V 177961

TICOR-MO

7

TICOR TITLE INSURANCE

FILED

JUN 29 1993

93042308

AFFIDAVIT

Anna N. Antone
AUDITOR LAKE COUNTY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

BARBARA SATTLER, being first duly sworn upon oath, deposes and says:

1. That FRED SATTLER died on JANUARY 12, 19 93 at HOBART, INDIANA 46342.

2. That FRED SATTLER and BARBARA SATTLER were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 70 IN FIFIELD'S FOREST HILLS ADDITION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 25 PAGE 3 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

8-15-170-14

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~(her)~~ death.

4. That all funeral expenses 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.

STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
JUN 30 10 05 AM 93
PAUL ORLICH
RECORDER

Barbara Sattler
BARBARA SATTLER

Subscribed and sworn to before me, a Notary Public, this 23RD day of JUNE, 19 93.

Paula Barrick
PAULA BARRICK Notary Public

My Commission expires:

10-2-93

County of Residence:

LAKE

This Instrument prepared by BARBARA SATTLER

01733

8.00

6-25

8 CC's

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0102 - 93

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): FRED SATTLER
2. SEX: Male
3a. TIME OF DEATH: 1:00 A.M.
3b. DATE OF DEATH (Month, Day, Yr.): January 12, 1993
4. SOCIAL SECURITY NUMBER: 312-05-3552
5a. AGE—Last Birthday (Years): 90
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day. Yr.): September 19, 1902
7. BIRTHPLACE (City and State or Foreign Country): Rugby, North Dakota
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: ----
8c. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Mary Medical Center
9c. CITY, TOWN OR LOCATION OF DEATH: Hobart
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Barbara Voeller
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Welder
12b. KIND OF BUSINESS/INDUSTRY: Steel Industry
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Merrillville
13d. STREET AND NUMBER: 24 Indian Trail
13e. ZIP CODE: 46410
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ 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): 12; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): John Sattler
19. MOTHER'S NAME (First, Middle, Maiden Surname): Clara Goldade

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Jerome Sattler
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 60 Indian Trail, Merrillville, In. 46410
20c. Relationship: Son

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 14, 1993 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: Robert A. Craigin, Jr.
22b. EMBALMER'S LICENSE NO.: FD08700735
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Ronald J. Musick
24b. LICENSE NUMBER (of Licensee): FD01005912
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home, Inc. FH83007762, 7905 Broadway, Merrillville, In. 46410

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. Pneumonia	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF) b.	
	DUE TO (OR AS A CONSEQUENCE OF) c.	
	DUE TO (OR AS A CONSEQUENCE OF)	

PART II. Other significant conditions contributing to death but not previously listed in Part I.

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

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

FILED JUN 29 1993 AUDITOR LAKE COUNTY

CERTIFIER

29a. CERTIFIER (Check only one):
☒ 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.

JAN 21 1993

29b. SIGNATURE AND TITLE OF CERTIFIER: Alexander A. Stellema, M.D.
29c. MEDICAL LICENSE NO.: 1026067
29d. DATE SIGNED (Month, Day, Year): 1 - 13 - 93

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): LAKE COUNTY HEALTH COMMISSIONER Raymundo Billena, Jr., 5490 Broadway, Merrillville, Indiana 46410
31. HEALTH OFFICER'S SIGNATURE: Alexander A. Stellema, M.D.
32. DATE FILED (Month, Day, Year): January 21, 1993

CORONER 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)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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