| , | • |
|-------|------|
| 96062 | 2756 |
| _ | |

96 SEP 19 PH 1: 15

STATE OF INDIANA)
SS:
COUNTY OF LAKE)

MATIS RECORDER

AFFIDAVIT OF HEIRSHIP

Elizabeth Gualandi, a/k/a Betty Gualandi, being duly sworn upon her oath deposes and says as follows:

- 1. Affiant is the natural daughter of Alice Louise Serbon, deceased, and, is named as the Executrix in the Last Will and Testament of Alice Louise Serbon.
- 2. Affiant resides at 8422 Moraine Avenue, Munster, Indiana 46321, is an adult, and makes this affidavit based on her personal knowledge.

 the Lake County Recorder!
- 3. That Alice Louise Serbon, affiant's mother, had been married to William Theodore Street, affiant's father; and, four (4) children were born to Alice Louise Serbon, namely:

Jennet Benetich 107 E. State Street North Judson, Indiana 46366 SS# 309-30-8361 DOB 9/24/31 Elizabeth Gualandi
8422 Moraine Avenue
Munster, Indiana 46301
SS# 307-38-3802 DOB 12/24/37

William T. Street
747 W. Elmscourt Lane
Crete, Illinois 60417
SS# 307-40-7399 DOB 9/8/39

John Street
1263 Baldwin Drive
Oakville, Ontario, Canada L6J2W4
SS#314-44-8985

and, that the above- listed children are the only children born to Alice Louise Serbon and all are now residing at the addresses listed above.

4. That the marriage of Alice Louise Serbon to William Theodore Street ended upon the death of William Theodore Street; and, after having been a widow for some years, Alice Louise Serbon married Peter Serbon, and remained married to Peter Serbon until her death on April 9, 1995 in East Chicago, Indiana; no children were born of the marriage of Alice Louise Serbon and Peter

000003.3



Serbon, and, upon the death of Alice Louise Serbon, Peter Serbon was a second childless surviving spouse.

5. During the marriage of Alice Louise Serbon and Peter Serbon, Alice Louise Serbon became the owner in fee simple of the following described real estate, in Lake County, Indiana, towit:

The South ½ of Lot 16 and all of Lot 17 in Block 1 in a resub. of part of Northwest 1/4 of Section 29, Township 37 North, Range 9 West of 2nd P.M., Lake County, Indiana, as shown by recorded plat of said subdivision in the Recorder's Office of Lake County, Indiana as same appears of record in PB 5/3.

Commonly known as 4134 Indianapolis Blyd., East Chicago, Indiana.

and, at the time of her Teath, shell ditte in the haire of Alice Douise Serbon, a married woman".
the Lake County Recorder!

- 6. That Alice Louise Serbon died, testate, on April 9, 1995, in East Chicago, Lake County, Indiana (a copy of her Death Certificate is attached hereto.)
- 7. That because of the death of Alice Louise Serbon, no probate or estate proceedings were initiated nor are any contemplated except for the filing of an Indiana Inheritance Tax Return and the Will being spread of record in Cause No. 45D02-9604-ES-84 in the Lake Superior Court, Civil Division, Room Two, Setting at East Chicago, Indiana; that Indiana Inheritance Taxes because of the death of Alice Louise Serbon were determined to be \$63.96, which taxes were paid; there are no Federal Estate taxes due because of her death.
- 8. Affiant has paid all Indiana Inheritance Taxes due because of the death of Alice Louise Serbon; and, Affiant knows of no unpaid funeral, medical or other debts incurred by Alice Louis Serbon or cause by her death.
- 9. That the sole heirs, devisees and legatees of Alice Louise Serbon as stated in the Last Will and Testament executed on March 21, 1986, are her four (4) children as listed in paragraph 3 above.

10. That Peter Serbon, the second childless surviving spouse of Alice Louis Serbon, died in Lake County, Indiana on August 27, 1996.

12. Further affiant sayeth not.

Clipalith Sustandi
Elizabeth Gualandi

Subscribed and sworn to before me a Notary Public in and for said County and State this

day of September, 1996

Document is

NOT OFFICIAL!

This Document is the property

My Commission Expires:

4/13/98

the Lake County Recorder

Richard J. Lesniak, Notary Public

Residence of Lake County

Prepared by: Richard J. Lesniak

Attorney At Law

1802 E. Columbus Drive

East Chicago, IN 46312

(219)398-6200



being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and the willies opened to refusal.

Local No. INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH State No. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 1 DECEASED-NAME (First Middle Last 30 TIME OF DEATH | 30 DATE OF DEATH (Month Dov. Yr.) TYPE/PRINT 3:13p " August 27, 1996 Peter Serbon, Jr. Male IN Se UNDER I DAY & DATE OF BIRTH (Me Dev. Yr) 4. *SOCIAL SECURITY NUMBER Se AGE-Lest Birthday Sh UNDER I YEAR 7 BIRTHPLACE (City and State or Fereign Country) PERMANENT (Yeers 86 July 2, 1910 East Chicago, Indiana **BLACK INK** 312-09-6191 YEAR LAST SERVED IN US ARMED FORCES? Se PLACE OF DEATH (Check only one See instructions) Se WAS DECEDENT HOSPITAL Inpetient OTHER Award Home Other (Specify) No ER/Outpatient DOA ☐ Residence Bb FACILITY NAME (If not institution, give street and number) SE CITY, TOWN OR LOCATION OF DEATH SE COUNTY OF DEATH DECEDENT Merrillville Lake Southlake Methodist Hospital 11 SURVIVING SPOUSE 129 DECEDENT'S USUAL OCCUPATION (Give kind of work 126 KIND OF BUSINESS/INDUSTRY 10. MARITAL STATUS Maintenance-Filtration Plant, E.Chgo. Water Dept. Widowed 134 STREET AND NUMBER 134 RESIDENCE-STATE 13b COUNTY 13e CITY TOWN OR LOCATION 4134 Indianapolis Blvd. East Chicago Indiana Lake 130 ZIP CODE 13F INSIDE CITY LIMITS 14 CITIZEN OF WHAT COU 15 WAS DECEDENT OF HISPANIC ORIGIN? 16 RACE-American Indian. 17. DECEDENT'S EDUCATION Mexican, Puerte Rican, etc.) WHAT COUNTRY (Specify only highest grade completes (Specify) Elementary/Secondary (0-12) College (1-4 or 5 +) 13g ON A FARM? White 46312 No C Yes 19 NOTHER'S NAME (First Middle Meiden Surname 18 FATHER'S NAME (First Middle Load) PARENTS Mary Ignatz Peter 20s. INFORMANT S NAME (Type/Print) iral Rouse Number, City or Town State. Zip Code) INFORMANT Crete, ILL 60417 Step-son William T is Document is the property of the base of consum comments of the property of the base of consum comments of the Lake Couoix Recordenatery 21a METHOD OF DISPOSITION 21s. LOCATION—City or Town State XXBural Denetion Cher (\$6000/y) Hammond, Indiana 22ª EMBALMER'S NAME 276 EMBALMER'S LICENSE NO 23 WAS DEATH REPORTED TO CORONERS DISPOSITION No. □ vas James H. FD01010795 Fife 25 NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 246 LICENSE NUMBER 246 SIGNATURE OF FUNERAL DIRECTOR (of Licensee) FIFE FUNERAL HOME - FH83001512 4201 Indpls.Blvd., E.Chgo, IND FD01020366 26 PARTI **Onest and Death** MMEDIATE CAUSE (Fine disease or condition DUE TO (OR AS A CONSEQUENCE OF) CAUSE OF reautions in death) DUE TO IOR AS A CONSEQUENCE OF Conditions if any which save nee to the immed HONO COUGO stating the underlying DUE TO (OR AS A CONSEQUENCE OF) سط مسعه **BEP 13 1996** outly stated in Part I PART II. Other significant conditions. Conditions contributing to death but not a WAS DECEDENT 28s. WAS AN AUTOPSY 286 WERE AUTOPSY FINDINGS PREGNANT OR TO DAYS PRIFORMED! AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) (Yes or ne) Alin Ves or not - ידוטווע No 290 CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death (Check only HEALTH OFFICER On the base of death occurred at the time date and place and due to the causale) and manner as states GON TURE AND TITLE OF CENTIFIE 29c MEDICAL LICENSE NO 29d DATE SIGNED (Month Day, Year) CERTIFIER August 29, 1996 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DANE PAR

