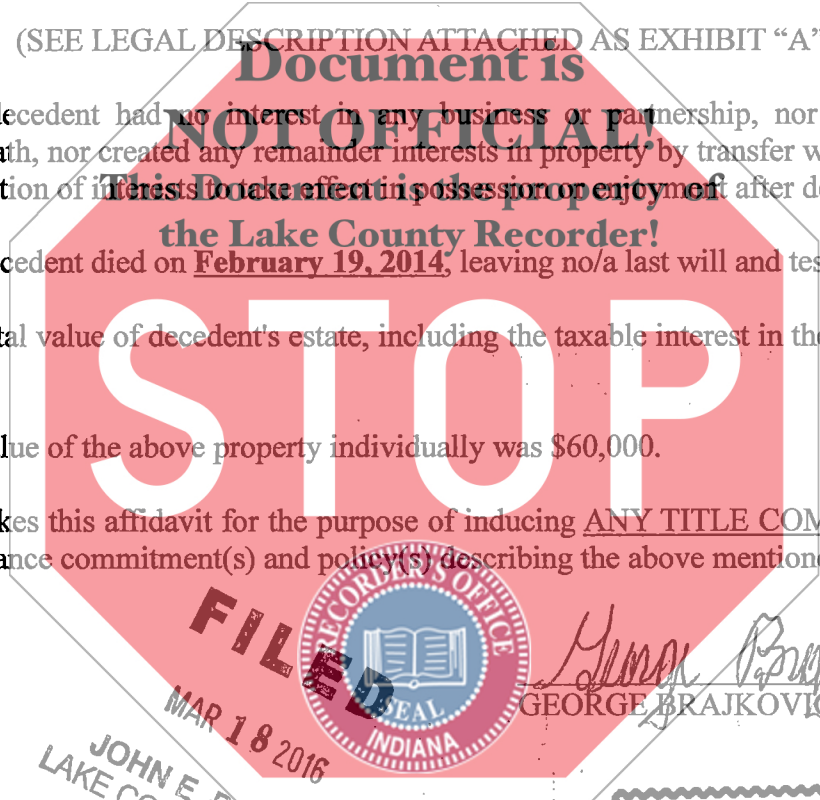
That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest or the creation of interests to take effect in possession or enjoyment after death.

That the decedent died on **February 19, 2014**, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$60,000;

That the value of the above property individually was \$60,000.

Affiant makes this affidavit for the purpose of inducing **ANY TITLE COMPANY** of Indiana to issue its title insurance commitment(s) and policy(s) describing the above mentioned property.



George Brajkovich

GEORGE BRAJKOVICH

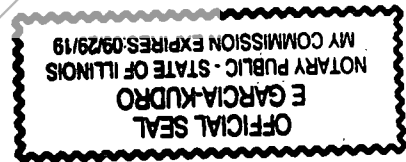
Subscribed and sworn to me this 19th day of February, 2016.

John E. Galas

JOHN E. GALAS
LAKE COUNTY AUDITOR

NOTARY PUBLIC

011764



Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

AMOUNT \$ 16.00
CASH _____ CHARGE _____
CHECK# 1075
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY ap E

EXHIBIT A

Property Address: 1654 Indianapolis Blvd., Whiting, IN 46394-1325
Parcel Number(s): 45-03-06-380-016.000-023, 45-03-06-380-017.000-023

Legal Description:

LOTS NUMBERED ONE (1) AND TWO (2), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF SPAHN'S ADDITION TO WHITING, IN THE CITY OF HAMMOND, LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 2, PAGE 34, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 11083

Local No 000628

EDR No 00000371215

State No 008724

1. Decedent's Legal Name (First, Middle, Last) THEO RAE BRAJKOVICH
1a. Maiden Name (If female) WOODBURN
2. Sex FEMALE
3. Time Of Death 01:30 PM
4. Date Of Death (Month/Day/Year) 02/19/2014

5. Social Security Number [REDACTED]
6a. Age - Yrs 68
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) 05/17/1945
8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN

9. Ever in U.S. Armed Forces? No
10. If Death Occurred In A Hospital Inpatient Emergency Department Outpatient Dead on Arrival
10a. If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) MUNSTER MED-INN

12. City Or Town, State, And Zip Code MUNSTER, IN, 46321
13. County Of Death LAKE
14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name GEORGE BRAJKOVICH
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation HOMEMAKER
17. Kind Of Business/Industry OWN HOME

18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town WHITING

18c. Street And Number 1654 INDIANAPOLIS BOULEVARD
18d. Apt. No.
18e. Zip Code 46394
18f. Inside City Limits? Yes No

19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White

22. Father's Name (First, Middle, Last) ROBERT WOODBURN
23. Mother's Name (First, Middle, Last) DORTHY WOODBURN
23a. Mother's Maiden Last Name GOODRICH

24. Informant's Name GEORGE BRAJKOVICH
24a. Relationship To Decedent HUSBAND
24b. Mailing Address (For Use In Reporting Only, State, Zip Code) 1654 INDIANAPOLIS BOULEVARD, WHITING, IN 46394

25a. Method Of Disposition Burial Cremation Donation Entombment Removal From State Other (Specify)
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HEIGHTS CREMATORY
25c. Location - City, Town, And State CHICAGO HEIGHTS, IL

26. Was Coroner Contacted? Yes No
27. Name And Complete Address Of Funeral Facility OTT/HAVERSTOCK FUNERAL CHAPEL, 418 WASHINGTON STREET, MICHIGAN CITY, IN 46360
27a. Funeral Home License Number FH88800023

27b. Signature Of Indiana Funeral Service Licensee; PATRICK W REYNOLDS, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee); FD09000041

28. 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.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
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

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Such As Pain)
FAILURE TO THRIVE, MALNOURISHED
29. Was An Autopsy Performed? Yes No
30. Were Autopsy Finding Available To Coroner? Yes No
31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown
32. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death Not Pregnant, But Pregnant 43 Days To 1 year Before Death Unknown If Pregnant Within The Past Year
33. Manner Of Death: Natural Homicide Accident Pending Investigation Suicide Could Not Be Determined
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work? Yes No
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify: Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: LINUS B. GANDHI, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One): Certifying Physician Coroner Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LINUS B. GANDHI, 2727 HIGHWAY AVENUE, HIGHLAND, IN 46322
44. License Number 01057594A
45. Date Certified 02/25/2014

46. Additional Funeral Service Provider: PLANET GREEN CREMATIONS INC
47. *Akqs:
48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): FEB 26 2014

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
FEB 28 2014