92035876

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

CAROL KLAVITER, being first duly sworn upon her oath, states:

1. That she resides at 1804 Bluebird Lane in Munster, Lake County, Indiana.

2. That she is the surviving widow of Raymond C. Klaviter, who died a resident of Munster, Lake County, Indiana on December 7, 1991.

3. That she is the surviving and exclusive owner of the following parcel of Real property, which is located at 1804 Bluebird Lane in Munster, Lake County, Indiana and legally described as: KEY 28-282-2

Lot 2, Fairmeadow Sixth Addition, Block 2, to the Town of Munster, as shown in Plat Book 39, Page 27, Lake County, Indiana

4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Raymond C. Klaviter.

Carol Klaviter
CAROL KLAVITER

SUBSCRIBED and SWORN to before me, a Notary Public, this 15th day of May, 1992.

K. M. Wilk

My Commission Expires: February 5, 1995
County of Residence : Lake

This Document Prepared By: Kenneth M. Wilk, Attorney at Law, 3235 - 45th Street, Highland, IN

FILED

MAY 29 1992

Linda N. Anton
AUDITOR LAKE COUNTY

JUN 4 11 15 AM '92
RECORDER HIGHLAND

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

8.00 cc

017256

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

Dec 18 1991 — Franklin D. Jemudas M.D.
Date Issued — Hammond Health Commissioner

Local No. 1010

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First Middle Last): Raymond C. Klaviter
2. SEX: Male
3a. TIME OF DEATH: 8:30 a.m.
3b. DATE OF DEATH (Month Day Yr): December 7, 1991
4. SOCIAL SECURITY NUMBER: 338-32-2240
5a. AGE—Last Birthday (Years): 52
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo Day Yr): November 23, 1939
7. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
8a. WAS DECEDENT A US VETERAN?: No
8b. YEAR LAST SERVED IN US ARMED FORCES?: ----
9a. PLACE OF DEATH (Check only one See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): St. Margaret Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Carol Sims
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Parts Manager
12b. KIND OF BUSINESS/INDUSTRY: Automotive
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Munster
13d. STREET AND NUMBER: 1804 Bluebird Drive
13e. ZIP CODE: 46321
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 (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): ; College (1-4 or 5+): 4 Yrs

PARENTS

18. FATHER'S NAME (First, Middle, Last): Raymond F. Klaviter
19. MOTHER'S NAME (First, Middle, Maiden Surname): Irene Wietecki

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Carol Klaviter
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1804 Bluebird Dr. Munster, Ind. 46321
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Entombment [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): December 10, 1991 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: James Porras
22b. EMBALMER'S LICENSE NO: 1045964
23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: James Porras
24b. LICENSE NUMBER (of Licensee): 1045964
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Home #3002819, 8415 Calumet Ave, Munster, Indiana 46321

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a.	Widely Metastatic Colon Cancer	1 1/2 years
DUE TO (OR AS A CONSEQUENCE OF): b.		
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one):
[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 — 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
[ ] 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: Franklin D. Jemudas M.D.
29c. MEDICAL LICENSE NO: 36259
29d. DATE SIGNED (Month, Day, Year): December 10, 1991

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. J. Gleaton 7905 Calumet Avenue Munster, Indiana 46321
31. HEALTH OFFICER'S SIGNATURE: Franklin D. Jemudas M.D.
32. DATE FILED (Month, Day, Year): December 11, 1991

CORONER USE ONLY

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY Ooccurred:
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.:

FILED
MAY 29 1992
Anna M. Antone
AUDITOR LAKE COUNTY

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