HEALTH OFFICER

JOS CERTIFIES THE ALP 340 DATE OF INJURY 34b TIME OF 34c INJURY AT WORK 34d DESCRIBE HOW INJURY OCCURRED 33 MANNER OF DEATH (Yes or no) (Month Day, Year) IN.ILIRY Pending ☐ Natural 30 19 Accidem 34n PLACE OF INJURY-At home farm street factory, office ☐ Suicide Could not be TAKE COUNTY HEALTH COMMISS OF CO 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, pesse 34g DATE PRONOUNCED DEAD (Month: Day, Year)

| *ATTENTION E | STATE: | Discion | ure of th | 10 |
|---|--------|-----------|----------------------|------------|
| SS# we need to is voluntary and refusal.* | pursue | eur, resp | onsibilit Manaety | ies for |
| refusal. | | ٠ ٠٠٠ | / / / | |

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

| State | Nο |
|-------|----|

Is voluntary and there will be no penalty for refusal.*

Local No. 95-00 TYPE/ PERM/

| | THE RECORD | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|---|---|--|--|---|--|------------------------|--|
| TYPE/PRINT | 1 DECEASED-N | AME (First Mir | ddio Lags) | - | | | 2. SEX | | 30 TIME C | F DEATH | 3 DATE O | F DEATH dan | n Dey Vr) |
| IN | | Ali | | Louise | Serbon | | | nale | 7:30 | | | 19, | 1995 |
| PERMANENT | 4. *SOCIAL SECUP | | 1 | AGE-Last Birthday (Years) | Sh UNDER I YEAR Months Days | Se UNDER | Minutes | DATE OF B | MTH (Ma. Day | _ 1 | | | te er Fereign Country) |
| BLACK INK | 307-42 | | | 81 | | 700 | 1 | Nov.2 | | 13 | | | Canada |
| | A US VETERA | NT N7 | S YEAR | LAST SERVED IN RMED FORCEST | | | 90 | | | | ee instructions | | |
| | No | | | _ | HOSPITAL X Those | cient Outpatient 🔲 | | OTHER | | | Other (Speci | (y) | |
| | BE FACILITY NAM | AE (If not income | ON 974 871 | est and number) | LJ tri | Outpetient L. | | TOWN OR LO | CATION OF C | | ■ COUN | TY OF DEATH | 1 |
| DECEDENT | | | • | ne Hospi | ta1 | 1 | | | hicag | | | ake | |
| | 10. MARITAL STA | | II SURV | IVING SPOUSE | <u></u> | 120 DECEDE | | | ION (Give kind o not use retire | | T | F BUSINESS/I | NOUSTRY |
| | (Specify) Marri | had | I | a gwe meden neme) eter Se | rbon | done our | | working ide Di Nemak | | 4) | , | own H | ∩m <i>_</i> |
| | 134 RESIDENCE- | | 136 COU | | 13c. CITY, TOWN OR | LOCATION | | | 134 STREET | AND NUM | | - 77 | Ome |
| | India | ana | L | ake | East C | hicag | 5 | | 4134 | Inc | lianar | olis | Blvd. |
| | | 13 INSIDE CIT | Y LIMITS | 14 CITIZEN OF | 18. WAS DECEDENT | OF HISPANIC | ORIGIN? | | E-American i | | 17. | DECEDENTS | EDUCATION |
| | ļ <u></u> | I No D | | WHAT COUNTRY | Mexican Puerto | Yes (If yes. Acan. etc.) | specify Guo | - N | ck. White etc ec/y) | - | (Speci Jementary/Sec | | grade completed) College (1-4 or 5 +) |
| | 46312 | 13g ON A FARI | | U.S.A. | | | 4: | W | hite | | 8 | Prop , 10 . 12. | Complete Service Control |
| PARENTS | IS FATHERS NAM | | | 0.01, | Docu | me ₁ | | | (Fest Middle. | Maiden Sur | | | |
| PARENIS | | Erne | est | Appleto | | דתות | CI | | M zabe | | Cump | son | |
