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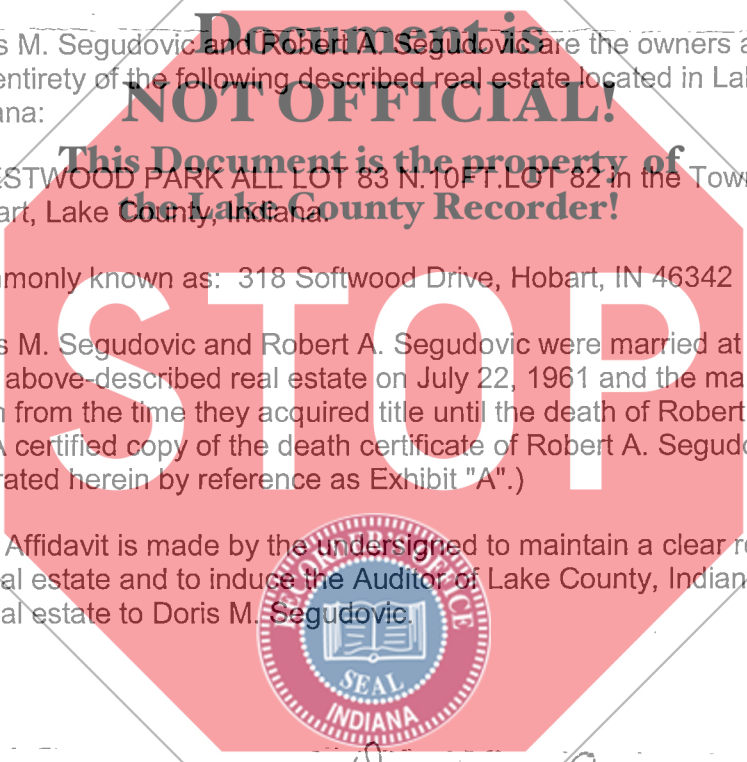
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: Robert A. Segudovic, Deceased
Pracel No.: 45-08-36-252-010.000-018

SURVIVORSHIP AFFIDAVIT

Doris M. Segudovic, being first duly sworn, states:

1. Doris M. Segudovic is the wife of Robert A. Segudovic, now deceased.
2. Doris M. Segudovic and Robert A. Segudovic are the owners as tenants with in the entirety of the following described real estate located in Lake County Indiana:
CRESTWOOD PARK ALL LOT 83 N. 10 FT. LOT 82 in the Town of Hobart, Lake County, Indiana
Commonly known as: 318 Softwood Drive, Hobart, IN 46342
3. Doris M. Segudovic and Robert A. Segudovic were married at the time they acquired title to the above-described real estate on July 22, 1961 and the marital relationship continued unbroken from the time they acquired title until the death of Robert A. Segudovic on March 13, 2008. (A certified copy of the death certificate of Robert A. Segudovic is attached hereto and incorporated herein by reference as Exhibit "A".)
4. This Affidavit is made by the undersigned to maintain a clear record of title to the above-described real estate and to induce the Auditor of Lake County, Indiana to transfer the above-described real estate to Doris M. Segudovic.



2019 0222 659

2019-02-29

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL BROWN
2019 APR 18 AM 10:22

