

NOT AN OFFICIAL DOCUMENT

2

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-030750

9:15 AM 2024 Oct 28

AFFIDAVIT OF SURVIVORSHIP

I, Dragica Stosic, being duly sworn, do depose and say as follows:

1. That I am the wife of the now deceased Mladen Stosic who died on the 18th day of September 2024 (See attached Death Certificate).
2. That the decedent, Mladen Stosic and I were Husband and Wife at the time of his death.
3. That the decedent, Mladen Stosic and I, at the time of his death, owned certain real property as Husband and Wife, tenants by entireties; and
4. That the legal description of said certain real property is:

Lot 11 of Oman's Addition to the Town of Griffith, as per plat thereof, recorded in Plat Book 49 Page 89, in the Office of the Recorder of Lake County, Indiana.
Subject to all liens, covenants, easements and restrictions of record.

5. That the property has Parcel No.: 45-07-34-226-018.000-006
6. That the common address is: 830 Ernest Ave, Griffith, Indiana 46319

FILED

OCT 28 2024

Further, your Affiant saith not.

Dragica Stosic
Dragica Stosic, Affiant

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for the said County and State, this 25th Day of October, 2024, Dragica Stosic, did personally appear before me, and executed the foregoing Affidavit of Survivorship. In witness whereof I have hereunto subscribed my name and affixed my official seal.

Stacy J. Vasilak
Notary Signature

Stacy J. Vasilak
Notary Printed



"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."
PREPARED BY: *[Signature]*

25-
CS
Rm

Prepared by Stacy Vasilak
Attorney



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

NOT AN OFFICIAL DOCUMENT

Form No. 4-15825

Local No 003394

EDR No 000011778074

State No 2024-049628

1. Decedent's Legal Name (First, Middle, Last) Mladen Stosic		18. Maiden Name (If female)		2. Gender Male	3. Time Of Death 09:07 PM	4. Date Of Death (Month/Day/Year) 09/18/2024	
5. Social Security Number 84	6a. Age - Yrs 84	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 02/15/1940	
8. 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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)		8. Birthplace (City, State or Foreign Country) Stulac, Serbia	
11. Facility Name (If Not Institution, Give Street and Number) 830 N Ernest Street							
12. City Or Town, State, And Zip Code Griffith, Indiana 46319				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 Dragica Stosic		15a. Last Name Before First Marriage Stankovich		16. Decedent's Usual Occupation laborer		17. Kind Of Business/Industry steel manufacturing	
18a. Residence - State IN		18b. County Lake		18c. City Or Town Lake		18d. Apt. No.	
18e. Street And Number 830 N Ernest Street		18f. Zip Code 46319		18g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 8th grade or less		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Parents Name (First, Middle, Last) Stanoje Stosic		23. Parents Name (First, Middle, Last) Branislava Stosic		23a. Parents Last Name Before First Marriage unknown			
24. Informants Name Srdjan Stosic		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 831 N Ernest Street, Griffith, IN, 46319			
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) St. Sava Church-Orthodox 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 Tatt Street, Merrillville, Indiana, 46410		27a. Funeral Home License Number: FH10400032			
27b. Signature of Indiana Funeral Service Licensee: Carrie Evans		Electronically Signed		27c. License Number (Of Licensee): FD21600034			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. (See Instructions And Examples) 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. PERIPHERAL VASCULAR DISEASE WITH RIGHT BELOW KNEE MONTHS							
B. AMPUTATION FOR GANGRENE AND GANGRENE OF MONTHS							
C. THE LEFT LEG BELOW THE KNEE MONTHS							
D.							
29. Sequence of Events (List All Contributing Causes) 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							
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 type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant After First 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 That 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. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Woods/Arts)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38a. Location Of Injury - State		38b. City Or Town		38c. Street & Number		38d. Apt. No.	
38e. Zip Code		38f. Zip Code		38g. Zip Code		38h. Zip Code	
39. Describe How Injury Occurred							
41. Signature, Of Person Certifying Cause Of Death: Lyle R Mann		Electronically Signed		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other (Specify)		NOT VALID UNLESS	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Mann 600 Superior Avenue, Merrillville, IN 46410		44. License Number: 01033582		45. For Registrar Only: I Have Reviewed This Certificate			
46. Additional Funeral Service Provider:		47. Signature of Local Health Officer: Chandana Verrilla		48. For Registrar Only: I Have Reviewed This Certificate			
SEP 26 2024		Electronically Signed		49. For Registrar Only: I Have Reviewed This Certificate			
LAKE COUNTY HEALTH OFFICER		AMENDMENT TO CERTIFICATE OF DEATH (ENTRIFOR ORIGINAL)					