| INFORMANT | 204 INFORMANTS | | | TITL | | G ADDRESS (S | treet and No | | | | | | Relationship |
| HAL CHANGE | Wil1: | iam T. | · st | rets Do | cun7ent | WeElm | seou | ntebr | w.Gf | te, | IL 60 | 417 | Son |
| | 216 METHOD OF | والمستقلق المجهدة | Emon | moment | 216 DATE AND PLACE | CE OF DISPOSI | ION (Name | of cometery. | cramatory, or | | LOCATION- | | State |
| | 4848 | Cremessen | | eval from State | Lake.Go | priy | kęco | 1995 | | | | | |
| | Ooneton [| Other (Speci | rly) | | | k Hil | | | | | Hamm | ond, | Indiana |
| DISPOSITION | 220 EMBALMERS | NAME | | | 225 EMBALMER | S LICENSE NO | | 23 | - | | D TO CORONI | ER? | |
| | James | s H. E | Fife | | FD010 | 10795 | | | No No | □ Yes | | | |
| | 244 SIGNATURE C | OF FUNERAL DI | RECTOR | | 246 | LICENSE NUM | REA | | | | SE NUMBER O | | |
| | Sol | 2 18 | 去 | 18 | | (of Licensee) | | FIF | | | | | н83001512 |
| | 7 | 77 | 4 | | E | D0102 | 0366 | 420 |)1 Inc | ipls | Blvd | .,E.C | hgo, IND |
| | 1 | | | | oused the death. Do not e | inter nonapacific | terms, such | as cardiac of | respiratory | | | _ | Approximete |
| | | arrest shock of | ir heart failur | re Light only one cause of | n each line. | | | | | | | | Interval Between Onset and Death |
| | MAMEDIATE CAUS | | | | | | | | | | | | |
| | I | | | 1 | | | | | | 4 17 .01 | = 1 | #13 F | 4 |
| CAUSE OF | discess or condition resulting in coeth) | | | | OR AS A CONSCUE | | ec y l | \ T | | 穩 | | Ef | • |
| CAUSE OF DEATH | | • | | C. c | OR AS A CONSCUE | calons A | ξ γ l _ι | سر الت | <u> </u> | To the second | | Et |) |
| CAUSE OF DEATH | Conditions if any, winge to the invinction | vhich gave | , | DUE TO (| OR AS A CONSCOUR | CE OFF | ار بر ار (3) | ng tu | ч_ | F | | EI |) |
| CAUSE OF DEATH | resulting in death) Conditions 4 any, w | vhich gave | | DUE TO (| OR AS A CONTROL | CE OFF | 8 v l | ng tre | | 6 | TO T | EI | |
| CAUSE OF DEATH | resulting in deeth) Conditions 4 any, wrise to the invinedations the underlying | vhich gave | 6 | DUE TO (| OR AS A CONSCOUR | CE OFF | - V L | سر الد | <u> </u> | 16 | EP | EI | |
| CAUSE OF DEATH | resulting in death) Conditions if any, wings to the immediate stating the underlyin cause test. | vitich gave le cause. ng | d. s · Condition | DUE TO (| OR AS A CONSCOURN | ICE OF | S WAS D | DECEDENT | 280. | WAS AN A | UTDPSY ~ | ET. | UTOPBY FINDINGS |
| CAUSE OF DEATH | resulting in death) Conditions if any, wings to the immediate stating the underlyin cause test. | vitich gave le cause. ng | a Condition | DUE TO (| OR AS A CONSCOURN | ICE OF | 27. WAS D | DECEDENT IN TOP 100 PARTURIT | DAYS 28a. | WAS AN APERFORMETVES OF NO. | LI COSY | ASIMVALIS. | ricijoj Chuse |
| CAUSE OF DEATH | resulting in death) Conditions if any, wings to the immediate stating the underlyin cause test. | vitich gave le cause. ng | d. s · Condition | DUE TO (| OR AS A CONSCOURN | ICE OF | 27. WAS D PREGN POSTP (Yes o | DECEDENT MANT OR TO PARTURIT MENO) | DAYS 28a. | Yes or no | urgesy. | ASIMVALIS. | LE PRIOR TO |
