

HEIRSHIP AFFIDAVIT

2019 023388

The undersigned being first duly sworn upon his oath states:

1. That Ilse Mitic, was the owner of a parcel of real estate commonly known as 4013 Connecticut St. Gary, Indiana 46409 and more particularly described as follows:

LOT 4,5,6,7, AND 8, BLOCK 22 EARLE'S THIRD GLEN PARK ADDITION TO GARY AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 9, PAGE 36, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 4013 Connecticut St. Gary, Indiana 46409
Key No. 45-08-27-158-004.000-004, 45-08-07-158-003.000-004

2. That on the 17th day of March, 2016 Ilse Mitic died, a resident of Lake County, Indiana.
3. That more than forty-five days have expired since the date of death and no estate has been opened nor has one been contemplated.
4. That the value of the assets of Ilse Mitic less expenses does not exceed \$50,000.00.
5. On the date of death of Ilse Mitic she was not married and was survived by two children: namely Ursula Mitic and Michal Mitic and that she had one additional son, Alexander Mitic who predeceased her on December 21, 2013 and that said Alexander Mitic has no issue.
6. That the sole and only heirs of Ilse Mitic are your Respondent, Ursula Mitic and Michael Mitic and that each is entitled to a one-half interest as tenants in common.
7. That your affiant makes this affidavit to clear up title issues and that Michael Mitic did on February 6, 2017 execute a Quit Claim Deed to your affiant releasing any of his interest in and to said property.

FURTHER AFFIANT SAITH NOT.

I AFFIRM UNDER THE PENALTIES FOR PERJURY that the above and foregoing representations are true and correct to the best of my knowledge and belief.

Dated this 11th day of April, 2019.

x Ursula M. Mitic

Ursula Mitic AKA URSULA M. MITIC

FILED

APR 23 2019

NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100
19-2425

JOHN E. PETALAS
LAKE COUNTY AUDITOR

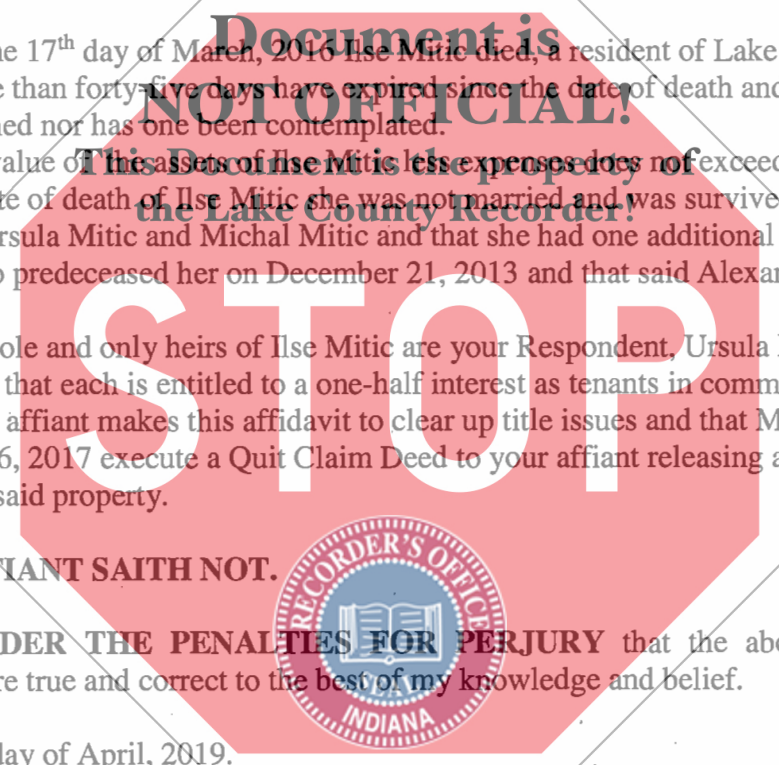
THIS IS RECORDED TO
CLARIFY THE RECORD

23205

AMOUNT \$ 25 ✓
 CASH _____ CHARGE _____
 CHECK # 2422
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK 10

2019 APR 23 AM 10:31

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



STATE OF INDIANA)
) SS:
COUNTY OF Lake)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 11th day of April, 2019, personally appeared: Ursula Mitic, who being first duly sworn upon her oath that the allegations set forth above are true and correct under penalties for perjury and that she has executed this document as his free and voluntary act. * AKA URSULA M. MITIC

Witness my hand and sealed this 11th day of April, 2019.

