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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 018867

2016 MAR 28 AM 9:10

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 16TH day of MARCH, 2016 before me, personally appeared Stella L. Ostoich to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is Stella L. Ostoich
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by John Ostoich and Stella L. ostoich;
4. Said John Ostoich
Died on 12/27/2011 leaving a will / no will (circle one);
5. The legal description of the premises in question is: (see attached legal description)
6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?
Yes / No (circle one) -

If yes, then estimated taxes due are \$ _____
The taxes due are: _____ paid or _____ unpaid

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
Yes / No (circle one)

(If yes, identify the divorce proceedings: _____)

8. Affiant's relationship to the deceased was: spouse



Subscribed and sworn to before me, a Notary Public, in and for said county and state, this 16TH day of

MARCH 2016
Mark Hodgkins
Notary Public

MARK HODGKINS
(Print name)
My Commission Expires: 12/17/2018
Residing in Hillsborough County, FL

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. Brennan Sabovich

Prepared by: Stella L Ostoich
Return to: 18073 SAILFISH DR Apt D LUTZ FL 33558

Liberty Title & Escrow
78V16001673

FILED

MAR 28 2016

21344 JOHN E. PETALAS
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 39532

Local No 004199

EDR No 00000422850

State No 059138

1. Decedent's Legal Name (First, Middle, Last) JOHN OSTOICH				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 09:47 PM		4. Date Of Death (Month/Day/Year) 12/27/2014	
5. Social Security Number 004-30-6624		6a. Age - Yrs 87		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) 10/18/1927		8. Birthplace (City and State of Foreign Country) EAST CHICAGO, IN									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 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 <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 STELLA OSTOICH				15a. (If Wife) Give Maiden Last Name LUCCILLE				16. Decedent's Usual Occupation LABORER		17. Kind Of Business/Industry STEEL MANUFACTURING	
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town HAMMOND			
18c. Street And Number 7216 MCLAUGHLIN AVENUE				18d. Apt. No.				18e. Zip Code 46324		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Father's Name (First, Middle, Last) ADAM OSTOICH				23. Mother's Name (First, Middle, Last) KATHERINE OSTOICH				23a. Mother's Maiden Last Name VUCKOVICH			
24. Informant's Name STELLA OSTOICH				24a. Relationship To Decedent SPOUSE				24b. Mailing Address (Street And Number, City, State, Zip Code) 7216 MCLAUGHLIN AVENUE, HAMMOND, IN 46324			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY				25c. Location - City, Town, And State MERRILLVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410				27a. Funeral Home License Number FH10400032			
27b. Signature Of Indiana Funeral Service Licensee KIMBERLY M. JONES, BY ELECTRONIC SIGNATURE				27c. License Number Of Licensee FD20800087				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. CONGESTIVE HEART FAILURE 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. _____			
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Heart Failure)				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 checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				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. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) NOT VALID UNLESS							
41. Signature Of Person Certifying Cause Of Death: ANASS ZAITOON, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ANASS ZAITOON, 7905 CALUMENT AVENUE, MUNSTER, IN 46321						44. License Number 01067223A		45. Date Certified 12/30/2014			
46. Additional Funeral Service Provider						47. Akat					
48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only (Data Filled: Month/Day/Year) DEC 30 2014					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED

EXHIBIT "A"

**Lot Twelve (12), Block One (1), Wilson Square Addition, in the City of Hammond, as shown in Plat Book 29,
page 21, in Lake County, Indiana.**

**Property Address: 7216 McLaughlin Ave, Hammond, IN 46324
Parcel ID: 45-07-07-477-049.000-023**