| CAUSE OF DEATH | reauting in cesth) Conditions if any, is not to the unmodest stating the underlyin cause fact. PART II Other sign | n vitich geve e cause ng | | DUE TO (| OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OF THE PROPERTY OF | ice on | 27. WAS D PREGN POSTP (Yes o | DECEDENT MANT OR DO PARTURI? M. (10) | DAYS 28a. | No | Kay C | ASIMVALIS. | ricijoj Chuse |
| CAUSE OF DEATH | resulting in death) Conditions if any, wings to the immediate stating the underlyin cause test. | which gave to cause and which gave to cause and which gave to the cause and the cause | CERTIFYING | DUE TO () DUE TO () DUE TO () A PHYSICIAN To the () | OR AS A CONSCOURN OR AS A CONSCOURN OR AS A CONSCOURN but not properly consc | ICE OF | PREGN POSTP (Yes o N | DECEDENT MANT OR 50 ARTUK!? (r.ne) | DAYS 28a. | NO | Plated | POF DEA | LE PRIOR TO HIGHER EXUSE 1917 (Ves er no) |
| CAUSE OF DEATH | reauting in cesth) Conditions if any, in nee to the unmodell stating the uncertyin cause feet. PART II Other sign. 29s. CERTIFIER | which gave to cause the conditions | CERTIFYING | DUE TO () | OR AS A CONSCOURN OR AS A CONSCOURN OR AS A CONSCOURN Due not purposely consc | CE OFI | 27. WAS D PRECIN POSTP (Yes o N the time data | DECEDENT JANT OR 90 PARTUAL? J. no. | DAYS 28a. | No suse(s) as | stated. | OF DEA | ME PRIOR TO Profe Chuse NH (Ver or no) |
| CAUSE OF DEATH | reauting in cesth) Conditions if any, in nee to the unmediate stating the uncertyin cause test. PART II Other sign 29s. CERTIFIER (Check only one) | which gave is cause ing | CERTIFYING HEALTH OF CORONER | DUE TO () | OR AS A CONSCOURN OR AS A CONSCOURN OR AS A CONSCOURN but not properly consc | CE OFI | 27. WAS D PRECIN POSTP (Yes o N the time data | DECEDENT IANT OR 90 PARTUAL? IF and place a th occurred at 1 red at the time | DAYS 28a. In the time date is date and place | No not not not not not not not not not no | stated. | OF DEA | ME PRIOR TO PICATOF CAUSE THY (Ver or no) |
| CAUSE OF DEATH | reauting in death) Conditions if any, in nee to the unmediate stating the uncertaint cause text. PART II Other sign. 29s. CERTIFIER (Check only) | which gave is cause ing | CERTIFYING HEALTH OF CORONER | DUE TO () | OR AS A CONSCOURN OR AS A CONSCOURN OR AS A CONSCOURN Due not purposely consc | CE OFI | 27. WAS D PRECIN POSTP (Yes o N the time data | DECEDENT IANT OR 90 PARTUAL? IF and place a th occurred at 1 red at the time | DAYS 28a. | No not not not not not not not not not no | stated. Indicate to the cause(s) | OF DEA | ME PRIOR TO |
| DEATH | reauting in cesth) Conditions if any, is not to the unmodest stating the uncertain cause feet. PART II Other sign. 28s. CERTIFIER (Check only one) 29b. SIGNATURE / | AND TITLE OF 6 | CERTIFYING HEALTH OF CORONER CERTIFIER | DUE TO () | OR AS A CONSCOURT OR AS A CONS | eath occurred at sesgetion, in my opinion. | 27. WAS D PRECIN POSTP (Yes o N the time data | DECEDENT IANT OR 90 PARTUAL? IF and place a th occurred at 1 red at the time | DAYS 28a. In the time date is date and place | No not not not not not not not not not no | stated. Indicate to the cause(s) | OF DEA | ME PRIOR TO PICATOF CAUSE THY (Ver or no) |
