STATE OF INDIANA)
COUNTY OF LAKE)
Anna Kish , being firs Cduly sworn upon oath, deposes and says:
Anna Kish , being firs Cduly ,
sworn upon oath, deposes and says:
1. That Affiant's spouse, Stephen Kish died (withouxxiexxiexxxxxxxx) (leaving a will) on April 19 = 3
19 93 at Hammond, Indiana
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot No. One (1) and Lot No. two (2) in Block No. five (5), as marked and laid down on the recorded plat of E.H. Lewis' Grand Park Subdivision, in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 24, page 78 in the Recorder's Office of Lake County Indiana. Address: 7206 Grand Ave. Hammond, Indiana 46323 3. That the marital relationship which existed between them at the time they acquired to the fail real estate remained in effect and unbroken until the date of (his) (her) death. This Document is the property of 4. That all funeral expanses in connection with the death of said decedent have been paid in full. 5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.
Further affiant sayeth not. WOER'S

Anna Kish Subscribed and sworn to before me, a Notary Public, this "OFFICIAL SEAL"

WARREN LEE NEWELL, JR. Notary Public, State of Illinois My Commission Expires Jan. 8, 1995 Notary Public

Му	Commission	expires:
	1/8/95	

day of April

FILED

County of Residence: Cook

MAY 2 0 1993

auxa n. antone

This Instrument prepared by W. Lee Newell Jr.

