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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 001454

2017 JAN 10 AM 8:34

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Blagica Naumoski, surviving spouse of Pavle Naumoski, of adult age, being first duly sworn, upon deposes and says:

That Blagica Naumoski, surviving spouse of Pavle Naumoski, is the Wife of Pavle Naumoski, deceased, who died on August 24, 2015 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Accent Hmes Inc. recorded October 23, 1987 as Document No. 945608 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Blagica Naumoski, surviving spouse of Pavle Naumoski, surviving spouse of the decedent.

And further affiant sayeth not this 30th day of December, 2016.

Blagica Naumoski
Blagica Naumoski, surviving spouse of Pavle Naumoski

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 30th day of December, 2016.

WITNESS my hand and Notarial Seal.

My Commission Expires: 1-21-22

Annette Martinez
Signature of Notary Public

Printed Name of Notary Public

Annette Martinez

Notary Public County and State of Residence

Porter IN



This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:
1505 West 99th Avenue
Crown Point, IN 46307

Grantee's Address and Mail Tax Statements To:

106 Springwood Dr
Hebron IN 46341

File No.: 16-46742

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Debra A. Guy

FILED

JAN 05 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

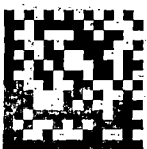
HOLD FOR MERIDIAN TITLE CORP

000001

\$15.00

JAS

MT



2110292-1753

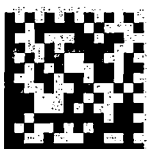
LEGAL DESCRIPTION

Lot 19 in Indian Ridge Addition, Unit 2 to the City of Crown Point, as per plat thereof, recorded in Plat Book 51, page 13, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):

State ID Number Only

45-12-33-377-001.000-029



2110292-1753



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 63516

Local No 002842

EDR No 000000465636

State No 040775

1. Decedent's Legal Name (First, Middle, Last) PAVLE NAUMOSKI				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 02:14 AM		4. Date Of Death (Month/Day/Year) 08/24/2015	
5. Social Security Number		6a. Age - Yrs 62		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) 07/05/1953		8. Birthplace (City and State or Foreign Country) MALI VLAJ, MK									
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 type="checkbox"/> Inpatient <input checked="" 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) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE											
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099						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 BLAGICA NAUMOSKI				15a. (If Wife) Give Maiden Last Name PETRESKA				16. Decedent's Usual Occupation MACHINE SHOP		17. Kind Of Business/Industry FACTORY	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18c. Apt. No.		18d. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) PETKO NAUMOSKI				23. Mother's Name (First, Middle, Last) MITRA NAUMOSKI				23a. Mother's Maiden Last Name MATESKA			
24. Informant's Name BLAGICA NAUMOSKI		24a. Relationship To Decedent SPOUSE									
24b. Informant's Address (Street, Apt. No., City, State, Zip Code) 1600 WEST 99TH AVENUE, CROWN POINT, IN 46307											
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) MAPLEWOOD CEMETERY				25c. Location - City, Town, And State CROWN POINT, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) FD08600688					
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. CHEST AND ABDOMINAL INJURIES Due to (Or As A Consequence Of) B. FRACTURES OF THORACIC SPINE WITH INTERNAL HEMORRHAGE Due to (Or As A Consequence Of) C. Due to (Or As A Consequence Of) D.											
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.											
28. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input 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 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 checked="" 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) 08/24/2015		35. Time Of Injury 02:14 AM		36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area) ROADWAY IN VEHICLE				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State INDIANA		38a. City Or Town MERRILLVILLE		38b. Street & Number RT 30 AND MARSHALL ROAD				38c. Apt. No.		38d. Zip Code 46410	
39. Describe How Injury Occurred LAKE COUNTY HEALTH DEPARTMENT				40. If Transportation Injury, Specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) NOT VALID UNLESS							
41. Signature, Of Person Certifying Cause Of Death MERRILEE D. FREY, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number		45. Date Certified 08/26/2015	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307						46. Additional Funeral Service Provider LAKE COUNTY HEALTH OFFICER		47. Title		48. For Registrar Only - Date Filed (Month/Day/Year) AUG 31 2015	
48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

