

U. S. Department of State  
 CONSULAR OFFICES OF THE UNITED STATES OF AMERICA  
**AFFIDAVIT FOR THE SURVIVING SPOUSE OR NEXT OF KIN**

*\*Provide information below to the extent that it is available.*

VENUE

Parcel No. 45-02-25-331-009.000-023

INDIANA

State

THE EAST 34 FEET LOT NUMBERED 7 AND THE WEST 8 FEET OF LOT 8 IN

ss.

BLOCK 4 AS SHOWN ON THE RECORDED PLAT OF NORTH SIDE ADDITION

HAMMOND

City

TO HAMMOND RECORDED IN PLAT BOOK 1, PAGE 77 IN THE OFFICE OF  
 RECORDER OF LAKE COUNTY, INDIANA.

I, MIRKO SPALEVIC being duly sworn according to law, declare that I reside at  
 Your Name 230 HANOVER ST. HAMMOND, IN. 46327 and that on 08-16-2012

Street Address (Including City, State/or Country) MILUSA SPALEVIC had permanent legal residence at Date of Death (mm-dd-yyyy)

Name of Deceased 230 HANOVER ST. HAMMOND, IN. 46327 I am the WIDOWER

Complete Address of the Deceased Specify: widow, widower, child, father, mother, sibling, other

and as such am entitled to receive the decedent's estate under the laws of INDIANA. To the best of my knowledge,

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Name of Deceased MILUSA SPALEVIC did/did not have a will or trust specifying the disposition of his or her estate.

NAME(S) OF SURVIVORS, IN ORDER OF KINSHIP

Please insert the name of living relatives in the following order of relationship: surviving spouse, children, father and/or mother, brothers and/or sisters, other:

Name	Date of Birth (mm-dd-yyyy)	Address	Telephone Number	Relationship
MIRKO SPALEVIC	02-08-1932	230 HANOVER ST. HAMMOND, IN.46327	[REDACTED]	HUSBAND
<u>✓</u> GORAN SPALEVIC	09-25-1964	230 HANOVER ST. HAMMOND, IN. 46327	[REDACTED]	SON
RADA DUBAK	11-12-55	542 <u>INDIANA AVE</u> Lagrange, IL 60525	[REDACTED]	DAUGHTER

**014646**

2016 055432

2016 AUG 15 PM 3:10  
 MICHAEL B. BUNICK  
 RECORDER  
 LAKE COUNTY AUDITOR

*\$18.00  
 NON-COM  
 2. M  
 CASH*

Name	Date of Birth	Address	Telephone Number	Relationship

Subscribed and sworn to before me by Mirko Spalevic POA Jovan Spalevic  
 Signature of Affiant

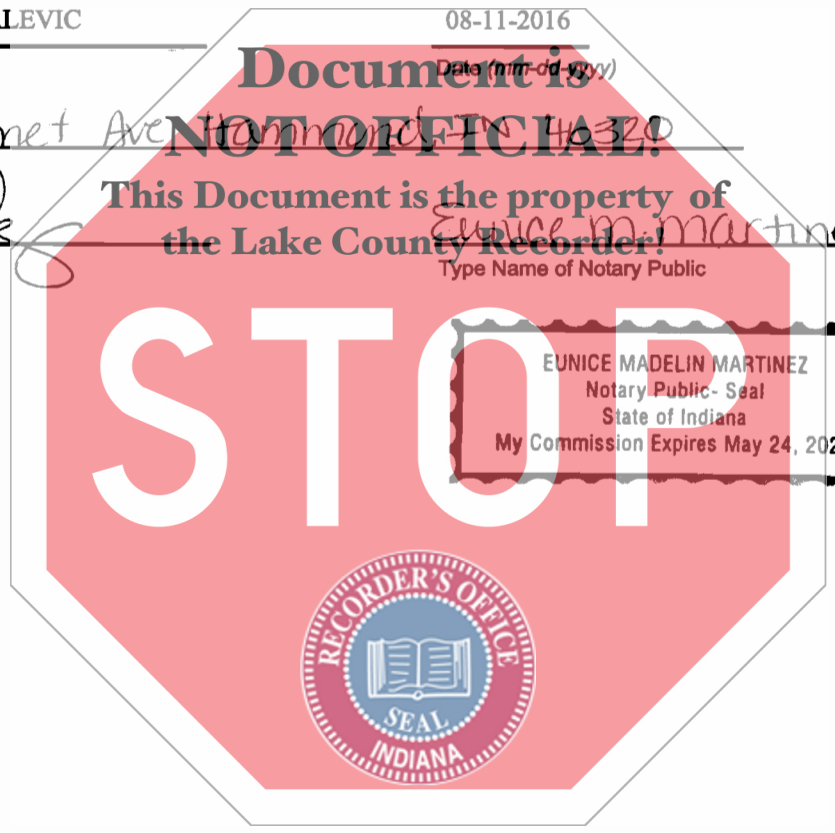
MIRKO SPALEVIC  
 Type Name of Affiant

08-11-2016  
 Date (mm-dd-yyyy)