77 134 Pulashi Rd

Calcinif City DC 60409

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

TYPE/PRINT Stephen C. Substituted Su	e con in a standing	34	ج	IN	DIANA S	TATE	DEPA	RTM	ENT C)F HEA			`.	A 24 . A 24	eneria En remarke (M	
TYPE/PRINT IN SECRET CONCRIT TOWNS IN A STATE OF THE PRINT AND THE SECRET CONCRIT TOWNS IN A STATE OF THE SECRET CONCRIT TOWN IN A STATE OF T	Local No	۱۲۰ ک		••••	(CERTI	FICATE	OF I	DËATH	l				nond Hual	th Commissioner:	
PERMANENT SOCIAL SECURITY PROBES STATE AND ADDRESS STATE AND	TYPE/PRINT	1A &						١.			1.	I.				
PERMANENT SIGNOCOLOGIA TO CONTROL							NEG L VEAR L			· C						
DECEDENT Secretary Secret		306-01-6528		(Years) 78		Months Days ! Hours		Hours	Minutes JUL 25.		1914	. Chi	hicago, Indiana			
DECEDENT 1945		A US VETER	INT NNT	US AR	MED FORCES?	HOSPITAL	L Inpetion		<u></u>							
DECEDENT 7206 Grand Avenue 10 Martined Anna Cope a 10 Martined 10		Yes		1945		☐ ER/Outpatient ☐ DO					<u> </u>					
Martined Anna Open Second Profession New Control	DECEDENT							<u>.</u>	1.70 好無分子之							
TOTALINA Lake Hammond Lake Hammond Table Grand Avenue Table Grand Avenue Table Copy (1987 Mode City) (1987 Lives) Hammond Hammond		10 MARITAL STATUS		(if wife give maiden name)			12a DECEDENT S USUAL OCCUPATION (Give him done during most of working his Do not use red Welder			Inland:Steel			USTRY			
PARENTS IN FORMANT IN FAIRBUS PARKER CONTRIBUTE CON				1	VTY	,		CATION		1	PK .					
PARENTS IN FORMANT IN A COMMAND A MANUEL (Type And Extension Company) IN A COMMAND A MANUEL (Type And Extension Company				1				E MEDANIC	ORICINI					CEDENT S EC	DUCATION	
PARENTS IN FORMANT IN STATES NAME VEYER MADE A LETS VINCENT SAME VEYER MADE AND VEY		130 ZIP CODE	134 INSIDE CI	TY LIMITS	. WHAT COUNTRY	n/	M No D Ye	e ill yes	specify Cub	an Black	White, etc		(Specify o	nly highest gr	ade completed	
PARENTS ITS PATHORS NAME Virus Modes Lists VINCORNANT NECORNANT NECORNANT		46222	130 ON A FAI	IM?	TICN /	Mai	sican, Puerto Nic	ent elc i	4		Ť		• •	ary (0-12) -	Conege (1:4 or 5 v)	
NFORMANT NEW MORMANT SHAME (Type) mod Anna Kish This Documental State (Type) mod Brain (Type) mod (Type) Brain (Type) mod (Type) Brain (Type) mod (Type) Brain (Type) mod (Type) The Canada (Type) mod (Type) mod (Type) The Canada (Type) mod (Type) mod (Type) The Canada (Type) mod (Type) mod (Type) The Canada (Type) mod (USM.		ocui	nei	19 MO						<u></u>	
INFORMANT Anna Kish In Method of Deposition Caleboard Careboard Carebo	PARENTS	. IS PAINERS N			NI	7	OF	Kish	CI	A Mary				Por	ngracz	
DISPOSITION DISPO	INFORMANT			/Print)	This D	ocu		addhess (Street and Na		, i = \(\frac{1}{2}\).			1 1	·	
DISPOSITION 23 EMBALMERS NAME George J. Johnson Part Standard S	•			Enlan		SIP BY	TE AND PLACE	OF DISPOS	ITION (Name	of communy. St	ematory, or	Sic FOC	ATION-C	ny or Town. S	lele	
DISPOSITION George J. Johnson FD08 900006 The Semanting of Pure Account of the Control of the		-				APR St.	72" 199 John C	93 emete	ry	i dei .		Hamm	ond,	India	1a:	
PART II Other rignificant condenses - Condenses consistent of the season and for extension and or extension and extension of extension and extension and extension of extension and ex	DISPOSITION	· [.s. :					1 22				St.					
PART II Date the dealess injures a complication that of seal the death he d		246 SIGNATURE OF FUNERAL DIRECTOR 246 SIGNATURE OF FUNERAL DIRECTOR 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 3002869 William 198														
CAUSE OF CEATH Conditions of any which gave rate of the control and control a			AN EA	13 73	4 herr	LPL.		-	<u>.</u>	1/027		y, Halli	mona,	IN 40		
CAUSE OF DEATH CAUSE (Final creating modesh) Condocone, if any which gave rise to the immediate course, relating the underlying cause last of the immediate course, relating the underlying cause last. PART II Other significant conductors - Condocons - Cond		28-FART I	Enter the dies	eses i <mark>njulias</mark> or heart failu	or complications that real List only one cause	on each line		ar honspecif	c terms, suct	as carque or re	espiratory Da. to 1				Interval Between	
