

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

Below for State Office Use

3cc
904000
Local No. 1289-82

Waterfield Mtg Co. Inc.
PO Box 1289
State Fort Wayne, IN 46801

3cc
904000
Local No. 1289-82

Waterfield Mtg Co. Inc.
PO Box 1289
State Fort Wayne, IN 46801

FUNERAL HOME No. 776
FUNERAL DIRECTOR'S SIGNATURE: Herbert J. Hupfeld
LICENSE No. 1289-82
FUNERAL DIRECTOR'S SIGNATURE: Peter Frey M.D.

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

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

CAUSE

**INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH**

DECEASED - NAME 1 JOHN A. CODESPOTI			SEX Male	DATE OF DEATH (MONTH DAY YEAR) August 16, 1982
RACE - (e.g. White, Black, American Indian, etc.) (Specify) 4 White	AGE - Last Birthday (Year) 5a 48	UNDER 1 YEAR 5b DAYS	UNDER 1 DAY 5c HOURS MIN.	DATE OF BIRTH (Mo. Day Year) May 23, 1934
CITY, TOWN OR LOCATION OF DEATH 7b Hobart		HOSPITAL OR OTHER INSTITUTION (Name if not in either give street and number) 7c St Mary Medical Center		IF HOSP OR INST indicate DOA (DP Emer Rm. Inpatient) (Specify) 7d Emer. Rm.
STATE OF BIRTH (If not in U.S.A. name country) 8 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 Patricia Malczewski	
SOCIAL SECURITY NUMBER 13 312-28-8079		USUAL OCCUPATION (Give kind of work done during most of working life, years if retired) 14a Instrument Repair Man	KIND OF BUSINESS OR INDUSTRY 14b Gary Sheet & Tin Mill	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hobart	STREET AND NUMBER 15d 2523 East 61st Place	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSURANCE LIMITS (Specify YES OR NO) 15f	
FATHER - NAME 16 Rosario Codespoti		MOTHER - MAIDEN NAME 17 Jenny Bartisa		
INFORMANT - NAME (If spouse or parent) 18a Patricia Codespoti - Wife	RELATIONSHIP Wife	MAILING ADDRESS 18b 2523 East 61st Place Hobart, Indiana 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation	CEMETERY OR CREMATORY - FUNERAL HOME 19b Calvary Cemetery	LOCATION 19c Portage, Indiana		
DATE (MONTH DAY YEAR) 20a August 18, 1982	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Geisen Funeral Home, Inc., 7905 Broadway, Merr., In. 46410			
To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) stated 21a (Signature) Ray E. Drasga		DATE SIGNED (Mo. Day Year) 21b August 17, 1982	HOUR OF DEATH 21c 11:25 AM	
NAME OF ATTENDING PHYSICIAN (If not M.D.) 21e Ray E. Drasga, M.D.				
MAILING ADDRESS - PHYSICIAN 21a 8127 Merrillville Road Merrillville, Indiana 46410				
HEALTH OFFICER - SIGNATURE 22a Peter Frey M.D.				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 8-17-82
PART I 23 IMMEDIATE CAUSE (ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) X Cardiorespiratory Arrest		Interval between onset and death 1 hour		
(b) _____ DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		
(c) _____ DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) 24 Non small cell lung cancer				ALLIESTIPY (Specify Yes or No) 24 No

7.00
E

I, Edward A. Lukawski, Clerk of the Superior Court for the County of Lake, in the State of

Indiana, do hereby certify that letters testamentary with the will annexed, of the estate of

John A. Codespoti

late of Lake County, deceased, is granted to Patricia M. Codespoti

and the said Patricia M. Codespoti

having qualified and given bond as such executor is duly authorized to take upon herself

the administration of such estate, according to law.

WITNESS, my hand and the seal of said Court, this 14th day

of September 19 82

re # 22-57-35

FILED

Edward A. Lukawski

Clerk of the Superior Court of Lake County

Feb. 26, 1987

Anna M. Anton Auditor LAKE COUNTY

By Jacqueline Martin Deputy

1137

NOTICE OF ADMINISTRATION

In the matter of the Estate of
JOHN A. CODESPOTI

Deceased

No. GE 82-233

In the SUPERIOR Court, of Lake County, GARY, Indiana.

Notice is hereby given that PATRICIA M. CODESPOTI

was on the _____ day of _____, 19____

Appointed:

(a) Executor of the will of JOHN A. CODESPOTI deceased.

(b) Administrator with the will annexed of the estate of _____

_____ deceased.

(c) Administrator of the estate of _____

All persons having claims against said estate, whether or not now due, must file the same in said court within ^{FIVE(5)}~~six~~ months from the date of the first publication of this notice or said claims will be forever barred.

Dated at Gary, Indiana, this 14th day of Sept, 1982

Me # 22-57-35

Edward A. Lupański

Clerk of the Lake Superior Court

NOTE TO PUBLISHER: To be published once each week for three consecutive weeks and a copy of said notice with proof of publication shall be filed by the Clerk. 1498

Jacqueline Martin
 Deputy

FILED

Feb 26, 1987
 Anna M. Anton
 AUDITOR LAKE COUNTY