| DEATH | reauting in costh) Conditions if any, with the unwested stating the unwe | AND TITLE OF C | CERTIFYING HEALTH OF CORONER CERTIFIER | DUE TO () | DOR AS A CONSCOURT OR AS A CON | eath occurred at seggeton, in my opinion. | PRECIN POSTP (Yes o N N) the time data opinion death death occurr | DECEDENT MANT OR 50 ARTUKI? V. no. O. Is. and place a th occurred at the time 21 | DAYS 28a. Indidue to the cithe time, date and place 9c. MEDICAL 9c. MEDICAL | No suse(s) as and place, at a and due to LICENSE N | etated. Indicate to the calculation of the course(s) | POP DEAT | ME PRIOR TO WIGHT CAUSE THY (Vee or no) d sessed GNED (Month, Day, Year) 11, 1995 |
| CERTIFIER | reauting in costh) Conditions if any, with the interest of any, with the interest of a state of the interest o | AND TITLE OF PER | CERTIFVING MEALTH OF CORONER CERTIFIER ERSON WHO dzai | DUE TO () | OR AS A CONSCOURT OR AS A CONS | eath occurred at seggeton, in my opinion. | PRECIN POSTP (Yes o N N) the time data opinion death death occurr | DECEDENT MANT OR 50 ARTUKI? V. no. O. Is. and place a th occurred at the time 21 | DAYS 28a. Indidue to the cithe time, date and place 9c. MEDICAL 9c. MEDICAL | No suse(s) as and place, at a and due to LICENSE N | stated. of due to the capetal of A | COMMENT OF DEAT | ME PRIOR TO WIGHT CAUSE THY (Vee or no) d sessed GNED (Month, Day, Year) 11, 1995 |
| CERTIFIER | reauting in costh) Conditions if any, with the unwested stating the unwe | AND TITLE OF PER | CERTIFVING MEALTH OF CORONER CERTIFIER ERSON WHO dzai | DUE TO () DUE TO () | DOR AS A CONSCOURT OR AS A CON | eath occurred at seggeton, in my opinion. | PRECIN POSTP (Yes o N N) the time data opinion death death occurr | DECEDENT MANT OR 50 ARTUKI? V. no. O. Is. and place a th occurred at the time 21 | DAYS 28a. Indidue to the cithe time, date and place 9c. MEDICAL 9c. MEDICAL | No suse(s) as and place, at a and due to LICENSE N | stated. of due to the capetal of A | COMMENT OF DEAT | ME PRIOR TO WIGHT FAUSE THE EVEN OF THE EV |
| CERTIFIER | reauting in costh) Conditions if any, is not to the unmodell stating the uncertain cause feet. PART II Other sign. 296 CERTIFIER (Check only one) 296 SIGNATURE / 30 NAME AND AD S a m 1 31 HEALT OFFICE | AND TITLE OF PER Ahma CERS SIGNATU | CERTIFVING MEALTH OF CORONER CERTIFIER ERSON WHO dzai | DUE TO () DUE TO () | but not perpoyally crysc but not perpoyally crysc best of my knowledge, di examination and/or invention and/ | eeth occurred at estigation, in my opinion. | PRECIN POSTP (Yes o N N) the time data opinion death death occurr | DECEDENT MANT OF 50 ARTUAL? In and place a h occurred at the time 21 S B11 | DAYS 28a. Indid due to the time date and place. MEDICAL DC. MCDICAL DC. MCDICA | No suse(s) as and place, as and due to LICENSE N | stated. of due to the capetal of A | POP DEAT | ME PRIOR TO WIGHT FAUSE THE EVEN OF THE EV |