My Commission expires:
County of residence:

Document is NOT OFFICIAL!

Notary Public

This Document is the property of the Lake County Recorder!

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.

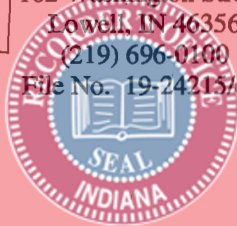
Richard A Zunica



RICHARD A. ZUNICA
Commission Number 656363
My Commission Expires 08/31/22
County of Residence Porter County

This Instrument Prepared By:

Richard A. Zunica
Attorney at Law
162 Washington Street
Lowell, IN 46356
(219) 696-0100
File No. 19-24215/cv





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 83840

Local No 000984

EDR No 00000501756

State No 014245

1. Decedent's Legal Name (First, Middle, Last) ILSE MINNA CHARLOTTE LUISE MITIC				1a. Maiden Name (If female) BRUHN		2. Sex FEMALE	3. Time Of Death 08:55 PM	4. Date Of Death (Month/Day/Year) 03/17/2016					
5. Social Security Number [REDACTED]	5a. Age - Yrs 92	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 08/13/1923		8. Birthplace (City and State or Foreign Country) LUBECK, GM					
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street and Number) GOLDEN LIVING CENTER - MERRILLVILLE						12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410		13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation FOOD SERVICE		17. Kind Of Business/Industry HOTEL					
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MERRILLVILLE			18d. Apt. No.		18e. Zip Code 46410		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 7541 BROADWAY AVENUE		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) JOHANNES HEINRICH MATTHAIS BRUHN		23. Mother's Name (First, Middle, Last) EMMA MARGARETA KAROLINE BRUHN			
22. Father's Name (First, Middle, Last) JOHANNES HEINRICH MATTHAIS BRUHN		23. Mother's Name (First, Middle, Last) EMMA MARGARETA KAROLINE BRUHN		23a. Mother's Maiden Last Name WIEGERS		24. Informant's Name URSULA MITIC		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 7541 BROADWAY, MERRILLVILLE, IN 46410			
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 (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY				25c. Location - City, Town, And State MERRILLVILLE, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410				27a. Funeral Home License Number. FH10400032		27b. Signature Of Indiana Funeral Service Licensee: MICHELLE LYNN HANRAHAN, BY ELECTRONIC SIGNATURE		27c. License Number (O.L. Canopy) FD20900082			
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. CARDIOPULMONARY FAILURE 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. ENCEPHALOPATHY C. ORGANIC BRAIN SYNDROME D.		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. CARDIOPULMONARY FAILURE 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. ENCEPHALOPATHY C. ORGANIC BRAIN SYNDROME D.		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. CARDIOPULMONARY FAILURE 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. ENCEPHALOPATHY C. ORGANIC BRAIN SYNDROME D.		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. CARDIOPULMONARY FAILURE 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. ENCEPHALOPATHY C. ORGANIC BRAIN SYNDROME D.		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. CARDIOPULMONARY FAILURE 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. ENCEPHALOPATHY C. ORGANIC BRAIN SYNDROME D.		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. CARDIOPULMONARY FAILURE 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. ENCEPHALOPATHY C. ORGANIC BRAIN SYNDROME D.		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. CARDIOPULMONARY FAILURE 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. ENCEPHALOPATHY C. ORGANIC BRAIN SYNDROME D.	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (State 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 type="checkbox"/> No <input checked="" 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)	
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			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		39. Describe How Injury Occurred			
41. Signature, Of Person Certifying Cause Of Death: ORANU G. IBEKIE, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01054231A		45. Date Certified 03/25/2016			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ORANU G. IBEKIE, 751 E 81ST PLACE, MERRILLVILLE, IN 46410						46. Additional Funeral Service Provider:		47. Axis:		48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 28 2016		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
MAR 28 2016
Susan W Best
LAKE COUNTY HEALTH OFFICER



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1080617

Local No 000597

EDR No 000000360034

State No

Form containing fields for decedent information (ALEXANDER MITIC), date of death (12/21/2013), cause of death (RECTAL CANCER STAGE 3), and certifier information (CHERYL MORGAN-IHRIG).

