4468 4565667D

Marvin Silverman, Atty
P.O. Box 2116
620 W. Chicago Ave.
E. Chgo, IN 46312

92005134

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

PAUL OTTE, upon his oath deposes and says:

1. That there will be no administration of the Estate of CINDY OTTE, who died on February 12, 1989.

2. That at the time of the death of CINDY OTTE, your Affiant, PAUL OTTE, and CINDY OTTE were owners of a parcel of real estate as tenants by the entireties, said parcel of real estate being more particularly described as:

Key # 34-67-1

Lot 1, Block 5, resubdivision Helberg's Oak Ridge Addition to Hammond, as shown in Plat Book 3, page 23, in Lake County, Indiana. Commonly known as 1174 Summer Street, Hammond, Indiana.

3. Your Affiant further states that there is no Federal or Indiana State Inheritance Tax due by virtue of the death of CINDY OTTE.

4. Your Affiant further states that this Affiant and CINDY OTTE were husband and wife from the time they acquired said real estate and remained husband and wife until the death of CINDY OTTE on February 12, 1989.

5. The Affiant is making this Affidavit for the purpose of inducing the County Auditor to delete the name of CINDY OTTE as an owner of the above-described real estate.

Further your Affiant sayeth not.

PAUL OTTE, Affiant

SUBSCRIBED AND SWORN to before me a Notary Public for the State of Indiana this 15th day of January, 1992.

My Commission Expires:
August 5, 1995

MARVIN E. SILVERMAN,
Notary Public, Resident of
Lake County, Indiana

THIS INSTRUMENT PREPARED BY: MARVIN E. SILVERMAN, Attorney at Law, (#334-45), 620 West Chicago Avenue, P. O. Box 2116, East Chicago, Indiana, 46312

FILED

JAN 23 1992

Anna N. Astor
AUDITOR LAKE COUNTY

01031

6:00 PM 200 One

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
92 JAN 17 PM 1:07

12 cc's

INDIANA STATE BOARD OF HEALTH

Local No. 286-89

CERTIFICATE OF DEATH

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME	FIRST	MIDDLE	LAST	2 SEX	3 DATE OF DEATH (Mo. Day Yr.)
	CYNTHIA	A.	OTTE	FEMALE	FEBRUARY 12, 1989

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months / Days	5c UNDER 1 DAY Hours / Minutes	6 DATE OF BIRTH (Month Day Year)	7 BIRTHPLACE (City and State or Foreign Country)
191-44-9796	35			MAR. 26, 1953	PITTSBURGH, PENN.

8 YEAR LAST SERVED IN U.S. ARMED FORCES? NO

9a PLACE OF DEATH (Check only one See instructions) HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b FACILITY NAME (If not institution give street and number)	9c CITY TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
METHODIST HOSPITAL SOUTHLAKE CAMPUS	MERRILLVILLE	LAKE

10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify)	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)	12b KIND OF BUSINESS/INDUSTRY
MARRIED	PAUL A. OTTE	ADMINISTRATIVE ASST.	C.F.C. INTERNATIONAL

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
INDIANA	LAKE	CROWN POINT	12027 BLAINE STREET

13e INSIDE CITY LIMITS? (Yes or no)	13f FARM	13g ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban Mexican Puerto Rican etc) ☒ No ☐ Yes Specify	15 RACE—American Indian Black White etc (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
YES	NO	46307		WHITE	12 / 3

PARENTS

17 FATHER'S NAME (First Middle Last)	18 MOTHER'S NAME (First Middle Maiden Surname)
ROBERT C. MILLER	DOLORES J. KNOLL

INFORMANT

19a INFORMANT'S NAME (Type/Print)	19b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)	19c Relationship
PAUL A. OTTE	12027 BLAINE ST. CROWN POINT, IN 46307	HUSBAND

DISPOSITION

20a METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place)	20c LOCATION—City or Town State
	N.W. IN CREMATION SERVICE FEBRUARY 14, 1989	CROWN POINT, IN

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER (of Licensee)	22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Terrence P. Burns	1013890	BURNS FUNERAL HOME FDH: 8600018 10101 BROADWAY CROWN POINT, IN 46307

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a To the best of my knowledge, death occurred at the time, date, and place stated Signature and Title	23b LICENSE NUMBER	23c DATE SIGNED (Month, Day, Year)
	01025744	2-15-89

24 TIME OF DEATH	25 DATE PRONOUNCED DEAD (Month, Day, Year)	26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)
12:15 P.M.	FEBRUARY 12, 1989	NO

CAUSE OF DEATH

SEE INSTRUCTIONS

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. INTRACEREBRAL BLEEDING	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. HYPERTENSION	
	DUE TO (OR AS A CONSEQUENCE OF): c. TOXEMIA OF PREGNANCY	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	

SEE INSTRUCTIONS

CERTIFIER

29a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place stated, due to the cause(s) and manner as stated.

☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER FOR LAKE COUNTY 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	29c LICENSE NUMBER	29d DATE SIGNED (Month, Day, Year)
	01025744	2-15-89

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)

DR. K.V. PILLAY 521 EAST 86TH AVENUE MERRILLVILLE, INDIANA 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE

32. DATE FILED (Month, Day, Year) Feb 15, 89

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

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)

01032

SBH06-004 State Form 10110 Rev 10/87 DEATH/PD 1