| CERTIFIER | reauting in costh) Conditions if any, with the interest of any, with the interest of a state of the interest o | AND TITLE OF PER Ahma CERS SIGNATU | CERTIFVING MEALTH OF CORONER CERTIFIER ERSON WHO dzai | DUE TO () DUE TO () | but not personally crysc but not personally crysc but not personally crysc best of my knowledge, di f examination shid/or invention and/or investigatio COP DEATH (ITEM 28) 0 G 9 2 4 IT | eeth occurred at a separation in my opinion. Type/Print) Idiana | PRECIN POSTP (Yes o N the time data opinion death occurred) | DECEDENT MANT OF 50 ARTUAL? In and place a h occurred at the time 21 S B11 | DAYS 28a. Indid due to the time date and place. MEDICAL DC. MCDICAL DC. MCDICA | No suse(s) as and place, as and due to LICENSE N | estated. Indicate to the calculation of the course(s) in the course (s) in the calculation of the calculati | POP DEAT | ME PRIOR TO WIGHT FAUSE THE EVEN OF THE EV |
| CERTIFIER | reauting in costh) Conditions if any, with the universal state of the universal states that the universal states that underlying cause test. PART II Other sign. 296 CERTIFIER (Check only one) 296 SIGNATURE / 30 NAME AND AD SIGNATURE / 31 MEALT OFFICE 33 MANNER OF D | AND TITLE OF PET A hma. | CERTIFVINO HEALTH OF CORONER CERTIFIER ERSON WHO d Z a 1 JIRE | DUE TO () DUE TO () | but not personally crysc but not personally crysc but not personally crysc best of my knowledge, di f examination shid/or invention and/or investigatio COP DEATH (ITEM 28) 0 G 9 2 4 IT | eeth occurred at a separation in my opinion. Type/Print) Idiana | 27. WAS D PRECIN POSTE (Yes o N the time dat death occurr DO11 | DECEDENT MANT OF 50 ARTUAL? In and place a h occurred at the time 21 S B11 | DAYS 28a. Indid due to the time date and place. MEDICAL DC. MCDICAL DC. MCDICA | No suse(s) as and place, as and due to LICENSE N | estated. Indicate to the calculation of the course(s) in the course (s) in the calculation of the calculati | POP DEAT | ME PRIOR TO WIGHT FAUSE THE EVEN OF THE EV |
| CERTIFIER | reauting in costh) Conditions if any, with the universal state of the universal states that the universal states that underlying cause test. PART II Other sign. 296 CERTIFIER (Check only one) 296 SIGNATURE / 30 NAME AND AD SIGNATURE / 31 MEALT OFFICE 33 MANNER OF D | AND TITLE OF PER BIGNATU | CERTIFVINO HEALTH OF CORONER CERTIFIER ERSON WHO d Z a 1 JIRE | DUE TO () DUE TO () | DOR AS A CONSCOURT OR AS A CONSCOURT OR AS A CONSCOURT DUE NOT PROVIDE TO THE CONSCOURT OF PROVIDENT CONSCOURT OF PROVIDE | each occurred at a segretion, in my opinion. | PRECIN PRECIN PRECIN POST (Yes or no) | DECEDENT LANT OF TO PARTURE? In and place a h occurred at 1 If you have the time and at the time at the time and at the time at the time an | DAYS 28a DAYS 28a Ond due to the co the time date and place and place Be. MEDICAL V d . , | No suse(s) as and due to LICENSE NO LICENSE | stated. ond due to the coupe(s) ond d | COMMENT OF DEATH | ME PRIOR TO WIGHTOF CAUSE THY EVER OF NO. at a stated CNED (Month, Day, Year) 11, 1995 ana ED (Month, Day, Year) |
