2017 002984

2017 JAN 17 PM 3: 13



Affidavit of the

STATE OF Indiana COUNTY OF Lake Deather

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 3 A. Unit 10, Tunkey Creek Meadows in Plat Book
That I am the successor to the estate of the decedent and to the decedents interest in the 36, Pasc 100 described property and no other person has a superior right to the interest of the decedent in the Lake County

described property; 45 - 12 - 16 + 131 - 003 - 000 - 030That no proceeding is being or has been conducted in Indiana for administration of the decedent's estate;

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

Oath or Affirmation: This Document is the property of

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

STATE OF INDIANA, COUNTY OF LAKE, ss:

This Affidavit was acknowledged before me on this 17 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

My commission expires

M.07 27502883

Norana Lake County

MerrIIVIETN

JAN 1 7 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

000209

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 107566

Local No 004	1044	ED	R No 0000		79		State	No 05			
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)			2. Sex 3. Time		ime Of Death	Of Death 4. Date Of Death (Month/Day/Y		
MARIA MAGDÀLENA VIRIJEV 5. Social Security Number 6a. Age - Yrs	ICH 6b. Under 1 Year	6c. Under 1 Month	HAHN 6d. Under 1 Day	6e. Under 1 Hour	7. Date	FEMA of Birth (Mont		10:00 AN 8. Birthplac		12/12/2016 e or Foreign Country)	
93	Months	Days	Hours	Minutes		04/25/19	23	KORK,	GM		
9. Ever in U.S. Armed Forces? 10. if Deat	h Occurred In A Ho	ospital:		10a. if Death Occu		where Other ? cedent's Hom			ng-term Care Fa	cility	
☐ Yes ☒ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify)											
11. Facility Name (If Not Institution, Give Street and Number) 7021 TYLER COURT											
12. City Or Town, State, And Zip Code	13. County Of Death					14. Marital Status At Time Of Death ☐ Married ☐ Married. But Separated ☐ Divorced					
MERRILLVILLE, IN, 46410	LAKE				⊠ Md	☑ Wildowed ☐ Never Married ☐ Unknown					
15. Surviving Spouse's Name	irst Marriage 16. Decedent's Usual Occupa				cupation	ation 17. Kind Of Business/Industry					
40 Saldana State				HOMEMAKER OWN HOME						HOME	
18. Residence - State	188	. County		18b. City Or To	₩n						
INDIANA 18c. Street And Number	LAF	KE		MERRILLV	LLE		18d. Apt. No.	. 184	s. Zip Code	18f. Inside City Limits?	
	100.741.00						⊠ Yes □ No				
7021 TYLER COURT 19. Decedent's Education		20. Decedent Of Hisps	anic Origin	21. [Decedent's	Race			46410		
PACHELODIC DECDEE (DA A	AD DC\	OT LIEDANIC		10 /h :4	_						
BACHELOR'S DEGREE (BA, A 22. Parent's Name (First, Middle, Last)	(b, bb) N	NOT HISPANIC	<u>, </u>	23. Parent's Name (e, Last)			23a. Parent's La	st Name Before First Marriage	
KARL HAHN	MARIE HAHN	J			١,	HEIDT					
24. Informant's Name	24b. Mailing Address (Street And Number, City, State, Zip Code)										
SVETLANA VIRIJEVICH DAUGHTER 703					7021 TYLER COURT, MERRILLVILLE, IN 46410						
25a. Method Of Disposition	25b. P	Place Of Disposition (N		ce Of Disposition ematory, Other Place)	25c Lc	cation - City,	Town, And Sta	ate			
⊠ Burial	tombrnent										
Other (Specify):		UMET PARK	EMETERY	ment	MER	RILLVILL	E, IN				
1 _	Name And Comple	ete Address Of Funeral	I Facility		T A	-			27a. F	uneral Home License Number:	
		RK FUNERAL	CHAPEL, 7535	TAFT STREE	T, ME		LLE, IN 4			400032	
27b. Signature Of Indiana Funeral Service Lice CARRIE EVANS, BY ELECTR	ONIC SION	TURES DO	cument	is the p	rone		License Nu 2150003	Mper (Of Lice	nsee): 		
28. Part I. Enter The <u>Chain Of Events</u> - D Such As Cardiac Arrest, Respiratory Arret A Line. Add Additional Lines If Necessary	viseaues, Injuries, st. Or Ventricular I	Or Complications - T	ause Of Death (See That Directly Caused bowled The Sticlary	e instructions And The Death, Do Not Do Not Abbys viole	Examples Enter Terr Enter On	inal Events	THIS IS			Approximate Interval: Onset To Death	
l .						THE	RECORD	ON FILE	OPY OF WITH TH	_	
Immediate Cause (Final Disease Or Cond	ition Resulting In	Death) A.	BRONCHIAL PNEL	JMONIA	Due to (Or	A Consequence	OUNTY (EALTH !	WITH THE	ENT BOAYS	
Sequentially List Conditions, If Any, Lead	ing To The Cause	LISTOU OIT	COPD		Due to (Or A	s A Consequence I	1	4		20 YEARS	
Line A. Enter The Underlying Cause (Dis- The Events Resulting In Death) Last	sase Or injury The		DIASTOLIC HEAR	T FAILURE SECON				19 20	116	10 YEARS	
					Due to (C) A	A Consequence	01):				
Part II. Enter Other Significant Conditions Contr	ibuting to Death Bu	t-Not Resulting In The	Underlying Cause Giv	en In Part I	29. Vas	An Autopsy F	Performad?		Yes 🖾 N		
KYPHOSIS RESTRICTING LUNG CAPACIT					30. Wen	Autorsy Fin	BOMMING		OFFICED	leath Yes No	
31. Did Tobacco Use Contribute To Death?	32. If Ferr	nale: gnant Within Past Year	Pregnant At Time Of Death	Not Pregnant, But Preg	sent Within 42 (Days Of Death	33. Manner	Of Death:	-	Pending Investigation	
Yes ☐ Probably ☒ No ☐ Unknown 34. Date Of Injury (Month/Day/Year)	Not Pre	gnant Within Past Year gnant, But Pregnant 43 Days T		Linizam ir Pregnant W					t Be Determined	37. Injury At Work?	
, , , , , , , , , , , , , , , , , , ,	33. 1	, o,a.y		THE STATE OF THE S	odom a mo	me, consucci	aori Gito, ivesa	adragic, Wood	00 /102)	Yes No	
38. Location Of Injury - State	38a. Oity	Or Town	28b. S	troot & Number				38c.	Apt. No.	38d. Zip Code	
)			링크()							
39. Describe How Injury Occurred			E .	SEAL SE			40. If Trans	sportation Inju	ry, Specify:	DUNLESS	
41. Signature, Of Person Certifying Cause Of	DIANA		42. Cert	ifier (Check O		OT VAL	D UNLESS				
WILLIAM W FORGEY, BY ELE 43. Name, Address And Zip Code Of Person C							tifying Physicia			T the children	
WILLIAM W FORGEY , 109 EA	46440				1 1		40440046				
46. Additional Funeral Service Provider:				47.	8236A	7	12/14/2016				
48. Signature of Local Health Officer:				<u> </u>		49. For Reg	gistrar Only -	Date Filed (dont Day lear		
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DE					RV OP C	BIGINAL		DEC	14 2016		
			TO OER IFICA	-E OF DEATH (EN	- CRO	MGINAL)	_	 			
								!			

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and the Social Security # is being requested by this state agency in order to pursue responsibility.