

STATE OF INDIANA
COUNTY OF LAKE

SS:

LAKE CIRCUIT COURT
PROBATE DIVISION
CROWN POINT, INDIANA

IN THE MATTER OF THE UNSUPERVISED
ADMINISTRATION OF THE ESTATE OF:
SHEILA E. ZORICH, DECEASED
DATE OF DEATH: NOVEMBER 16, 2015

Tax Parcel Number(s):
45-08-36-206-015.000-018

CAUSE NO: 45C01-1603-EU-00066

2016 075642

SURVIVORSHIP AFFIDAVIT

Dawn Maksimovich, being first duly sworn upon her oath states as follows:

1. She is the daughter of Dan Zorich and Sheila E. Zorich, husband and wife.
2. Affiant's father, Dan Zorich, passed away on May 2, 2014 (see Certified Certificate of Death attached hereto).

3. That affiant's father, Dan Zorich, and affiant's mother, Sheila E. Zorich, were married, husband and wife, and they acquired title to real estate, commonly known as: 206 West 3rd Street, Hobart, Indiana 46342, and legally described as:

Lot Ten (10), Block Five (5), Crestwood Park Second Subdivision, as shown on Plat Book 32, page 71, in the Office of the Recorder of Lake County, Indiana

together, as husband and wife by means of a Warranty Deed from Crestwood Park, Inc. to Dan Zorich and Sheila E. Zorich, husband and wife, dated April 12, 1969 and recorded on April 24, 1969, as Instrument No. 13759 in the Office of the Recorder of Lake County, Indiana. Thus, title to the real estate was held as tenants by the entirety. That Affiant's father, Dan Zorich, died on May 2, 2014 at which time the real estate became the sole property of affiant's mother, Sheila E. Zorich.

4. Affiant's mother, Sheila E. Zorich passed away on November 16, 2015 leaving a Last Will and Testament dated May 23, 2014. That, pursuant to an Order of the Lake Circuit Court, Probate Division, Honorable George C. Paras presiding, on April 7, 2016, in a case styled and docketed as: In The Matter of the Unsupervised Administration of the Estate of Sheila E. Zorich, deceased, date of death November 16, 2015, cause number 45C01-1603-EU-00066.

Letters Testamentary were issued to your Affiant, Dawn Maksimovich



2016 NOV -9 AM 10:21
MICHAEL S. BROWN
RECORDER
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JOHN E. PETALAS
LAKE COUNTY AUDITOR *E*

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✓ # 14062
✓ # 1408

JTS

5. That your Affiant, Dawn Maksimovich, as Personal Representative of the Estate of her deceased mother, Sheila E. Zorich, is required to execute a personal representative's deed transferring the real property referred to in this Survivorship Affidavit, to her sister and the decedent's daughter, Diane Bair.

6. That any required Federal Estate Tax Return has been filed and the assessed taxes paid.

7. That this Affidavit is being filed to clarify the title to the real estate.

DATED THIS 6th DAY OF MAY, 2016.

Dawn Maksimovich

Dawn Maksimovich, Affiant Daughter and Personal Representative of Sheila E. Zorich

I affirm under the penalties for perjury that the foregoing representations are true and correct to the best of my knowledge, information, and belief.

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

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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.

John Maksimovich

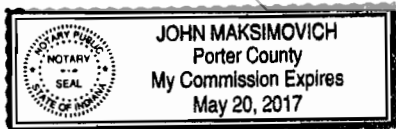
John Maksimovich
Attorney At Law

STATE OF INDIANA
COUNTY OF LAKE

SS:

6th Before me, the undersigned, a Notary Public in and for said County and State, on the day of MAY, 2016, personally appeared: Dawn Maksimovich, and acknowledged execution of this foregoing instrument.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.



John Maksimovich

John Maksimovich, Notary Public
My Commission Expires: May 20, 2017
Resident of Porter County

This Instrument Prepared By:
John Maksimovich • Attorney At Law • 1946 North Main Street • Crown Point, IN 46307 • (219) 663-1900.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 17632

Local No 001431

EDR No 00000383033

State No 020441

Decedent's Legal Name (First, Middle, Last) JAN DRAGAN ZORICH
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 22:20
4. Date Of Death (Month/Day/Year) 05/02/2014
Social Security Number
6a. Age - Yrs 88
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 08/02/1925
8. Birthplace (City and State or Foreign Country) SRB LIKA, Y
10. If Death Occurred In A Hospital:
Inpatient
11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC
12. City Or Town, State, And Zip Code HOBART, IN, 46342
13. County Of Death LAKE
14. Marital Status At Time Of Death
Married
15. Surviving Spouse's Name SHEILA ZORICH
15a. (If Wife) Give Maiden Last Name REESE
16. Decedent's Usual Occupation DRAFTSMAN
17. Kind Of Business/Industry AMERICAN BRIDGE
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town HOBART
18c. Street And Number 2106 WEST 3RD STREET
18d. Apt. No.
18e. Zip Code 46342
18f. Inside City Limits? Yes
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) PETAR ZORICH
23. Mother's Name (First, Middle, Last) MILKA ZORICH
23a. Mother's Maiden Last Name BURSAC
24. Informant's Name DAWN MAKSIMOVICH
24a. Relationship To Decedent DAUGHTER
24b. Mailing Address (Street And Number, City, State, Zip Code) 13228 LINCOLN STREET, CROWN POINT, IN 46307
25a. Method Of Disposition
Burial
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? No
27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307
27a. Funeral Home License Number: FH83002445
27b. Signature Of Indiana Funeral Service Licensee: DAVID W. SEMPLINSKI, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD08600686
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. RESPIRATORY FAILURE
Due To (Or As A Consequence Of):
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. COMMUNITY ACQUIRED PNEUMONIA
Due To (Or As A Consequence Of):
C. HYPOXIC ENCEPHALOPATHY IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
Due To (Or As A Consequence Of):
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? No
30. Were Autopsy Finding Available To Complete The Cause Of Death? No
31. Did Tobacco Use Contribute To Death? No
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
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. Location Of Injury - State
36a. City Or Town
36b. Street & Number
36c. Apt. No.
36d. Zip Code
37. Injury At Work? No
39. Describe How Injury Occurred
40. If Transportation Injury, Specify:
Driver/Operator
Passenger
Pedestrian
Other (Specify)
41. Signature, Of Person Certifying Cause Of Death: LAUREN HARTING, 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: LAUREN HARTING, 1356 S. LAKE PARK AVE, HOBART, IN 46342
44. License Number 01059320A
45. Date Certified 05/08/2014
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): MAY 09 2014