


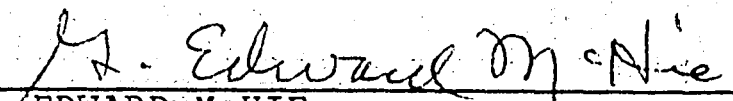
7. That your affiant makes this Affidavit for the purpose of clearing title to the following-described real estate located in Lake County, Indiana, to-wit:.

Lot No. Forty-four (44) as marked laid down on the recorded plat of Kopelke Acres in Lake County, Indiana as the same appears of record in Plat Book 24, page 48, in the Recorder's Office of Lake County, Indiana.

AND FURTHER YOUR AFFIANT SAITH NOT.


LINDA C. ELIZONDO

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public this 9th day
of July, 1988.


G. EDWARD MCHIE
Notary Public
Resident of Lake County

My Commission Expires:

April 11, 1990

This instrument prepared by: G. EDWARD MCHIE, Attorney at Law
53 Muenich Court
Hammond, IN 46320

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

Flow for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
K _____
L _____
M _____
N _____
O _____
P _____
Q _____
R _____
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T _____
U _____
V _____
W _____
X _____
Y _____
Z _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

VET 11-23-87 MV

Local No. 3240-87

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

EMBALMER'S NAME: LAWRENCE MILLER
FUNDAL DIRECTOR'S SIGNATURE: *Lawrence Miller*
LICENSE No. EDE 1006015
FUNDAL DIRECTOR'S LICENSE No. EDE 1006015
FUNDAL HOME NO. NDH 3003035

TYPE OR PRINT
IN PERMANENT
INK FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| DECEASED—NAME 1. MARTIN JOSEPH SEIFRIG | | | SEX 2. MALE | DATE OF DEATH (MONTH, DAY, YEAR) 3. NOV. 22, 1987 |
| RACE—(If White, Black, American Indian, etc.) (Specify) 4. WHITE | AGE—Last Birthday (Yrs.) 5a. 66 | UNDER 1 YEAR MOE. DAYS | UNDER 1 DAY HOURS MINS. | DATE OF BIRTH (Mo., Day, Yr.) NOV. 7, 1921 |
| CITY, TOWN OR LOCATION OF DEATH 7a. GRIFFITH | | HOSPITAL OR OTHER INSTITUTION—(Name if not in either, give street and number) 7b. 5003 CALHOUN ST. | | IF HOSP. OR INST. Indicate DOA, OP, Tumor, etc., important (Specify) 7d. |
| STATE OF BIRTH (If not in U.S.A. name country) 8. INDIANA | CITIZEN OF WHAT COUNTRY 9. USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. WIDOWED | SURVIVING SPOUSE (If wife, give maiden name) 11. | |
| SOCIAL SECURITY NUMBER 12. 314-16-5765 | | USUAL OCCUPATION (Give kind of work done during most of working life, past 5 years) 13a. CARPENTER | KIND OF BUSINESS OR INDUSTRY 13b. BRANT CONSTRUCTION | |
| RESIDENCE—STATE 15a. INDIANA | COUNTY 15b. LAKE | CITY, TOWN OR LOCATION 15c. GRIFFITH | | IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| STREET AND NUMBER 16a. 5003 CALHOUN ST. | | IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16b. YES <input type="checkbox"/> NO <input type="checkbox"/> | | INSIDE CITY LIMITS (SPECIFY YES OR NO) 16c. NO |
| FATHER—NAME FIRST MIDDLE LAST 18. PHILLIP SEIFRIG | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. FLORENCE CASSIDY | | |
| INFORMANT—NAME RELATIONSHIP 18a. LINDA ELIZONDO DAUGHTER | MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 4433 BUCHANAN ST. GARY, IND. 46408 | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL | CEMETERY OR CREMATORY—FUNERAL HOME 19b. ELMWOOD CEMETERY | | LOCATION CITY OR TOWN STATE 19c. HAMMOND, IND. | |
| DATE (MONTH, DAY, YEAR) 20a. NOV. 25, 1987 | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. FAGEN-MILLER FUNERAL GARDENS, INC. HIGHLAND, IND. | | | |
| On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the immediate cause: 21a. Signature: <i>Daniel D. Thomas, M.D.</i> NAME AND ADDRESS OF CERTIFIER (If not a Print) 21b. DANIEL D. THOMAS, M.D., 2293 N. MAIN STREET, CROWN POINT, INDIANA 46307 | | DATE SIGNED (Mo., Day, Yr.) 21c. 11-25-87 | HOUR OF DEATH 21d. M | |
| HEALTH OFFICER—SIGNATURE 22a. <i>Carl Johnson</i> | | DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. NOVEMBER 25, 87 | | |
| IMMEDIATE CAUSE 23. (a) VASCULAR COLLAPSE DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO ARTERIOSCLEROTIC HEART AND VASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF: (c) | | Interval between onset and death UNDETERMINED | | |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II PAST MEDICAL HISTORY OF EMPHYSEMA AND DIABETES | | AUTOPSY (Specify Yes or No) 24. NO | | |
| ACC., SUICIDE, HOM., 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) 26a. | | PLACE OF INJURY—(At home, farm, street, factory, office building, etc.) (Specify) 26b. | LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26c. | |