

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-12-21-126-007.000-030

Ann Jovich, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Eli Jovich**, died (without leaving a will) (leaving a will) on March 19, 2016 at Bremen, Marshall County, Indiana.
That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

PART OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 21, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE 2nd P.M., MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT A POINT 660.6 FEET NORTH OF AND 572.54 FEET WEST OF THE SOUTHEAST CORNER OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 21; THENCE WEST AND PARALLEL WITH THE SOUTH LINE OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 21 A DISTANCE OF 100 FEET; THENCE NORTH WITH AN INTERIOR ANGLE OF 90 DEGREES A DISTANCE OF 220.6 FEET; THENCE EAST WITH AN INTERIOR ANGLE OF 90 DEGREES AND PARALLEL WITH THE SOUTH LINE OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 21 A DISTANCE OF 100 FEET; THENCE SOUTH WITH AN INTERIOR ANGLE OF 90 DEGREES A DISTANCE OF 220.6 FEET TO THE POINT OF BEGINNING, ALL IN LAKE COUNTY, INDIANA, ALSO KNOWN AS LOT 22 IN SOUTHMOOR PARK, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 33 PAGE 66, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 814 W. 78th Avenue, Merrillville, IN 46410.

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER your Affiant saith naught.

Ann Jovich
Ann Jovich

STATE OF Illinois, COUNTY OF Dupage, SS:

Before me, the undersigned, a Notary Public in and for said county and state this 9th day of JANUARY 2017, personally appeared Ann Jovich, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 12-14-2020 Signature: *Leslie Kumler*
County of Residence: Dupage Printed: Leslie Kumler, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No.278134-45.



Community Title Company
File No. 1611413

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2017 JAN 20 AM 9:47

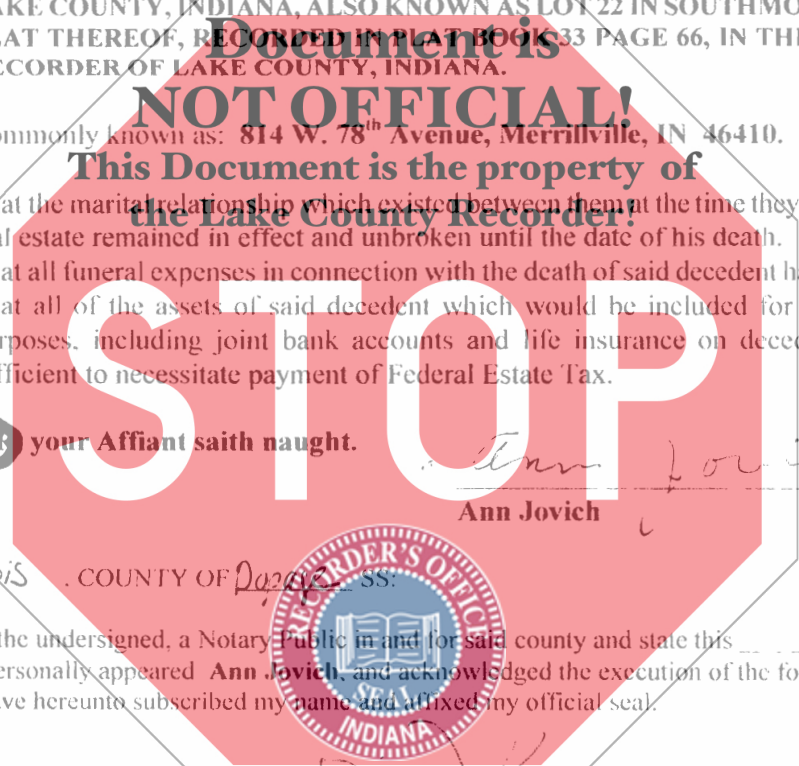
MICHAEL J. BROWN
RECORDER

2017 004645

FILED

JAN 14 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR



010337

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non on
CA
AA

CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000106

EDR No 000000502291

State No 013892

1. Decedent's Legal Name (First, Middle, Last) ELI JOVICH		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 12:35 PM	4. Date Of Death (Month/Day/Year) 03/19/2016	
5. Social Security Number ██████████	6a. Age - Yrs 88	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) 07/29/1927	
8. Birthplace (City and State or Foreign Country) GARY, IN		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) DOCTORS HOSPITAL							
12. City Or Town, State, And Zip Code BREMEN, IN, 46506				13. County Of Death MARSHALL		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 ANN B. JOVICH		15a. (If Wife) Give Maiden Last Name BUCHKO		16. Decedent's Usual Occupation WELDER		17. Kind Of Business/Industry US STEEL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MERRILLVILLE		18d. Apt. No.	
18c. Street And Number 814 WEST 78TH AVENUE		18e. Zip Code 46410		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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) MILOS JOVICIC		23. Mother's Name (First, Middle, Last) MARY JOVICIC		23a. Mother's Maiden Last Name UNKNOWN			
24. Informant's Name LINDA BETTENS		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 22 WEST 784 KINGS COURT, GLEN ELLYN, IL 60137			
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 CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN		27a. Funeral Home License Number: FH83002445	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307		27c. License Number (Of Licensee): D20700059			
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE		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. ALZHEIMER DEMENTIA Due to (Or As A Consequence Of) 10-12 YEARS B. _____ Due to (Or As A Consequence Of) _____ C. _____ Due to (Or As A Consequence Of) _____ D. _____ 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					
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? <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 type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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"/> Pregnant, Not Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> 1-12 Months Pregnant Within The Past Year		33. Manner Of Death: <input checked="" 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			
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 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: CHARLES EDWARD HEINSEN, BY ELECTRONIC SIGNATURE					
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: CHARLES EDWARD HEINSEN, 121 EAST PEARL STREET, WINAMAC, IN 46996		44. License Number 01021497A		45. Date Certified 03/24/2016	
46. Additional Funeral Service Provider:		47. *Akas:		48. Signature of Local Health Officer: BYRON M. HOLM, VIA ELECTRONIC SIGNATURE			
49. For Registrar Only - Date Filed (Month/Day/Year): MAR 24 2016		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.
WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN BURNED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.
STATE OF INDIANA