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LAKE COUNTY
FILED FOR RECORD

2017 002984

2017 JAN 17 PM 3:13

MICHAEL B. BROWN

~~Svetlana Virijevich~~

Affidavit of ~~Death~~

SV.

Death SV

STATE OF Indiana
COUNTY OF Lake

I, Svetlana Virijevich, residing at 7021 Tyler Court, Merrillville, Indiana 46410, being of legal age, depose and say that:

That Maria Virijevich, 7021 Tyler Court, Merrillville, Indiana 46410 died on December 12, 2016 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

Lot 3A, Unit 10, Turkey Creek Meadows in Plat Book

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the

described property; 45-12-16+131-003-000-030

Lake County, IN

That no proceeding is being or has been conducted in Indiana for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Document is NOT OFFICIAL!

Oath or Affirmation: This Document is the property of

I certify under penalty of perjury under Indiana law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Svetlana Virijevich 7021 Tyler Ct Merrillville, IN
1-17-2017 Date

STATE OF INDIANA, COUNTY OF LAKE, ss:

This Affidavit was acknowledged before me on this 17th day of January, 2017, by Svetlana Virijevich, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



Laura Mercado
Notary Public

Notary of Indiana Lake County

FILED

JAN 17 2017

My commission expires 10-24-2017

\$13

JOHN E. PETALAS
LAKE COUNTY AUDITOR

00209

M.O.#
27502883

Q



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 107566

Local No 004044

EDR No 00000547879

State No 058903

Form fields including: 1. Decedent's Legal Name (MARIA MAGDALENA VIRIJEVICH), 2. Sex (FEMALE), 3. Time Of Death (10:00 AM), 4. Date Of Death (12/12/2016), 5. Social Security Number, 6a. Age - Yrs (93), 7. Date of Birth (04/25/1923), 8. Birthplace (KORK, GM), 11. Facility Name (7021 TYLER COURT), 12. City Or Town, State, And Zip Code (MERRILLVILLE, IN, 46410), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Widowed), 15. Surviving Spouse's Name, 15a. Last Name Before First Marriage, 16. Decedent's Usual Occupation (HOMEMAKER), 17. Kind Of Business/Industry (OWN HOME), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (MERRILLVILLE), 18c. Street And Number (7021 TYLER COURT), 18d. Apt. No., 18e. Zip Code (46410), 18f. Inside City Limits? (Yes), 19. Decedent's Education (BACHELOR'S DEGREE), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Parent's Name (KARL HAHN), 23. Parent's Name (MARIE HAHN), 23a. Parent's Last Name Before First Marriage (HEIDT), 24. Informant's Name (SVETLANA VIRIJEVICH), 24a. Relationship To Decedent (DAUGHTER), 24b. Mailing Address (7021 TYLER COURT, MERRILLVILLE, IN 46410), 25. Place Of Disposition (CALUMET PARK CEMETERY), 25c. Location - City, Town, And State (MERRILLVILLE, IN), 26. Was Coroner Contacted? (Yes), 27. Name And Complete Address Of Funeral Facility (CALUMET PARK FUNERAL CHAPEL), 27a. Funeral Home License Number (FH10400032), 27b. Signature Of Indiana Funeral Service Licensee (CARRIE EVANS), 27c. License Number (FD21500034), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications (A. BRONCHIAL PNEUMONIA, B. COPD, C. DIASTOLIC HEART FAILURE SECONDARY TO COPD), 29. Was An Autopsy Performed? (No), 30. Was Autopsy Finding Final Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant), 33. Manner Of Death (Natural), 34. Date Of Injury (Month/Day/Year), 35. Time Of Injury, 36. Place Of Injury (E.S., Decedent's Home), 37. Injury At Work? (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), 41. Signature Of Person Certifying Cause Of Death (WILLIAM W FORGEY), 42. Certifier (Check One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (WILLIAM W FORGEY, 109 EAST 89TH AVENUE, MERRILLVILLE, IN 46410), 44. License Number (01028236A), 45. Date Certified (12/14/2016), 46. Additional Funeral Service Provider, 47. Date Filed (Month/Day/Year) (DEC 14 2016), 48. Signature Of Local Health Officer (CHANDANA VAVILALA), 49. For Registrar Only - Date Filed (Month/Day/Year) (DEC 14 2016)