| CERTIFIER | reauting in costh) Conditions if any, we note the immediate stating the uncertaint cause feet. PART II Other sign. 286 CERTIFIER (Check only one) 286 SIGNATURE / JO NAME AND AT Sami 31 HEAL DLOFFIC Natural | AND TITLE OF PENDING INVESTIGATION CONTRIBUTION CERRS SIGNATU | CERTIFYING MEALTH OF CORONER CERTIFIER CRSON WHO d Z a 1 JIRE D | DUE TO () DUE TO () | best of my knowledge. did examination and/or investigation. E OF DEATH (ITEM 28) C. G 9 2 4 IT RY J46 TIME C. INJURY | each occurred at a segretion, in my opinion. | PRECIN PRECIN PRECIN POST (Yes or no) | DECEDENT LIANT OR 10 DARTURI? L. no) O Le and place a h occurred at 1 L S B1v WORK? | DAYS 28a DAYS 28a Ond due to the co the time, date and place and place Be, MEDICAL V d . , | No suse(s) as and due to LICENSE NO LICENSE | stated. ond due to the coupe(s) ond d | COMMENT OF DEATH | ME PRIOR TO WIGHT FAUSE THE EVEN OF THE EV |
| CERTIFIER | reauting in costh) Conditions if any, we note the immediate stating the uncertaint stating the uncertaint cause test. PART II Other sign. 296 CERTIFIER (Check only one) 296 SIGNATURE / JO NAME AND ALL SAMI 31 HEAL DLOFFIC Natural Accident | AND TITLE OF COMMENT OF A hm a | CERTIFYING MEALTH OF CORONER CERTIFIER CRSON WHO d Z a 1 JIRE D | DUE TO () DUE TO () | best of my knowledge. did examination and/or investigation. E OF DEATH (ITEM 28) C. G 9 2 4 IT RY J46 TIME C. INJURY | each occurred at a segretion, in my opinion. | PRECIN PRECIN PRECIN POST (Yes or no) | DECEDENT LIANT OR 10 DARTURI? L. no) O Le and place a h occurred at 1 L S B1v WORK? | DAYS 28a DAYS 28a Ond due to the co the time, date and place and place Be, MEDICAL V d . , | No suse(s) as and due to LICENSE NO LICENSE | stated. ond due to the coupe(s) ond d | COMMENT OF DEATH | ME PRIOR TO WIGHTOF CAUSE THY EVER OF NO. at a stated CNED (Month, Day, Year) 11, 1995 ana ED (Month, Day, Year) |
| CERTIFIER | reauting in costh) Conditions if any, we not to the investigations that it contains the underlying cause test. PART II Other sign. 29th CERTIFIER (Check only one) 29th SIGNATURE II 30 NAME AND ALL SAME II 31 HEAL DLOFFIC III Natural III Accident Suicide | AND TITLE OF A DEATH Pending Investigation Could not to Determined | CERTIFYING MEALTH OF CORONER CERTIFIER CRITIFIER CRIT | DUE TO () DUE TO () | best of my knowledge. did examination and/or investigation. E OF DEATH (ITEM 28) C. G 9 2 4 IT RY J46 TIME C. INJURY | eeth occurred at seggeton, in my opinion. (Type/Print) Indiana | POSTE (Yes or no) | S B1v | DAYS 28a. DAYS 28a. Indid due to the country of the time, date and place | No suse(s) as and due to LICENSE N C | stated. ond due to the coupe(s) ond d | COMMENT OF DEATH | ME PRIOR TO WIGHTOF CAUSE THY EVER OF NO. at a stated CNED (Month, Day, Year) 11, 1995 ana ED (Month, Day, Year) |