

91055346

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Duerr Dugan 8959 Broadway
Merr. In 46410

FILED

OCT 31 1991
OCT 31 1991

Robert M. Dugan
AUDITOR LAKE COUNTY

AFFIDAVIT

Comes now KRISTINA BREWER GOLUMBECK and being duly sworn upon her oath states as follows:

1. That she is the daughter of LESLIE J. GOLUMBECK AND CHARLINE GOLUMBECK.

2. That KRISTINA BREWER GOLUMBECK was born on the 8th day of March, 1961.

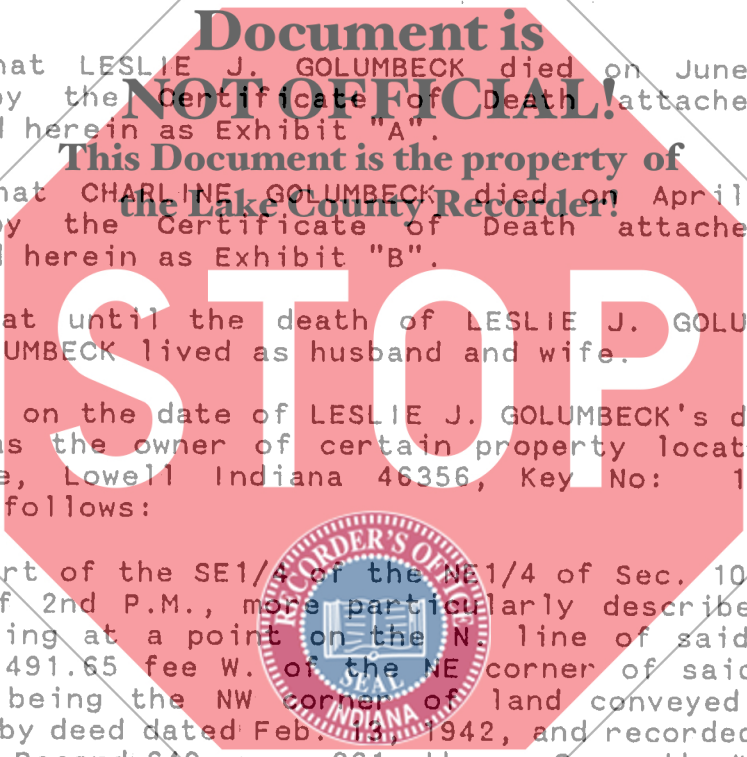
3. That LESLIE J. GOLUMBECK died on June 12, 1991, as evidenced by the Certificate of Death attached hereto and incorporated herein as Exhibit "A".

4. That CHARLINE GOLUMBECK died on April 29, 1991 as evidenced by the Certificate of Death attached hereto and incorporated herein as Exhibit "B".

5. That until the death of LESLIE J. GOLUMBECK, he and CHARLINE GOLUMBECK lived as husband and wife.

6. That on the date of LESLIE J. GOLUMBECK's death, CHARLINE GOLUMBECK was the owner of certain property located at 8215 W. 159th Avenue, Lowell Indiana 46356, Key No: 10-01-0058-0029 decribed as follows:

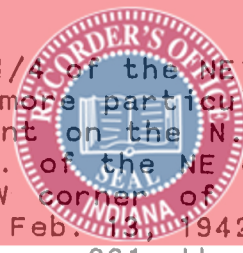
That part of the SE1/4 of the NE1/4 of Sec. 10, Twp. 33N, R. 9 W. of 2nd P.M., more particularly described as follows: Commencing at a point on the N. line of said SE1/4 of the NE1/4, 491.65 fee W. of the NE corner of said SE1/4 of the NE1/4, being the NW corner of land conveyed to Myrtle M. Meyers by deed dated Feb. 13, 1942, and recorded Feb. 17, 1942 in Deed Record 649, page 261, thence S. on the W. line of said Myrtle M. Meyers' land, a distance of 1329.04 feet to S. line of said 1/41/4 Sec., thence W. of said S. line a distance of 420.57 feet, more or less, to the SE corner of the land conveyed to Thomas G. Braun and wife, Barbara J., by deed dated Mar. 15, 1966 and recorded Apr. 14, 1966 in Deed Record 1316 page 362, thence N. along the E. line of said Braun's land, to the SW corner of the land conveyed to Themistoklis Metevelis and wife, Thelma Mae, by deed dated April 10, 1967 and recorded April 17, 1967 in Deed Record 1343, page 493, thence E. 200 feet along the S. line of said Metevelis' land to the SE corner of said Metevelis' land, thence N. along the E. line of said Metevelis' land to the N. line of said SE1/4 of the NE1/4, thence E. along said N. line to the place of beginning in Lake County, IN.



ROBERT M. DUGAN
AUDITOR LAKE COUNTY

Rec'd 1 57 PM '91

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



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1200/3

7. That the gross value of the estate of the decedent, LESLIE J. GOLUMBECK as determined for the purpose of federal taxes, was less than the value required for the filing and the decedent's estate was not subject to federal estate tax, and insurance inheritance tax.

FURTHER AFFIANT SAYETH NOT.

