2

96067955

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

96 OCT 11 PM 12:10

AFFIDAVIT
RECORDER

Key #
(33) 23-126-46

STATE OF INDIANA)
) **SS:**
COUNTY OF LAKE)

I, Bridget L. Bowman, being first duly sworn upon oath, deposes and says:

1. **That Affiant's spouse, MICHAEL G. BOWMAN, died without leaving a will on the 1st day of September, 1994, at St. Anthony's Hospital, Crown Point, Indiana.**

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

Lot 46 in Willow Tree Farms block Two, in the City of Crown Point, as per plat thereof, recorded in Plat Book 42 page 75, in the Office of the Recorder of Lake County, Indiana.

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 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 o 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.

Bridget L. Bowman
Bridget L. Bowman

Subscribed and sworn to before me, a notary Public, this 10th day of October, 1996.

My Commission Expires:
2-8-97
Resident of Lake County

Nancy Lucia Lopez
Notary Public

FILED
OCT 10 1996
SAM ORLICH
AUDITOR LAKE COUNTY

C90771

11.00 SU CV

Bridget Bowman
9844 Arthur Place C.P. 46307

IRB

5 CC's

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

Local No. 2101-94

(33) 23-126-46

INDIANA STATE DEPARTMENT OF HEALTH

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): MICHAEL G. BOWMAN
2. SEX: Male
3a. TIME OF DEATH: 12:15 A.M.
3b. DATE OF DEATH (Month, Day, Yr): September 1, 1994
4. SOCIAL SECURITY NUMBER: 303-48-0280
5a. AGE—Last Birthday (Years): 47
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): November 2,1946
7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
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: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Anthony Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Bridget Blair
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Systems Analyst
12b. KIND OF BUSINESS/INDUSTRY: Computer
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Crown Point
13d. STREET AND NUMBER: 9844 Arthur Place
13e. ZIP CODE: 46307
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): ; College (1-4 or 5+): +4

PARENTS

18. FATHER'S NAME (First, Middle, Last): Francis Bowman
19. MOTHER'S NAME (First, Middle, Maiden Surname): Anna DeLizar

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Bridget Bowman
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9844 Arthur Place, Crown Point, In. 46307
20c. Relationship: Wife

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): September 3, 1994 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State: Schererville, 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: Robert A. Craigin
24b. LICENSE NUMBER (of Licensee): FD08700735
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. Severe coronary atherosclerosis	Unknown
	DUE TO (OR AS A CONSEQUENCE OF): b. Recent myocardial infarction	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions - Conditions contributing to death but not previously related to 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): Yes

CERTIFIER

29a. CERTIFIER (Check only one): Deputy
☐ 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.
29b. SIGNATURE AND TITLE OF CERTIFIER: Kathy Philpot
29c. MEDICAL LICENSE NO.: N/A
29d. DATE SIGNED (Month, Day, Year): September 2, 1994
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Kathy Philpot, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, M.D.
32. DATE FILED (Month, Day, Year): September 2, 1994

33. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
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): September 1, 1994
34h. IF TRANSPORTATION INJURY (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

OCT 10 1996

Alexander S. Williams, MD
LAKE COUNTY HEALTH COMMISSIONER

FILED
OCT 10 1996
SAM ORLICH
AUDITOR LAKE COUNTY

SDH06-004 State Form 10110 ... Thatcher/PD 1

CC0772 9