

2019-086262

2019 Dec 13 9:10 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2019-076980

2019 Nov 8 9:33 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

AFFIDAVIT

MARA CORIC, being first duly sworn upon oath, deposes and says:

1. That MIRKO CORIC, died on September 22, 1997, at Chicago, Cook County, Illinois, as evidenced by a copy of his death certificate attached hereto.

2. That MARA CORIC and MIRKO CORIC, were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 13 in Fred Deutsch Addition to Munster, as per plat thereof, recorded in Plat Book 31 Page.67, in the Office of the Recorder of Lake County, Indiana.

KEY NO. 49-07-19-457-012-000-027
ADDRESS: 1339 Fisher Street, Munster, Indiana 46321

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 of the assets of said decedent which would be includable 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 affiant sayeth not.



Mara Coric
MARA CORIC

Subscribed and Sworn to before me, a Notary Public, this 28th day of October, 2019.

Nelma S. Krolkowski
Notary Public

My Commission Expires: 12/21/19

County of Residence: Cook

This Instrument Prepared By:
Attorney Dale A. Anderson
18225 Burnham Avenue
Lansing, Illinois 60438

043840
OFFICIAL SEAL
HELEN S KROLIKOWSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/21/19
NOV 07 2019
JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED

DEC 12 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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THIS DOCUMENT IS BEING RE-RECORDED TO SPECIFY THE GRANTOR'S PRINTED NAME UNDER HER SIGNATURE

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CERTIFICATION OF DEATH RECORD

1. NO. REGISTRATION DISTRICT **16.10**
 REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **615399**

DECEASED NAME: FIRST **Mirko** MIDDLE LAST **Coric** SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **September 22, 1997**

4. COUNTY OF DEATH **Cook** AGE LAST BIRTHDAY (YRS) **5a. 67** UNDER 1 YEAR **5b.** UNDER 1 DAY **5c.** DATE OF BIRTH (MONTH, DAY, YEAR) **5d. October 29th, 1929**

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER **Chicago** 6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Northwestern Memorial Hospital** 6c. IF HOSP. OR INST. INDICATE D.O.A. OPEREM. RM. INPATIENT (SPECIFY) **Inpatient**

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Mostar, Yugoslavia** 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Mara Pantic** 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **No**

10. SOCIAL SECURITY NUMBER [REDACTED] 11a. USUAL OCCUPATION **Station Service, Owner/Manager** 11b. KIND OF BUSINESS OR INDUSTRY **Automotive** 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. 12**

13a. RESIDENCE (STREET AND NUMBER) **1339 Fisher St.** 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. **Munster** 13c. INSIDE CITY (YES/NO) **Yes** 13d. COUNTY **Lake**

13e. STATE **Indiana** 13f. ZIP CODE **46321** 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **White** 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO**

15. FATHER NAME FIRST MIDDLE LAST **Djordje Coric** 16. MOTHER NAME FIRST MIDDLE (MAIDEN) LAST **Stoja Lecic**

17a. INFORMANT'S NAME (TYPE OR PRINT) **Jackie Smith** 17b. RELATIONSHIP **Medical Records** 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **303 E. Superior Chicago, Il.**

18. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. Use only one cause on each line.

(a) **Acute Anterior Myocardial Infarction** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **3 Days**

(b) **Atherosclerotic Coronary Artery Disease** **Decades**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **Chronic Renal Failure, Hypertension**

19a. AUTOPSY (YES/NO) **No** 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION

20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **YES** **NO**

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **September 21, 1997** 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **No** 21c. HOUR OF DEATH **5:05 A. M.**

22a. SIGNATURE **Martin Grais** 22b. DATE SIGNED (MONTH, DAY, YEAR) **Sept. 22, 1997**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Martin Grais, M.D., 676 N. St. Clair Chicago, Il. 60611** 22d. ILLINOIS LICENSE NUMBER **36-39889**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **Brian E. Fitzpatrick** NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 24b. CEMETERY OR CREMATORY - NAME **Most Holy Mother of God** 24c. LOCATION **Grayslake Illinois** 24d. DATE (MONTH, DAY, YEAR) **09/25/97**

25a. FUNERAL HOME **Lincoln Ridge Funeral Home 1601 W. Lincoln Hwy Schererville IN. 46307** 25b. FUNERAL DIRECTOR'S SIGNATURE **Brian E. Fitzpatrick** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-011651**

26a. LOCAL REGISTRAR'S SIGNATURE **Althea Lopez** 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **SEP 23 1997**

VR200 (Rev. 5/89) Illinois Department of Public Health - Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

064342

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Nirav D. Shah

NOV 29 2018 Nirav D. Shah, M.D., J.D. State Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE