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PERSONAL REPRESENTATIVE'S DEED

Robert L. Munari, as personal representative of the Last Will and Testament of Vera R. Branch, deceased, by virtue of the power of sale provisions contained in the Last Will and Testament of the decedent, which was duly admitted to probate on the 10th day of October, 1995, in the Lake Superior Court, Room No. Five, Hammond, Indiana, under Estate No. 45 D05-9510-ES-241, and for good and sufficient consideration conveys to:

TERRY L. STAFFORD and SUSAN STAFFORD, husband and wife, as tenants by the entireties,

of Lake County, State of Indiana, the following described real estate in Lake County, State of Indiana, to-wit:

The East half of Lot No. Twenty-Two (22) as marked and laid down on the recorded plat of Mott and Wiltsee's Calumet Avenue Addition to Hammond, in Lake County, Indiana, as the same appears of record in Plat Book 15, page 16, in the Recorder's Office of Lake County, Indiana, bearing tax key no. 35-122-23 (Unit 26).

This conveyance is given subject to real estate taxes for 1996 payable in 1997 and subsequent, together with covenants, conditions, restrictions, easements and limitations of record.

IN WITNESS WHEREOF, the said Robert L. Munari, as Personal Representative of the Last Will and Testament of Vera R. Branch, has hereunto set his hand and seal this 16th day of April, 1996.

DULY ENTERED FOR RECORD
FINAL ACCEPTANCE FOR TRANSFER

MAY 1 1996

NOTARY PUBLIC
LAKE COUNTY

Robert L. Munari
Robert L. Munari, Personal Representative

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, the undersigned, a Notary Public, for said County and State, personally appeared Robert L. Munari, as personal representative of the Last Will and Testament of Vera R. Branch, deceased, and acknowledged the execution of the deed to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS my hand and seal this 16th day of April, 1996.

My Commission expires:

August 21, 1998

Donald L. Gray
Donald L. Gray, Notary Public
A Lake County Resident

This instrument prepared by Attorney Donald L. Gray, 1244-119th Street, Whiting, IN 46394.

MAIL TAX STATEMENTS TO: 934 170th St, Hammond, IN

46324
1700 SW
CT

000046

96028998

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 MAY -2 PM 1:11
MARGARET E. BLANK
RECORDER

***ATTENTION ESTATE:** Disclosure of the SS# we need to pursue our responsibilities is voluntary. There will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2254-95

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) VERA R. BRANCH		2 SEX Female		3a TIME OF DEATH 7:45 a m		3b DATE OF DEATH (Month Day Yr) October 4, 1995	
4 *SOCIAL SECURITY NUMBER 310-14-2841		5a AGE—Last Birthday (Years) 84		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) April 16, 1911		7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois					
8a WAS DECEDENT A U.S. VETERAN? no		8b YEAR LAST SERVED IN U.S. ARMED FORCES? --		9a PLACE OF DEATH (Check only one See instructions)			
HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) St. Anthony Home				9c CITY TOWN OR LOCATION OF DEATH Crown Point		9d COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife give maiden name) none		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Hammond		13d. STREET AND NUMBER 934 - 170th Street	
13e. ZIP CODE 46324		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican Puerto Rican, etc)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		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+)			
18 FATHER'S NAME (First Middle Last) Emil A. Grunwald				19 MOTHER'S NAME (First Middle Maiden Surname) Lena Lippke			
20a. INFORMANT'S NAME (Type/Print) Dale Walker		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17717 Williams St., Lansing, IL 60438			20c. Relationship Son		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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 (Name of cemetery, crematory or other place) October 7, 1995 Chapel Lawn Memorial Gardens			21c. LOCATION—City or Town, State Schererville, IN		
22a. EMBALMER'S NAME Dean G. Wagner		22b. EMBALMER'S LICENSE NO 8800057		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licensee) 1009893		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Solan Funeral Home #83002893 7109 Calumet Ave., Hammond, IN 46324			
26 PART I Enter the disease, 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) congestive heart failure							
a. DUE TO (OR AS A CONSEQUENCE OF)							
b. DUE TO (OR AS A CONSEQUENCE OF)							
c. DUE TO (OR AS A CONSEQUENCE OF)							
d. DUE TO (OR AS A CONSEQUENCE OF)							
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			
29a. CERTIFIER (Check only one) <input checked="" 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 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					
29b. SIGNATURE AND TITLE OF CERTIFIER V. R. Sanders				29c. MEDICAL LICENSE NO 29999		29d. DATE SIGNED (Month Day Year) 10/5/95	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Vidyadhar R. Gandra M.D., 297 W. Franciscan Lane, Crown Point, IN 46307							
31. HEALTH OFFICER'S SIGNATURE Alexander J. Sanders, M.D.						32. DATE SIGNED (Month Day Year) October 16, 1995	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input 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)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 00004		
34g. DATE PRONOUNCED DEAD (Month Day Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

