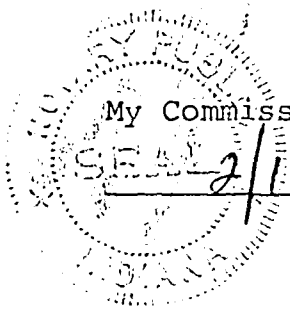




day of August, 1981.

Samuel J. Furlin  
Notary Public SAMUEL J. FURLIN  
County of Residence: Valparaiso  
Porter



My Commission Expires:

2/19/83

This Instrument Prepared By: SAMUEL J. FURLIN  
Attorney at Law  
8396 Mississippi Street  
Merrillville, Indiana 46410  
Telephone: (219) 769-2323

AFFIANT'S EXHIBIT "A"  
**INDIANA STATE BOARD OF HEALTH**  
**MEDICAL CERTIFICATE OF DEATH**

911

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A  
B  
C  
D  
E  
F  
G  
H  
I  
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X  
Y  
Z

THIS DOCUMENT NOT VALID  
UNLESS STAMPED ON REVERSE SIDE

Unit 36 Reg 15-276-16  
 12/13/76  
 12/13/76

FUNERAL HOME No. 776  
 FUNERAL DIRECTOR'S LICENSE No. 367  
 EMBALMER'S NAME Ronald Mesarch  
 FUNERAL DIRECTOR'S LICENSE No. 591  
 COUNTY  
 SIGNATURE

Local No. \_\_\_\_\_ State No. \_\_\_\_\_

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
 Kathryn Szappan Female 12/8/1976

2. RACE AGE—LAST BIRTHDAY (YEARS) 5a. 77 UNDER 1 YEAR MOS. DAYS 5b. UNDER 1 DAY HOURS MIN. 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 3/5/1899 COUNTY OF DEATH 7a. Porter

3. CITY, TOWN, OR LOCATION OF DEATH 7b. Valparaiso INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. YES HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Canterbury Place Nursing Facility

4. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. New York CITIZEN OF WHAT COUNTRY 9. U.S.A. MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Michael Szappan

5. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER 12. 313-07-4109 B USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Homekeeper KIND OF BUSINESS OR INDUSTRY 13b. Home

6. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP  
 14a. Indiana 14b. Lake 14c. Merrillville 14d. Yes 14e. ROSS

7. STREET AND NUMBER 14f. 5620 Pierce Street 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 14h. YES  NO

8. FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST  
 15. Michael Spotilla 16. Anna Kukoly

9. INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
 17a. Michael Szappan 17b. Husband 17c. 5620 Pierce Merrillville Indiana

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] .. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE  
 (a) *Cerebral aneurysm rupture*  
 CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF:  
 (b) *Chronic hypertension*  
 DUE TO, OR AS A CONSEQUENCE OF:  
 (c)

19. PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES  NO  IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES  NO

20. DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR  
 12 8 1976 5:30 A.M. 21a. *Dr. Holwerda* 11 1976

22. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.  
 Dr. Holwerda 22b. *Dr. Holwerda*

23. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO CITY OR TOWN STATE ZIP

24. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE  
 24a. Burial 24b. Calvary Cemetery 24c. Portage Indiana

25. DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 46410  
 24d. 12/10/1976 25a. Geisen Funeral Home, Inc. 7905 Broadway Merrillville, Indiana

26. HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER  
 26b. *[Signature]* 12-13-76

**FILED**  
 AUG 24 1981  
 Disposition Permit Issued / /  
 Provisional Certificate  
 Yes  No

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. 38-79

State No. \_\_\_\_\_

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

FUNERAL HOME  
No. 776

FUNERAL/DIRECTOR'S  
LICENSE No. 367

591

JAN 10 1979  
LICENSE No.

Ronald Mesarch

AUG 24 1981

EMBALMER'S NAME

*Mark J. Mesarch*  
FUNERAL/DIRECTOR'S  
SIGNATURE LAKE COUNTY

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

DECEASED—NAME 1. Michael Szappan			SEX 2. male	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 6, 1979
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. white	AGE—Last Birthday (Yrs) 5a. 91	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS.	DATE OF BIRTH (Mo., Day, Yr.) 6. Sept, 29, 1887
CITY, TOWN OR LOCATION OF DEATH 7b. Crown Point		HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) 7c. St Anthony Medical Center		IF HOSP. OR INST. Indicate DOA, DP, Emer. Rm., Institution (Specify) 7d. inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Hungry	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. widow	SURVIVING SPOUSE (If wife, give maiden name) 11. -----	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. no
SOCIAL SECURITY NUMBER 13. 313-07-4109		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. boilermaker retired	KIND OF BUSINESS OR INDUSTRY 14b. US Steel	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Merrillville		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 5620 Pierce St				INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME FIRST MIDDLE LAST 16. Unknown			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Unknown	
INFORMANT—NAME (Type or print) 18a. Mrs Eleanor Polaski		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 5620 Pierce St Merrillville, Indiana 46410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calvary Cemetery		LOCATION CITY OR TOWN STATE 19c. Portage, Indiana
DATE (MONTH, DAY, YEAR) 20a. January 9, 1979		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Geisen Funeral Home Inc., 7905 Broadway Merrillville, Ind 46410		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a. <i>Jerald N. Chip</i>			DATE SIGNED (Mo., Day, Yr.) 21b.	HOUR OF DEATH 21c. 10:45 A.M. M
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Jerald N. Chip MD 7863 Broadway, Merrillville, Indiana 46410			MAILING ADDRESS—PHYSICIAN 21e.	
HEALTH OFFICER—SIGNATURE 22a. <i>Ronald Mesarch M.D.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 1-10-79	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
(a) <i>Cardiac Arrest</i>			Interval between onset and death	
(b) <i>Arteriosclerotic Heart Disease</i>			Interval between onset and death	
(c)			Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 24. No
<i>Chronic Oral Disease with Agitation</i>				

Disposition Permit Issued  
Prov Certificate  
 Yes  No

*Handwritten notes and signatures on the left margin.*