



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 3-18-17 before me personally appeared Dara Pejnovic
AKA Darinka Pejnovic.
(insert date)

2017 019442

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is Owner
(state interest in such premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the
entireties by Milan Pejnovic and Dara Pejnovic

4. Said Milan Pejnovic
(fill in name of co-tenant who died)
died on November 25, 2004

leaving Nothing will;
(insert "a" or "no", if will left, attach a copy)

5. The legal description of the premises in question is:

Lot 1 in Block 3 in Lake George Plateau Unit No. 1, as per plat thereof, recorded in Plat Book 33, Page 43, in the Office of the Recorder of Lake County, Indiana.

Common Address: 1131 W. 10th Place, Hobart, IN 46342
Parcel ID: 45-13-06-104-001.000-018

6. Is there Federal or State inheritance tax liability by reason of the death of said

decedent? Yes No

If yes, then estimated taxes due are \$ N/A

The taxes due are paid or unpaid.. AMOUNT \$ 16.00

FILED

CASH CHARGE

CHECK# 154

OVERAGE

COPY

NON-CONF

DEPUTY CP

022241

MAR 23 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. GREGORY
RECORDER
2017 MAR 27 AM 9:05



7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes", identify the divorce proceedings: _____):

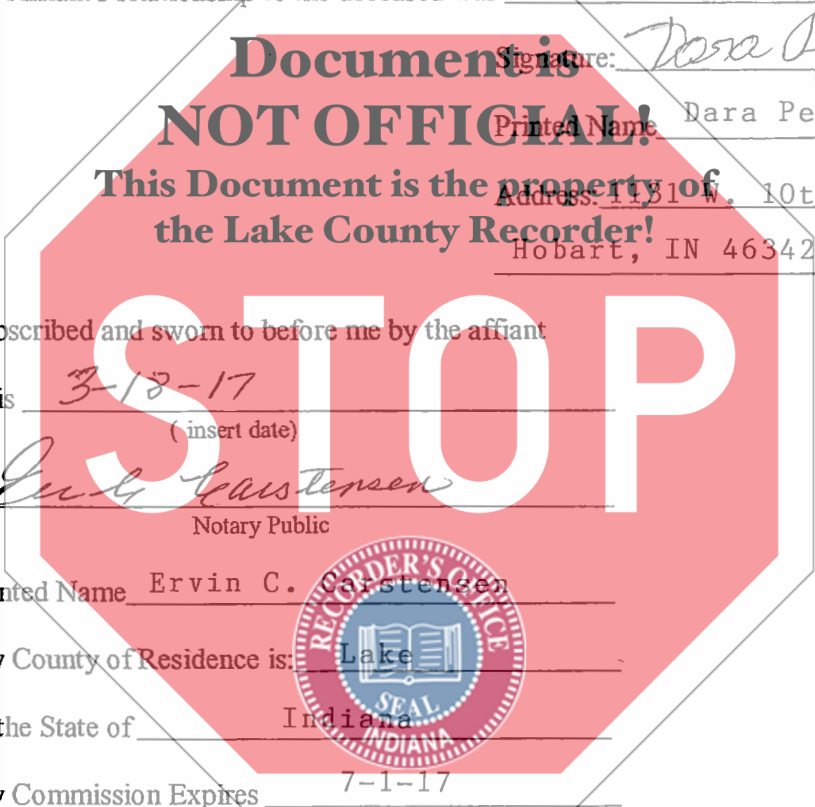
8. Affiant's relationship to the deceased was Wife

Signature: *Dara Pejnovic*
Printed Name: Dara Pejnovic
Address: 1131 W. 10th Pl
Hobart, IN 46342

Subscribed and sworn to before me by the affiant
This 3-18-17
(insert date)
Ervin C. Carstensen
Notary Public

Printed Name Ervin C. Carstensen
My County of Residence is: Lake
In the State of Indiana
My Commission Expires 7-1-17

This instrument prepared by Ervin C. Carstensen
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.
Ervin C. Carstensen



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2871-04

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

DECEASED	1. DECEASED—NAME (First, Middle, Last) MILAN PEJNOVIC				2. SEX Male	3a. TIME OF DEATH 9:27 P M	3b. DATE OF DEATH (Month, Day, Yr) November 25, 2004
	4. *SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 72	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Aug. 30, 1932	7. BIRTHPLACE (City and State or Foreign Country) Raduc-Lika, Yugoslavia	
DECEDENT	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
	9b. FACILITY NAME (If not institution, give street and number) 1131 W. 10th Place			9c. CITY, TOWN, OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake	
INFORMANT	10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Darinka Rutalj	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machinist		12b. KIND OF BUSINESS/INDUSTRY National Materials, Inc		
	13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hobart		13d. STREET AND NUMBER 1131 W. 10th Place		
INFORMANTS	13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 	
	18. FATHER'S NAME (First, Middle, Last) Ilija Pejnovic			19. MOTHER'S NAME (First, Middle, Maiden Surname) Sara Kalinic			
INFORMANT	20a. INFORMANT'S NAME (Type/Print) Darinka Pejnovic		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1131 W. 10th Place, Hobart, IN 46342			20c. Relationship Wife	
	21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Nov. 29, 2004 Calumet Park Cemetery			21c. LOCATION—City or Town, State Merrillville, IN	
DISPOSITION	22a. EMBALMER'S NAME David W. Sempinski		22b. EMBALMER'S LICENSE NO. FD08600686		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD08601292		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH83002445—Burns Funeral Home 10101 Broadway, Crown Point, IN		
CAUSE OF DEATH	26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Laryngeal Esophageal Cancer						Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF)						
	Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF)						
	c. DUE TO (OR AS A CONSEQUENCE OF)						
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
CERTIFIER	29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.						
	29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				29c. MEDICAL LICENSE NO. 01037515	29d. DATE SIGNED (Month, Day, Year) 11-29-04	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE AND IS FILED IN THE HEALTH DEPT. NOV 30 2004			32. DATE FILED (Month, Day, Year) November 30, 2004
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					