96024433

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 APR 17 AM 9:02
RECORDER

IN THE MATTER OF THE ESTATE OF FLORENCE M. HILBRICH, Deceased

AFFIDAVIT OF HEIRSHIP

Comes now Paul W. Hilbrich, being duly sworn upon his oath and states as follows:

That he is the son of the decedent, Florence M. Hilbrich, deceased, who died testate, a resident of Lake, County, Indiana on January 20, 1996, the decedent's Will having been filed of record in Estate Docket 45 DO2 9602 ES 45 in the office of the Clerk of Lake County, Indiana.

That to the best of Affiant's knowledge, said Florence M. Hilbrich left surviving her the following heirs at law:

CAROL J. WHALEN	Daughter	833 Delphia Elk Grove Village, IL 60007
HAROLD H. HILBRICH	Son	6025 W. 85th Ave. Crown Point, IN 46307
PAUL W. HILBRICH	Son	4993 W. 86th Place Crown Point, IN 46307
JOHN W. THIEL	Son	1514 Austin Ave. Schererville, IN 46375

Said decedent left no other child or children nor descendants of any predeceased child or children, and that the survivors are competent adults.

That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing the heirship of Florence M. Hilbrich, deceased.

Paul W. Hilbrich
PAUL W. HILBRICH
Affiant

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 20th day of February, 1996.

Kathryn M. Murphy
KATHRYN M. MURPHY
Notary Public

My Commission Expires: 4-27-96

County of Residence: Lake

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

APR 14 1996

SAM ORLICH
AUDITOR LAKE COUNTY

This Document Prepared By:

JOHN F. HILBRICH
HILBRICH, CUNNINGHAM & SCHWERD
2637 - 45th Street
Highland, IN 46322
Phone: (219) 924-2427

11 SW
TKH/8078

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 01-01-96 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)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr)
FLORENCE	MARIE	HILBRICH	FEMALE	2:13 PM	JANUARY 20, 1996

4 *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months / Days	5c UNDER 1 DAY Hours / Minutes	6 DATE OF BIRTH (Mo Day Yr)	7 BIRTHPLACE (City and State or Foreign Country)
316-09-0565	85			NOVEMBER 12, 1910	ST. JOHN, INDIANA

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
NO	N/A	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
ST. MARGARET MERCY SOUTH	DYER	LAKE

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
WIDOWED		CUSTODIAN	SCHOOL SYSTEM

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
INDIANA	LAKE	SCHERERVILLE	1514 AUSTIN AVE.

13e ZIP CODE	13f INSIDE CITY LIMITS?	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46375	[X] No [ ] Yes	[X] No [ ] Yes	USA	[X] No [ ] Yes (If yes specify Cuban)	WHITE	12	

PARENTS

18 FATHER'S NAME (First, Middle, Last)			19 MOTHER'S NAME (First, Middle, Maiden Surname)		
EBERHARD	THIEL		MARY	SCHEIDT	

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
PAUL HILBRICH	4993 W. 86th PLACE CROWN POINT, INDIANA	SON

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
[ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)	JANUARY 23, 1996 ST. MICHAEL CEMETERY	SCHERERVILLE, INDIANA

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
MARC J. MOSQUEDA	FD08800240	[X] No [ ] Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FD01006015	FAGEN-MILLER FUNERAL GARDENS, INC, 2828 HIGHWAY AVE. HIGHLAND, IN FH83003035

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. Cardiopulmonary Arrest	Seconds
	DUE TO (OR AS A CONSEQUENCE OF): b. Pneumonia	Days
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF): c. Metastatic Lung Carcinoma	Years
	d.	

PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I

WAS DECEDENT PREGNANT, OR WITHIN 90 DAYS OF PREGNANCY? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	NO

FILED JAN 1996 LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

29a CERTIFIER (Check only one)

[X] 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

SAM ORLICH AUDITOR LAKE COUNTY

29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
X [signature]	02000872	1/22/96

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
JOHN A. HOEHN, D.O. 2001 S. US HWY 41, SUITE L, SCHERERVILLE, IN 46375

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
[signature] M.D	January 22, 199

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

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)
	000229

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