

*Sarkisian + Ostoye*  
6165 Central  
Portage, IN  
46368

92054617

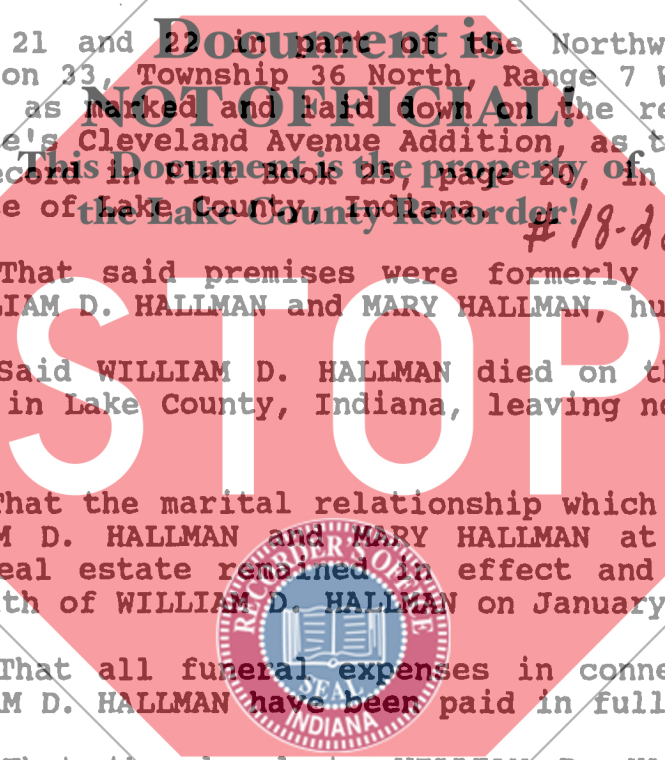
STATE OF INDIANA )  
                          ) SS:  
COUNTY OF PORTER )

**SURVIVORSHIP AFFIDAVIT**

Comes now MARY HALLMAN, who being duly sworn upon oath, deposes and says:

- 1. That affiant resides at the address given below affiant's signature;
- 2. That affiant is the fee simple owner of the following described real estate:

Lots 21 and 22 in part of the Northwest quarter of Section 33, Township 36 North, Range 7 West of the 2nd P.M., as marked and laid down on the recorded plat of McAfee's Cleveland Avenue Addition, as the same appears of record in Plat Book 25, page 20, in the Recorder's Office of Lake County, Indiana.



- 3. That said premises were formerly owned as joint tenants by WILLIAM D. HALLMAN and MARY HALLMAN, husband and wife;
- 4. Said WILLIAM D. HALLMAN died on the 10th day of January, 1992, in Lake County, Indiana, leaving no Last Will and Testament;
- 5. That the marital relationship which existed by and between WILLIAM D. HALLMAN and MARY HALLMAN at the time they acquired the real estate remained in effect and unbroken until the date of death of WILLIAM D. HALLMAN on January 10, 1992;
- 6. That all funeral expenses in connection with the death of WILLIAM D. HALLMAN have been paid in full;
- 7. That the decedent, WILLIAM D. HALLMAN, left no estate or inheritance tax liability by reason of his death;
- 8. That the affiant's relationship to the deceased was that of surviving spouse;
- 9. That the foregoing representations are true and correct to the best of this affiant's knowledge, information, and belief.

Dated this 11<sup>th</sup> day of August, 1992.

**FILED**

AUG 25 1992

*Mary Hallman*  
MARY HALLMAN, Affiant

*Anna M. Patton*  
AUDITOR LAKE COUNTY

ROBERT J. REED AND  
RECORDER

AUG 27 10:16 AM '92

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

1000  
1000  
1000

Subscribed and sworn to before me, a Notary Public,  
this 11<sup>th</sup> day of August, 1992.

  
FRANCES A. RANGER, Notary Public

My Commission Expires: 2/19/92  
County of Residence: Porter County, IN

THIS INSTRUMENT PREPARED BY: DANIEL OSTOJIC  
SARKISIAN & OSTOJIC, P.C.  
Attorneys at Law  
6165 Central Avenue  
Portage, IN 46368  
Telephone: (219) 762-7718

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This Document is the property of  
the Lake County Recorder!



INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

Local No. 0067-92

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

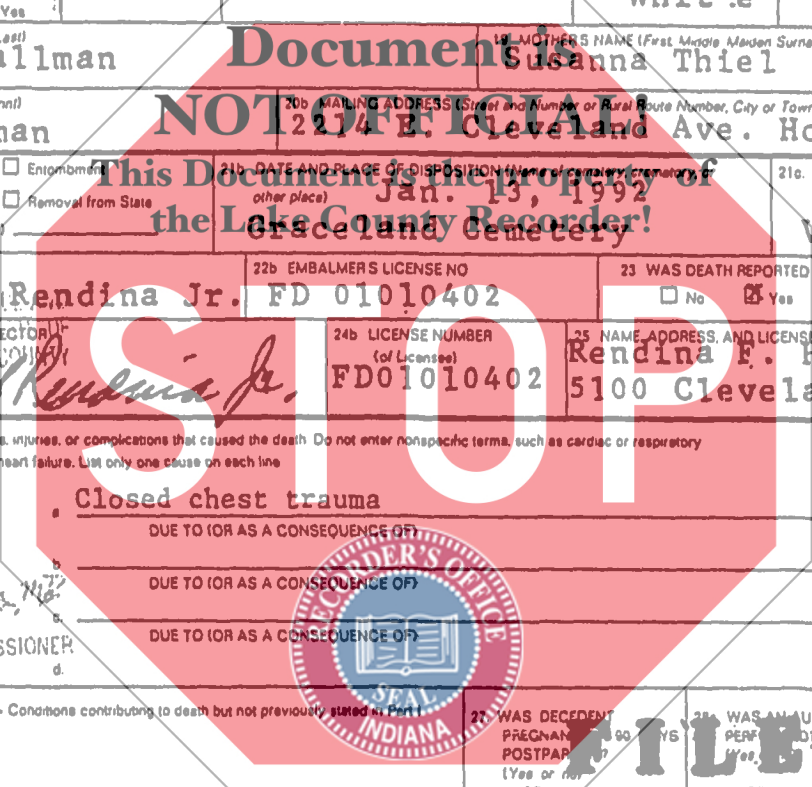
CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

CORONER  
USE ONLY

1 DECEASED—NAME (First Middle Last) <b>William D. Hallman</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>11:13<sup>a</sup></b>	3b DATE OF DEATH (Month Day Yr) <b>January 10, 1992</b>
4 SOCIAL SECURITY NUMBER <b>313-07-6263</b>	5a AGE—Last Birthday (Years) <b>77</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>March 28, 1914</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Salem, Ohio</b>	8a WAS DECEDENT A US VETERAN? <b>No</b>			
8b YEAR LAST SERVED IN US ARMED FORCES?		9a PLACE OF DEATH (Check only one See instructions)		
9b FACILITY NAME (If not institution give street and number) <b>St. Mary's Medical Center</b>		9c CITY TOWN OR LOCATION OF DEATH <b>Hobart</b>		9d COUNTY OF DEATH <b>Lake</b>
10 MARITAL STATUS <b>Married</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>Mary Lawrosky</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Retired Supervisor</b>		12b KIND OF BUSINESS/INDUSTRY <b>National Tube Co.</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY TOWN OR LOCATION <b>Hobart</b>		13d STREET AND NUMBER <b>2214 E. Cleveland Ave.</b>
13e ZIP CODE <b>46342</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		18 FATHER'S NAME (First Middle Last) <b>Daniel Hallman</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Isabella Thiel</b>		20a INFORMANT'S NAME (Type/Print) <b>Mary Hallman</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2214 E. Cleveland Ave. Hobart In</b>		20c Relationship <b>Wife</b>		
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 (If not crematory, cemetery, or other place) <b>Jan. 13, 1992 Grace Lunda Cemetery</b>		21c LOCATION—City or Town, State <b>Valparaiso, Ind.</b>
22a EMBALMER'S NAME <b>Anthony S. Rendina Jr.</b>		22b EMBALMER'S LICENSE NO. <b>FD 01010402</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24 SIGNATURE OF EMBALMER (If not with the Lake County Health Officer) <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) <b>FD01010402</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rendina F. Home FH 83007819 5100 Cleveland Gary, In 46408</b>	
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. <b>AUG 10 1992</b> <b>Closed chest trauma</b>		Approximate Interval Between Onset and Death <b>Unknown</b>		
26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27 WAS DECEDENT PREGNANT POSTPARTUM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
28 WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>		
29a CERTIFIER (Check only one) <input 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 checked="" 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.		AUG 25 1992		
29b SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas, M.D.</i>		29c MEDICAL LICENSE NUMBER <b>Number 61200000</b>	29d DATE SIGNED (Month, Day, Year) <b>January 13, 1992</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) <b>Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307</b>		31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>		
31 HEALTH OFFICER'S SIGNATURE		32 DATE FILED (Month, Day, Year) <b>January 13, 1992</b>		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) <b>Jan 10, 1991</b>	34b TIME OF INJURY <b>Unknown</b>	34c INJURY AT WORK? (Yes or no) <b>No</b>
34d DESCRIBE HOW INJURY OCCURRED <b>Automobile/Truck Accident</b>		34e PLACE OF INJURY—At home farm street, factory, office building, etc (Specify) <b>Street</b>		
34f LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>700 N 1/2 Mile E of County Line Road, Hobart, Indiana</b>		34g DATE PRONOUNCED DEAD (Month, Day, Year) <b>January 10, 1992</b>		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>Yes</b>		34i DRIVER <b>Driver</b>		



#18-301-21072  
 THIS COPY OF DEATH CERTIFICATE IS A PUBLIC RECORD  
 MCL 33-2-10  
 MCL 33-2-10  
 MCL 33-2-10

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