CAUSE OF DEATH CAUSE OF DEATH CONDIGION: If any which gave rate to the immediate cause: staining the underlying course last PART II Other agnificant conditions. **Conditions considuring to geath but not previously course last PART II Other agnificant conditions. **Conditions considuring to geath but not previously course last PART II Other agnificant conditions. **Conditions considuring to geath but not previously course last PART II Other agnificant conditions. **Conditions considuring to geath but not previously course definitions. **PREVIOUALD TO MAKE CONSTORMS ON NO								e hea	mhead					U		
Concessor, a say which gave rate to the winnedstate cause. Stating the underlying cause last. PART II Other equilicant conditions. Conditions contributing to death but not previously submitted. PART II Other equilicant conditions. Conditions contributing to death but not previously submitted. PART II Other equilicant conditions. Conditions contributing to death but not previously submitted. PART II Other equilicant conditions. Conditions contributing to death but not previously submitted. PART II Other equilicant conditions. Conditions contributing to death but not previously submitted. PART II Other equilicant conditions. Conditions. Conditions contributing to death but not previously submitted. PART II Other equilicant conditions. Conditions. Conditions contributing to death but not previously submitted. PART II Other equilicant conditions. Conditi	t	disesse or condi	tion													
DUE TO COR AS A CONSTQUENCE OF PART IN Other eignificant conditions. Conditions contributing by death but not pre-movely state of the pre-movel of the p	CAUSE OF DEATH			1	DUE 10	A ZA ROL	CONSCOUENC	E OE)		N	AY 20	7993				
PART II Other significant conditions. Conditions contributing its death but not previously contributing its death of the cause of the cau		rise to the immed	liste cause.													
PART II Other significant conditions. Conditions contributing the death but not previously and the limit of the condition of CAUSE of PRECHANT OR 90 DAYS PRECHANTOR PRECHANT OR 90 DAYS PRECHANT OR 90 DAYS PRECHANT OR 90 DAYS P			lying		DUE TO	OR AS A	CONSEQUENC	(EOF)		1	. Im	1.7	4			
PRINCIPLE PRODUCTION OF CAUSE OF DOSTRAPTION? 29a CERTIFIER CERTIFVING PHYSICIAN To the best of my knowledge death occurred at the time date, and place and due to the cause(s) as stated (Check only only) Chilef 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 (Check only only) Chilef 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) and manner as stated 10							See IN	AUAU	Arris .	LINKS	/-//				TODON EIRIDINGS	
CERTIFIER CERTIFYENG PHYSICIAN To the best of my knowledge death occurred at the time date, and place and due to the cause(s) as stated		PART II Other	lignificant conditi	ons - Conditio	our countripring to des	th but not pr	evicually stated i	APPHILITING	PREC	DE RO THAM	DAYS PE	.PFQRME D7	PSY 21	BAJIAVA	LE PRIOR TO	
29a CERTIFIER		1			· ·						(Y		}			
CERTIFIER ICheck only Onlief MEALTH 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(a) and manner as stated Investigator 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(a) and manner as stated Investigator 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(a) and manner as stated Investigator CORONER 29c MEDICAL LICENSE NO 29d DATE SIGNED (Month, Day, Year) N/A April 21, 1993: 10 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)) William C. Huber, Chief Investigator, 2293 North Main St., Crown Point, Indiana 46307 32. DATE FILED (Month Day, Year) April 21 1993 13 MANNER OF DEATH 34d DATE OF INJURY 34d TIME OF INJURY 34d INJURY AT WORK? 34d DESCRIBE HOW INJURY OCCURRED 13 MANNER OF DEATH April 9,1993 Unknown No Gunshot Wound 14 PLACE OF INJURY—At home larm street factory, office 34f LOCATION (Street and Number or Parial Rouse Number, Cry or Town, Street) 15 Date of Taylor Occurred at the time date, and place and due to the cause(a) and manner as stated 29c MEDICAL LICENSE NO 29d DATE SIGNED (Month, Day, Year) N/A April 21, 1993: 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PE		}											<u> </u>	N	/A	
TINVESTIGATOR CORONER On the base 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 29c MEDICAL LICENSE NO N/A April 21, 1993: 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Prim) William C. Huber, Chief Investigator, 2293 North Main St., Crown Point, Indiana 46307 31 HEALTH OFFICER 33 MANNER OF DEATH 34a Dark OF INJURY Worth Day, Year) 15 HEALTH OFFICER 34b Dark OF INJURY Worth Day, Year) 16 Natural Pending Investigation Apr 19,1993 Unknown No Gunshot wound 17 Accident 34c PLACE OF INJURY—Al home latim, street factory, office Touch of Grand Avenue		(Check only)										1				