4204 Calumet Ave Hammond IN 46320  
 Address of Notary Public

[Signature]  
 Signature of Notary Public

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Eunice M. Martinez  
 Type Name of Notary Public



## PRIVACY ACT STATEMENT

The information on this form is requested to assist U.S. Consular Officers to fulfill the requirements of 22 U.S.C. 2715c and determine the next-of-kin of an American citizen who dies abroad. A U.S. Consular Officer, or a U.S. diplomatic Officer is required to serve as "provisional conservator" of the personal effects of U.S. citizens who die abroad at the time of their death if there is not a legal representative, partner in trade, or trustee appointed to take care of the decedent's estate and if the responsibilities of a "provisional conservator" are authorized by treaty by the authorities or usage of the country where the death occurs or the decedent is domiciled. Additionally, in exceptional circumstances, a U.S. Consular Officer may also serve as administrator of an estate. A U.S. Consular officer may only release the personal effects of the decedent to a person who has qualified legally to take care of the decedent's estate or, in appropriate circumstances, to the next of kin.

Providing the information in the affidavit is voluntary, but, failure to complete this form will require the person claiming to be next-of-kin to obtain and present alternative documents such as certified copies of Letters Testamentary, Letters of Administration, or trust documents.

**ROUTINE USES:** The information solicited on this form may be made available to federal, state, local, or foreign government entities for administrative or law enforcement purpose, including for the notification of kin or judicial matters involving contested estates and related issues.







INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 002604

EDR No 00000275296

State No 036844

1. Decedent's Legal Name (First, Middle, Last) <b>MILUSA SPALEVIC</b>				1a. Maiden Name (if female) <b>OBRADOVIC</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>12:56 AM</b>	4. Date Of Death (Month/Day/Year) <b>08/16/2012</b>			
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>76</b>	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) <b>03/17/1936</b>		8. Birthplace (City and State or Foreign Country) <b>BRANE, YI</b>		
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 checked="" 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 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) <b>COMMUNITY HOSPITAL</b>										12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>	
				13. County Of Death <b>LAKE</b>		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 <b>MIRKO SPALEVIC</b>				16a. (if 'Mfe) Give Maiden Last Name		16. Decedent's Usual Occupation <b>MEAT PACKER</b>		17. Kind Of Business/Industry <b>FOOD SERVICE</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>		18d. Apt. No.	18e. Zip Code <b>46327</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number <b>230 HANOVER STREET</b>				19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>MILUTIN OBRADOVIC</b>				23. Mother's Name (First, Middle, Last) <b>IVANA OBRADOVIC</b>		23a. Mother's Maiden Last Name <b>RAKOVIC</b>					
24. Informant's Name <b>MIRKO SPALEVIC</b>				24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>230 HANOVER STREET, HAMMOND, IN 46327</b>					
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) <b>ST SAVA CEMETERY</b>			25c. Location - City, Town, And State <b>LIBERTYVILLE, IL</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Home <b>ELMWOOD CHAPEL, 1300 W 97TH CHICAGO AVENUE, IN 46377</b>				27a. Funeral Home License Number <b>FH19900052</b>					
27b. Signature Of Indiana Funeral Service Licensee <b>ROBERT A. OBERMAN, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee) <b>FD20000010</b>					
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 Of Death On Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. CARDIAC ARREST DUE TO CORONARY ARTERY DISEASE</b> 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>B. _____</b> <b>C. _____</b> <b>D. _____</b>											
29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. <b>RENAL INSUFFICIENCY, DIABETES MELLITUS 2, HYPERTENSION, ATRIAL FIBRILLATION</b>						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. Were Autopsy Finding 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, or Pregnant Within 42 Days Of Death <input 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		33. Manner 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		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)					
41. Signature, Of Person Certifying Cause Of Death: <b>KANTILAL S PATEL, BY ELECTRONIC SIGNATURE</b>						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: <b>KANTILAL S PATEL, 525 527 WEST CHICAGO AVENUE, EAST CHICAGO, IN 46312</b>						44. License Number <b>01043474A</b>		45. Date Certified <b>08/21/2012</b>			
46. Additional Funeral Service Provider: <b>KOMPARE FUNERAL HOME</b>						47. *Akos:					
48. Signature Of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year). <b>AUG 22 2012</b>					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)