

# NOT AN OFFICIAL DOCUMENT

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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**2023-011568**

10:08 AM 2023 Apr 26

### SURVIVORSHIP AFFIDAVIT

Elena Ilievski, Affiant, being duly sworn upon her oath states as follows:

I am the owner in fee simple of the real estate located in Lake County, Indiana, commonly known as 9402 Shelby Lane, Crown Point, Indiana 46307, and more particularly described as follows:

LOT 11, in GRASSFIELD SUBDIVISION, as shown in Plat Book 49, Page 34, Lake County, Indiana.

**Parcel Number: 45-13-33-126-011.000-030**

That the Affiant and Tome Ilievski, were married on the 29<sup>th</sup> day of August 1969. That she acquired title to said real estate with her spouse on June 25, 1986 by a Warranty Deed. That title to the real estate was held as tenants by the entirety. That Tome Ilievski, died on the 3<sup>rd</sup> day of September 2015, as evidenced by the attached Certificate of Death, at which time all interests were released and real estate became the sole property of the Affiant.

That any required Federal Estate Tax Return has been filed and the assessed taxes paid.

Dated this 25<sup>th</sup> day of April 2023.

*Elena Ilievski*

\_\_\_\_\_  
ELENA ILIEVSKI, AFFIANT

REDACTED DEATH CERTIFICATE ATTACHED

**FILED**

APR 26 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25-  
1374  
RM

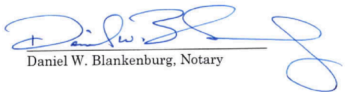
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STATE OF INDIANA            )  
  ) SS:  
COUNTY OF LAKE            )

Before me, a Notary Public in and for said County and State, personally appeared ELENA ILIEVSKI who acknowledges the execution of the foregoing Affidavit.

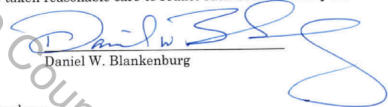
IN WITNESS my hand and Notarial Seal, this 25<sup>th</sup> day of April 2023.



  
Daniel W. Blankenburg, Notary

My Commission Expires: May 19, 2021  
My County of Residence: Porter

I affirm under penalties for perjury that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

  
Daniel W. Blankenburg

This instrument prepared by: Daniel W. Blankenburg  
Attorney-at-Law  
300 East 90<sup>th</sup> Drive  
Merrillville, Indiana 46410

of Lake County Recorder

# NOT AN OFFICIAL DOCUMENT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No: **000985**

EDR No **000000467115**

State No **041907**

1. Decedent's Legal Name (First, Middle, Last) <b>TOME ILIEVSKI</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time of Death <b>12:19 AM</b>		4. Date of Death (Month/Day/Year) <b>09/03/2015</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>71</b>		6b. Under 1 Year <b>Months</b>		6c. Under 1 Month <b>Days</b>		6d. Under 1 Day <b>Hours</b>	
6e. Under 1 Hour <b>Minutes</b>		7. Date of Birth (Month/Day/Year) <b>02/27/1944</b>		8. Birthplace (City and State or Foreign Country) <b>UTOVO, MK</b>					
9. Error 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 checked="" 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) <b>VNA HOSPICE CENTER</b>				12. City or Town, State, and Zip Code <b>VALPARAISO, IN, 46383</b>		13. County of Death <b>PORTER</b>		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. Scavenging Spouse's Name <b>ELENA ILIEVSKI</b>		16a. If Wife/Give Maiden Last Name <b>KOLEVSKA</b>		15. Decedent's Usual Occupation <b>FACTORY</b>		17. Kind Of Business/Industry <b>GEORGIA PACIFIC</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City or Town <b>CROWN POINT</b>					
18c. Street and Number <b>9402 SHELBY LANE</b>		18d. Apt. No.		18e. Zip Code <b>46307</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>KOLE ILIEVSKI</b>		23. Mother's Name (First, Middle, Last) <b>VASILJKA ILIEVSKI</b>		23a. Mother's Maiden Last Name <b>TATEVSKI</b>					
24. Informant's Name <b>ELENA ILIEVSKI</b>		24a. Relationship to Decedent <b>SPOUSE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9402 SHELBY LANE, CROWN POINT, IN 46307</b>					
25a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reburial from State <input type="checkbox"/> Other (Specify)		25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place) <b>GRACELAND CEMETERY</b>		25c. Location - City, Town, and State <b>VALPARAISO, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address of Funeral Facility <b>BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307</b>		27a. Funeral Home License Number <b>FH83002445</b>					
27b. Signature of Indiana Funeral Service Licensee <b>DAVID W SEMPLINSKI, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD08500686</b>							
Cause of Death. (See Instructions And Examples)									
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.									
Impressible Cause (Final Disease Or Condition Resulting in Death) <b>A. MALIGNANT NEOPLASM OF GALL BLADDER CHOLANGIOCARCINOMA; PERITONEAL METASTASES WITH MALIGNANT ASCITES</b>									
B. <b>SIX MONTHS</b>									
C. <b>See (B) In A Comprehensive (S)</b>									
D. <b>See (B) In A Comprehensive (S)</b>									
29. Secondary 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)					30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
CORONARY ARTERY DISEASE					30. Were Autopsy Finding Available to Complete The Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute to Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		33a. <input type="checkbox"/> Sudden <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, Workplace)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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 Carrying Cause Of Death: <b>MICHAEL CARL WEISS, BY ELECTRONIC SIGNATURE</b>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01030965A</b>		45. Date Certified <b>09/04/2015</b>	
43. (Name, Address And Zip Code Of Person Carrying Cause Of Death) <b>MICHAEL CARL WEISS, 2404 VALPARAISO STREET, VALPARAISO, IN, 46383.</b>				47. *Name:					
48. (Additional Funeral Service Provider: Name, Address, City, State, Zip Code)				49. For Registrar Only - Date Filed (Month/Day/Year) <b>SEP 08 2015</b>					
49. Signature of Local Health Officer: <b>MARIA L STAMP, VIA ELECTRONIC SIGNATURE</b>									

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)