CERTIFIER 290 SICNATURE AND TITLE OF CERTIFIER 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) William C. Huber, Chief Investigator, 2293 North Main St., Crown Point, Indiana 46307 William C. Huber, Chief Investigator, 2293 North Main St., Crown Point, Indiana 46307 31 HEALTH OFFICER 31 HEALTH OFFICER 32 DATE FILED (Month Day, Year) April 21, 1993 32 DATE FILED (Month Day, Year) April 21, 1993 33 MANNER OF DEATH 34 DATE OF INJURY 34 DATE OF INJURY 4 NOUNT OF COUNTY 34 DESCRIBE HOW INJURY OCCURRED April 21, 1993 37 DATE FILED (Month Day, Year) April 21, 1993 38 DATE FILED (Month Day, Year) April 21, 1993 39 DATE FILED (Month Day, Year) April 21, 1993 31 DATE FILED (Month Day, Year) April 21, 1993 31 DATE FILED (Month Day, Year) April 21, 1993 31 DATE FILED (Month Day, Year) April 21, 1993 31 DATE FILED (Month Day, Year) April 21, 1993 31 DATE FILED (Month Day, Year) April 21, 1993 31 DATE FILED (Month Day, Year) April 21, 1993 32 DATE FILED (Month Day, Year) April 21, 1993 34 DATE FILED (Month Day, Year) April 21, 1993 37 DATE FILED (Month Day, Year) April 21, 1993 31 DATE FILED (Month Day, Year) April 21, 1993 32 DATE FILED (Month Day, Year) April 21, 1993 32 DATE FILED (Month Day, Year) April 21, 1993 32 DATE FILED (Month Day, Year) April 21, 1993 32 DATE FILED (Month Day, Year) April 21, 1993 32 DATE FILED (Month Day, Year) April 21, 1993 32 DATE FILED (Month Day, Year) April 21, 1993 34 DATE FILED (Month Day, Year) April 21, 1993 34 DATE FILED (Month Day, Year) April 21, 1993 34 DATE FILED (Month Day, Year) April 21, 1993 34 DATE FILED (Month Day, Year) April 21, 1993 34 DATE FILED (Month Day, Year) April 21, 1993 34 DATE FILED (Month Day, Year) April 21, 1993 35 DATE FILED (Month Day, Year) April 21, 1993 April 21, 19		Investi	eator X	CORONER	On the basis of ext	mination and	I/or investigation	, in my opini	n death occ	urred at the time	, date and place	and due to the	cause(s) an	d manner as (tered .	
HEALTH OFFICER 31 HEALTH OFFICER 32 MANNER OF DEATH 33 MANNER OF DEATH 34 DATE OF INJURY 40 Milliam C. Huber, Chief Investigator, 2293 North Main St., Crown Point, Indiana 46307 32 DATE FILED (Month Day, Year) April 21, 1993 33 MANNER OF DEATH 34 DATE OF INJURY 40 Milliam C. Huber, Chief Investigator, 2293 North Main St., Crown Point, Indiana 46307 32 DATE FILED (Month Day, Year) April 21, 1993 4 Describe How Injury Occurred (Yea or no) Apr 19,1993 Unknown No Gunshot wound Apr 19,1993 Unknown No Gunshot wound 34 Describe How Injury Occurred 4 Describe How Injury Occurred 5 Describe How Injury Occurred 6 Describe How Injury Occurred 7 Desc	CERTIFIER	296 SIGNATURE AND TITLE OF CERTIFIER								296 MEDICAL EIGENSE INO						
HEALTH OFFICER 31 HEALTH OFFICERS SIGNATURE 9		NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) William C. Huber. Chief Investigator, 2293 North Main St., Crown Point, Indiana 46307														
33 MANNER OF DEATH 346 Defe OF INJURY Subject of INJURY State of INJURY State of INJURY AT WORK? (Yes or no) Natural Pending Investigation Apr 19,1993 Unknown No Gunshot Wound		31 HEALTH O	FAITERS SIGNA	Slin	3/1	un	mal	m	L.B.	•			IA	PRIL		
CORONER Accident Accident 34e PLACE OF INJURY—At home latim street factory, office 7206 Grand Avenue 7206 Grand Ave	Orriban	33 MANNER								ILNI WOH 38IF	MINJURY OCCURAED					
CORONER Accident Jae PLACE OF INJURY—At home farm, street factory, office building etc (Specify) Jay PLACE OF INJURY—At home farm, street factory, office 7206 Grand Avenue	CORONER	□ Natural			Apr 19,1993 Unknown			wn	No							
		- I	nt 🔲 Could n	ol be	346 PLACE OF INJURY—At home farm.			eet factory.	dica	720	CATION (Street	end Number of d Aven	r Rural Route Number, City or Town, State) LUC			
	USE ONLY				Home					Нап	mond,	Indian				
34g DATE PRONOUNCED DEAD (Monin Day, Year) April 19, 1993 No 34h MOTOR VEHICLE ACCIDENT? (Year or no) H year specify driver, passenger, pedestrum, etc. ()0517		34g DATE PR	ONOUNCED DE	Day, Year) 34h M	MOTOR VEHICLE ACCIDENT? (Yes or no). If yes specify driver, pessenger, pedestrian, etc. 1051.2					•						

DEATHCER;PD 1

State Form 10110 (R/1-92)

SDH06-004