92020361

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

DECEASED JOINT TENANTNS AFFIDAVIT

William Steven Goyette, being deposed upon his oath, states as follows:

1. That he is the son of Dorothy S. Goyette a/k/a Dorothy Goyette.

2. That Dorothy S. Goyette a/k/a Dorothy Goyette, was one-half owner of property located in Lake County, Indiana, commonly known as 6634 Henry Avenue, Hammond, Indiana, and legally described as follows:

Key #: 34-117-35

Lot 32 and the South 1/2 of Lot 33 in Block 12 in Hoffman's Third Addition to Hammond, as shown in Plat Book 1, Page 99 in Lake County, Indiana.

3. That at the time of her demise, she was duly married to George Alexander Goyette.

4. That Dorothy S. Goyette a/k/a Dorothy Goyette, died on August 17, 1991, at 8:10 a.m. at Lake County, Indiana.

5. That hereto attached and incorporated by reference

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STATE OF INDIANA/S.S.NO. LAKE COUNTY FILED FOR RECORD
APR 3 9 34 AM '92
ROBERT ... RECORDER

FILED
APR 2 1992
Anna M. Anton
AUDITOR LAKE COUNTY

DAVID SAKS
6936 Indianapolis Blvd.
Hammond, IN 46324
(219) 844-4880

00041

herein is a copy of the certificate of death for Dorothy S. Goyette.

WILLIAM STEPHEN GOYETTE

STATE OF Iowa)
)SS: 305-62-3010
COUNTY OF Scott)

19th Subscribed and sworn to before me a Notary Public this day of September, 1991.

NOTARY PUBLIC

My Commission Expires
2/25/94
Resident of

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THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Aug 20, 1991 — Date Issued

Franklin D. Dremuda M.D. — Hammond Health Commissioner

Local No. 639

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	DOROTHY S. GOYETTE
2. Sex	Female
3a. Time of Death	8:10 AM
3b. Date of Death (Month, Day, Yr)	August 17, 1991
4. Social Security Number	229-24-0264
5a. Age—Last Birthday (Years)	66
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth (Mo, Day, Yr)	June 20, 1925
7. Birthplace (City and State or Foreign Country)	Pearisburg, Virginia
8a. Was decedent a U.S. veteran?	No
8b. Year last served in U.S. Armed Forces?	—
9a. Place of Death	Hospital: [X] Inpatient [ ] ER/Outpatient [ ] DOA; Other: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. Facility Name	St. Margaret Hospital
9c. City, Town, or Location of Death	Hammond
9d. County of Death	Lake
10. Marital Status	Married
11. Surviving Spouse (If wife, give maiden name)	George Goyette
12a. Decedent's Usual Occupation	Meat Wrapper
12b. Kind of Business/Industry	Food Store
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town or Location	Hammond
13d. Street and Number	4634 Henry Avenue
13e. Zip Code	46327
13f. Inside City Limits	[ ] No [X] Yes
13g. On a Farm?	[X] No [ ] Yes
14. Citizen of What Country?	U.S.A.
15. Was decedent of Hispanic origin?	[X] No [ ] Yes
16. Race	White
17. Decedent's Education (Elementary/Secondary 0-12; College 1-4 or 5+)	11

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	William Stump
19. Mother's Name (First, Middle, Maiden Surname)	Pearlina Gordon

INFORMANT

Field	Entry
20a. Informant's Name	George Goyette
20b. Mailing Address	3103 Orchard Ave., Davenport, Iowa 52802
20c. Relationship	Husband

DISPOSITION

Field	Entry
21a. Method of Disposition	[X] Burial [ ] Cremation [ ] Donation [ ] Other [ ] Entombment [ ] Removal from State
21b. Date and Place of Disposition	August 20, 1991 Chapel Lawn Memorial Gardens
21c. Location—City or Town, State	Schererville, Indiana
22a. Embalmer's Name	Keith D. Anthony
22b. Embalmer's License No.	01011911
23. Was death reported to coroner?	[X] No [ ] Yes
24a. Signature of Funeral Director	Keith D. Anthony
24b. License Number (of Licensee)	01011911
25. Name, Address, and License Number of Funeral Home	Anthony & Dziadowicz F.H. 83002835, 4404 Cameron Avenue, Hammond, IN. 46327

CAUSE OF DEATH

26. 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.

- a. Immediate cause: Metastatic adenocarcinoma to brain
- b. Due to (or as a consequence of): Adenocarcinoma of lung
- c. Due to (or as a consequence of):
- d.

PART II — Other significant conditions: Pneumonia Septicemia

27. Was decedent pregnant or 90 days postpartum?	28a. Was an autopsy performed?	28b. Were autopsy findings available prior to completion of cause of death?
No	No	—

CERTIFIER

29a. Certifier: [X] Certifying Physician — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. [ ] Health Officer [ ] Coroner

29b. Signature and Title of Certifier	29c. Medical License No.	29d. Date Signed
John C. Mason MD	01017753	August 19, 1991

30. Name and Address of Person who Completed Cause of Death (Item 26): J. C. Mason, M.D., 7905 Calumet Avenue, Munster, Indiana 46321

HEALTH OFFICER

31. Health Officer's Signature: Franklin D. Dremuda M.D. — FILED

32. Date Filed: August 20, 1991

CORONER USE ONLY

33. Manner of Death: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined

APR 2 1992 — AUDITOR LAKE COUNTY

34a. Date of Injury: | 34b. Time of Injury: | 34c. Injury at Work?: | 34d. Describe How Injury Occurred:

34e. Place of Injury: | 34f. Location:

34g. Date Pronounced Dead: | 34h. Motor Vehicle Accident?:

41A

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

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