

FUNK + FOSTER
5253 Hohman Ave
Hamd, IN

2 809871

VERIFIED AFFIDAVIT OF DEATH

Comes now affiant, duly sworn, and says:

1. That he, John Virag, was the husband of Barbara D. Virag.

2. That they held as Tenants by the Entireties, the following property:

The North 35.583 feet of Lot No. Two (2), in Block No. Eight (8), as marked and laid down on the recorded plat of "Hartman's Gardens" Addition to Hessville, in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 14, page 22, in the Recorder's Office of Lake County, Indiana.

#34-49-7

3. That Barbara D. Virag died on June 13, 1985, in Hammond, Lake County, Indiana (Exhibit A)

FURTHER AFFIANT SAITH NOT.

John Virag
JOHN VIRAG

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUL 3 9 27 AM '85
RUDOLPH CLAY
RECORDER

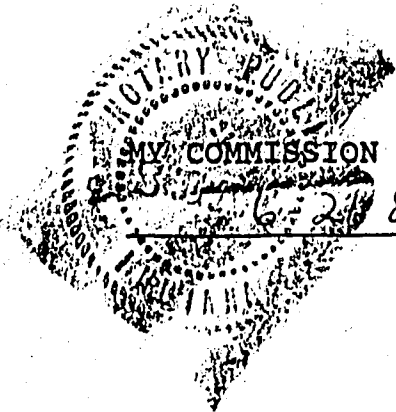
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

I affirm under the penalties of perjury that the foregoing representations are true.

John Virag
JOHN VIRAG

Subscribed and sworn to before me, a Notary Public, this 2nd day of JULY, 1985.

Bonnie Kraska
NOTARY PUBLIC BONNIE KRASKA
Lake County Resident



FILED

JUL 3 1985

Peter O. ...
AUDITOR LAKE COUNTY

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS
PERMANENT
RECORD

Below for State Office Use

A
B

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
JUN 13 1985

HAMMOND HEALTH COMMISSIONER
A. J. ...
Date Issued
John C. Ault

EMBALMER'S NAME

FUNERAL DIRECTOR'S
SIGNATURE

FUNERAL DIRECTOR'S
LICENSE No. 1005

LICENSE No. 1350

FUNERAL HOME
2800 Lake County

Local No. 452

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
FOLLOWING THE
UNDERLYING
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

681

DECEASED—NAME FIRST MIDDLE LAST 1 Barbara D. Virag		SEX Female	DATE OF DEATH (MONTH DAY YEAR) June 13, 1985
RACE—(a) White, Black, American Indian, etc. (Specify) 4 White	AGE—Last Birthday (Yrs) 5a 68	UNDER 1 YEAR 5b MOS DAYS HOURS MINS	DATE OF BIRTH (Mo Day Yr) 8 9/30/1916
CITY, TOWN OR LOCATION OF DEATH 7a Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7c St. Margaret Hospital	IF HOSP. OPINIST. Indicate DOA. Of hour, am, pm, specify (Specify) 7d Emer. Room
STATE OF BIRTH (If not in U.S.A. name country) 6 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 John Virag
SOCIAL SECURITY NUMBER 13 310-22-5034		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Public Nurse	KIND OF BUSINESS OR INDUSTRY 14b Hammond Health Dept.
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hammond	
STREET AND NUMBER 15d 6721 Arkansas		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify YES or NO) 15c Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 Samuel		MOTHER—MAIDEN NAME 17 Julia Gordon	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Mr. John Virag [Husband]		MAILING ADDRESS 18b 6721 Arkansas	CITY OR TOWN STATE ZIP 18c Hammond, Indiana 46323
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Elmwood Cemetery	LOCATION CITY OR TOWN STATE 19c Hammond, Indiana
DATE (MONTH, DAY, YEAR) 20a June 15, 1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.	
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a (Signature) Daniel T. Ramker		DATE SIGNED (Mo. Day, Yr.) 21b 6/13/1985	HOUR OF DEATH 21c 12:57 a.m. M
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Daniel J. Ramker, M.D.		MAILING ADDRESS—PHYSICIAN 21e 6906 Osborne Hammond, Indiana 46323	
HEALTH OFFICER—SIGNATURE 22a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUN 13 1985	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) (a) CORONARY THROMBOSIS DUE TO OR AS A CONSEQUENCE OF (b) GENERAL ARTERIOSCLEROSIS DUE TO OR AS A CONSEQUENCE OF (c)		Interval between onset and death 1 DAY Interval between onset and death 7 YEARS Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) DIABETES MELLITUS		AUTOPSY (Specify Yes or No) 24	

EX-A

400