Doris M. Segudovic
DORIS M. SEGUDOVIC

FILED

001428

APR 18 2019

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

AMOUNT \$ 250.00
 CASH _____ CHARGE _____
 CHECK # 2975
 OVERAGE _____
 COPY _____
 NON-CONF _____
 DEPUTY JAS

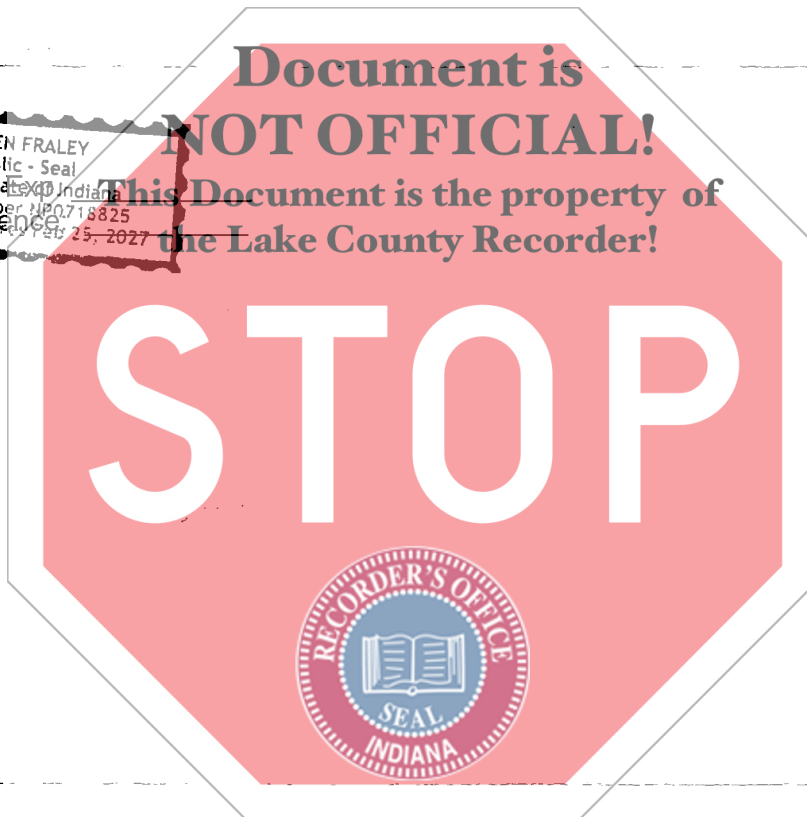
STATE OF INDIANA)
COUNTY OF LAKE) SS:

The undersigned, a Notary Public, witnesses that DORIS M. SEGUDOVIC appeared before me in person and signed this document on the this 24 day of March, 2019.

Carol Green Fraley

Notary Public

CAROL GREEN FRALEY
Notary Public - Seal
Lake County, Indiana
Commission Number 110718825
County of Residence
Expires 09-25-2027



THIS INSTRUMENT PREPARED BY:
Carol M Green-Fraley, Attorney at Law (Attorney No. 11568-45)
Green & Kuchel, P.C., 322 Indianapolis Blvd.; Suite 104, Schererville, IN 46375
(219) 322-0101





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

EXHIBIT
A

Local No. 931-08

State No.

1. Decedent's Legal Name (First, Middle, Last) Robert Ambrose Segudovic				1a. Maiden Last Name (If Female)		2. Sex M		3. Time Of Death 11:00 pm		4. Date Of Death (Month/Day/Year) March 13, 2008	
5. Social Security Number		6a. Age - Yrs 69		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		7. Date Of Birth (Month/Day/Year) Sept. 10, 1938	
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 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 checked="" 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) 318 Softwood Drive											
12. City Or Town, State, And Zip Code Hobart, Indiana 46342						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 Doris Segudovic				15a. (If Wife) Give Maiden Last Name Kaboff				16. Decedent's Usual Occupation Sales Representative			17. Kind Of Business/Industry Bakery
18. Residence - State Indiana				18a. County Lake				18b. City Or Town Hobart			
18c. Street And Number 318 Softwood Drive						18d. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12			20. Decedent Of Hispanic Origin No			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) Ambrose Segudovic				23. Mother's Name (First, Middle, Last) Dorothy Segudovic				23a. Mother's Maiden Last Name Popjevach			
24. Informant's Name Doris Segudovic				24a. Relationship To Decedent Wife				24b. Informant's Address (Street Address, City, State, Zip Code) 318 Softwood Drive, Hobart, IN 46342			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NW Indiana Cremation Service			25c. Location - City, Town, And State Crown Point, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342						27a. Funeral Home License Number: FH83002380			
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>						27c. License Number (Of Licensee): FD20700059					
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Cause 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. Malignant neoplasm of brain Approximate Interval: Onset To Death Unknown											
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											
B. _____ C. _____ D. _____											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
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"/> 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 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				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: <i>Michael C. Weiss MD</i>						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: Michael C. Weiss, MD 1101 Glendale Blvd., Valparaiso, IN 46383						44. License Number 01030965		45. Date Certified 3-19-08			
46. Additional Funeral Service Provider:						47. *Aka:					
48. Signature of Local Health Officer: <i>Susan J. But. D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): March 18, 2008					

Document is NOT OFFICIAL!
This Document is the property of the Lake County Registrar
STOP

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

MAR 13 2008