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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

Comes now Patricia A. Rees, attorney for the Estate of Margaret Ruth Muller, deceased, and first being duly sworn upon her oath states as follows:

- 1. That William L. Muller is the son/ of Margaret Ruth Muller, deceased. and only child
- 2. That William L. Muller was born on the 25th day of March, 1954 and is presently 31 years of age.
- 3. That Margaret Ruth Muller died on the 19th day of December, 1984.

FURTHER THIS AFFIANT SAYETH NOT.

Patricia A. Rees
Patricia A. Rees, Affiant

Subscribed and sworn to before me, a Notary Public of the aforementioned County and State, personally appeared, PATRICIA A. REES, who executed the foregoing instrument of her own free will for the purpose expressed herein, this 18th day of June 1985.

My Commission Expires: 12/6/1985

Wendy S. Talian
Wendy S. Talian, Notary Public
Resident of: Lake County



This instrument was prepared by: Patricia A. Rees

re: # 18-65-12

FILED

JUL 2 1985

John O. ...
AUDITOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUL 3 8 43 AM 1985
ROBERT H. CLAY
RECORDER

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

Below for State Office Use

FILED
DEC 21 1984
FURNERIAL HOME
306
FURNERIAL DIRECTOR'S
2014E COUNTY
LICENSE No. 2566-84
FURNERIAL DIRECTOR'S
LICENSE No.
LIVE COPY HEALTH COMMISSIONER

EMBALMER'S NAME William K. Wilson

FURNERIAL DIRECTOR'S
SIGNATURE *Harold Beecher*

Local No. 2566-84

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. 1200

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

DECEASED—NAME 1. MARGARET R. MULLER			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. December 19, 1984
RACE—(a) White, Black, American Indian, etc. (Specify) 4. White	AGE—Last Birthday (Yrs) 5a. 64	UNDER 1 YEAR 5b. MOS	UNDER 1 DAY 5c. HOURS	DATE OF BIRTH (Mo., Day, Yr.) 6. 7-15-1920
CITY, TOWN OR LOCATION OF DEATH 7a. Hobart		HOSPITAL OR OTHER INSTITUTION—(Name if not in city or town, give street and number) 7c. 1108 Lincoln Street		IF HOSP OR INST Indicate DOA, OP, Emer Rm., Intensive (Specify) 7d. N/A
STATE OF BIRTH (If not in U.S. or name country) 8. IN	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed	SURVIVING SPOUSE (If wife, give maiden name) 11. None	
SOCIAL SECURITY NUMBER 13. 315-09-5140		USUAL OCCUPATION (Just kind of work done during most of last year, Mo., year if retired) 14a. Home-maker		KIND OF BUSINESS OR INDUSTRY 14b. None
RESIDENCE—STATE 15a. IN	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hobart		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 16a. 1108 Lincoln Street		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify YES OR NO) 15f. Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. Arthur Lawson, (dec.)		MOTHER—MAIDEN NAME 17. Clara Minten, (dec.)		
INFORMANT—NAME 18a. Joseph D. Hannon, in-Law	RELATIONSHIP 18b. Brother-in-Law	MAILING ADDRESS 18c. 616 Jefferson Avenue, Chesterton, Indiana 46304		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—FURNERIAL HOME 19b. Calumet Park Cemetery	LOCATION 19c. Merrillville, Indiana		
DATE (MONTH, DAY, YEAR) 20a. December 22, 1984	FURNERIAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-4198			
On the basis of examination and/or investigation, in my opinion death occurred at the time and place and due to the causes stated 21a. Signature <i>Daniel D. Thomas, M.D.</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 12-21-84	HOUR OF DEATH 21c. 6:25 p. M	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d. DANIEL D. THOMAS, M.D., 2293 N. MAIN, CROWN POINT, INDIANA 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21e. ON 12-19-84		
HEALTH OFFICER—SIGNATURE 22a. <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 12-21-84		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IN (a) AND (b)) PART I (a) VASCULAR COLLAPSE DUE TO ARTERIOSCLEROTIC HEART DUE TO, OR AS A CONSEQUENCE OF (b) AND VASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF (c)				Interval between onset and death UNDETERMINED
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))				AUTOPEY (Specify Yes or No) 24. No
ACC., SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify) 25a. NATURAL	DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d.	
INJURY AT WORK (Specify Yes or No) 25e.	PLACE OF INJURY—(At home, farm, school, factory, office building, etc. (Specify)) 25f.	LOCATION 25g.	STREET OR R.F.D. NO.	CITY OR TOWN STATE