Kristina Brewer Golumbeck
KRISTINA BREWER GOLUMBECK

STATE OF INDIANA)

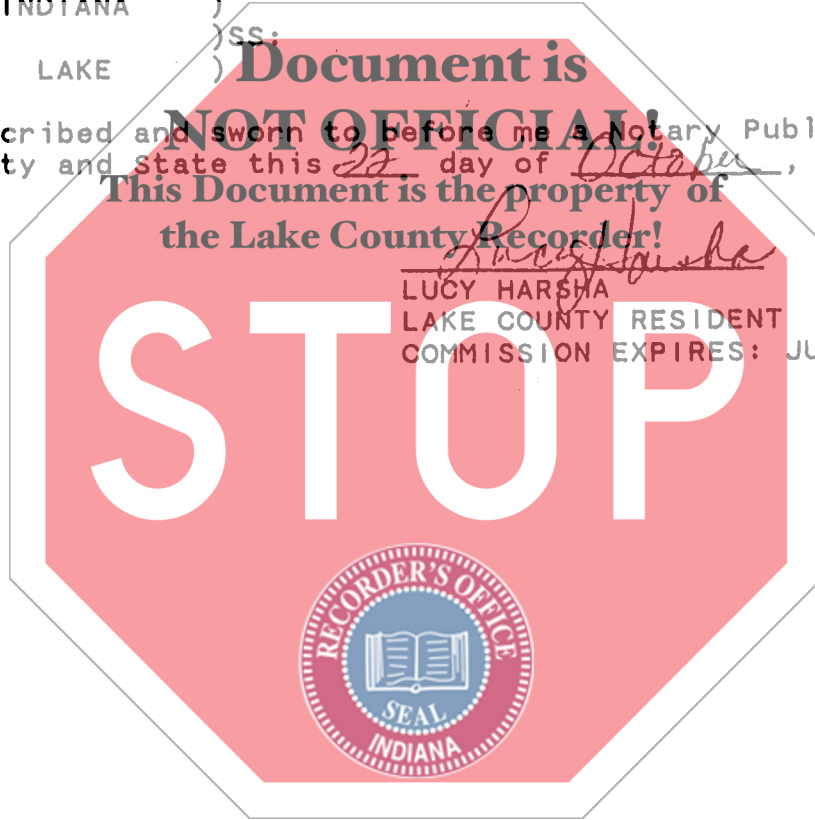
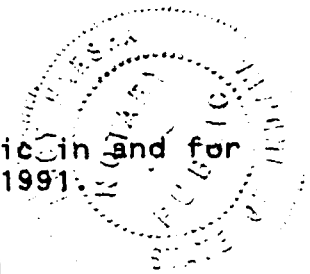
COUNTY OF LAKE)

SS:

Subscribed and sworn to before me a Notary Public in and for said County and State this 27 day of October, 1991.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Lucy Harsha
LUCY HARSHA
LAKE COUNTY RESIDENT
COMMISSION EXPIRES: JUNE 12, 1994



INDIANA STATE BOARD OF HEALTH

Local No. 0072-91.....

CERTIFICATE OF DEATH

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

CORONER
OFFICER ONLY

1 DECEASED—NAME (First Middle Last) Charline M. Columbeck				2 SEX Female	3a TIME OF DEATH 8:34 P M	3b DATE OF DEATH (Month Day Yr) April 29, 1991				
4 SOCIAL SECURITY NUMBER 315-28-6044		5a AGE—Last Birthday (Years) 63	5b UNDER 1 YEAR Mornings Days Hours Minutes	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day, Yr) April 20, 1928		7 BIRTH-PLACE (City and State or Foreign Country) Whiting, Indiana			
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence								
9b FACILITY NAME (If not institution, give street and number) St Anthonys Hospital				9c CITY, TOWN OR LOCATION OF DEATH Crown Point		9d COUNTY OF DEATH Lake				
10 MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Own Home				
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c. CITY, TOWN OR LOCATION Lowell		13d STREET AND NUMBER 8215 W. 159th				
13a ZIP CODE 46356	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) N/A College (1-4 or 5 +)			
18 FATHER'S NAME (First Middle, Last) Charles Halliar				19 MOTHER'S NAME (First Middle, Maiden Surname) Helen Mae Molle						
20a INFORMANT'S NAME (Type/Print) Kristina Brewer				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8215 W. 159th Lowell, Indiana 46356		20c Relationship Daughter				
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 3, 1991 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Schererville, Indiana						
22a EMBALMER'S NAME William A. Sheets		22b EMBALMER'S LICENSE NO. FDO1053460		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDO1053460		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home FD83004277 604 E. Comm. Ave. Lowell, In. 46356						
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Adenocarcinoma of Unknown DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last a. _____ b. _____ c. _____ d. _____							APPROXIMATE PERCENTAGE OF THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. OCT 15 1991			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					26 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		27a WAS AN AUTOPSY PERFORMED? (Yes or no) No		27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DEATH? (Yes or no) No	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated										
29b SIGNATURE AND TITLE OF CERTIFIER R. S. Drasga					29c. MEDICAL LICENSE NO. 01031484		29d DATE SIGNED (Month Day, Year) May 3, 1991			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Ray E. Drasga MD 8127 Merrillville Road Merrillville, Indiana 46410										
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>						32 DATE FILED (Month Day, Year) <i>May 3, 1991</i>				
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED		
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)					34f LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g DATE PRONOUNCED DEAD (Month Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.						

