

P.C. 1

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

94083161

94 DEC -9 AM 10:50

SAMUEL ORLICH
RECORDER

T15: 979 Port Circle
Hobart, IN 46342

STATE OF INDIANA)
)
COUNTY OF LAKE)

AFFIDAVIT OF DEATH

MARLENE E. LEPYESH, first being duly sworn upon her oath, states that ANNA LEPIESH died on the 28th day of October, 1994 as shown on the Certificate of Death attached to and made a part of this affidavit.

ANNA LEPIESH was the owner of record of a life estate of the following described real estate located in Lake County, State of Indiana which terminated at her death:

Lot 13, Southpointe Estates, Unit 2, as shown in Plat Book 76, page 92, in Lake County, Indiana commonly known as 979 Port Circle, Hobart, Indiana 46342. Key 17-306-8

The affiant is now the sole owner of the above described real estate.

Marlene E. Lepyesh
Marlene E. Lepyesh

Subscribed and sworn to this 8th day of December, 1994.

Robert J. Murphy
Robert J. Murphy, Notary Public

Lake County Resident
My commission expires August 8, 1998

This affidavit was prepared by Robert J. Murphy, Attorney at Law

ROBERT J. MURPHY, Atty. No. 9396-45
LAW OFFICE OF JACK W. LUND
3979 Cleveland Street
Gary, Indiana 46408
(219) 980 0660

FILED

DEC 9 1994

Anna N. Anton
AUDITOR LAKE COUNTY

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ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2799-94

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) ANNA (LEPYESH) LEPIESH 2 SEX Female 3a TIME OF DEATH 7:06 PM 3b DATE OF DEATH (Month Day Yr) October 28, 1994

DECEDENT

4 SOCIAL SECURITY NUMBER 317-09-3712 5a AGE—Last Birthday (Years) 77 5b UNDER 1 YEAR 5c UNDER 1 DAY 6 DATE OF BIRTH (Mo Day Yr) February 13, 1917 7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana

PARENTS

18 FATHER'S NAME (First Middle Last) Paul Huydich 19 MOTHER'S NAME (First Middle Maiden Surname) Mary Jacobson

INFORMANT

20a INFORMANT'S NAME (Type, Print) Marlene Lepyesh 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1240 W. 36th Ave. Gary, Indiana 46408 20c Relationship Daughter

DISPOSITION

21a METHOD OF DISPOSITION Burial 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) November 1, 1994 Calumet Park Cemetery 21c LOCATION—City or Town, State Merrillville, Indiana

CAUSE OF DEATH

22a EMBALMER'S NAME Charles W. Wells 22b EMBALMER'S LICENSE NO # 1042372 23 WAS DEATH REPORTED TO CORONER? No

24 SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b LICENSE NUMBER (of Licensee) FD# 1007231 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROTHERS FUNERAL SERVICE 6360 Broadway, Merrillville, Ind. 46410

26 PART I Enter the disease, injuries, or complications that caused the death Do not enter nonspecific terms such as cardiac or respiratory Approximate Interval Between Onset and Death

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

29b SIGNATURE AND TITLE OF CERTIFIER Gail Brown M.D. 29c MEDICAL LICENSE NO 01038969 29d DATE SIGNED (Month Day Year) October 31, 1994

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type, Print) Gail Brown M.D., 8895 Broadway, Merrillville, Ind. 46410

31 HEALTH OFFICER'S SIGNATURE Alexander D. Williams, M.D. 32 DATE FILED (Month Day Year) October 31, 1994

33 MANNER OF DEATH 34a DATE OF INJURY 34b TIME OF INJURY 34c INJURY AT WORK? 34d DESCRIBE HOW INJURY OCCURRED

34g DATE PRONOUNCED DEAD 34h MOTOR VEHICLE ACCIDENT? (Yes or no) # yes, specify driver, passenger, pedestrian, etc 582 A