

## COMMUNITY TITLE COMPANY

An Indiana Corporation —
 421 West 81st Avenue
 Merrillville, Indiana 46410
 219-736-2810

FILED

STATE OF INDIANA )

COUNTY OF LAKE )

OCT 23 1997

SAM ORLICH

CHARLENE ROSSA AUDITOR LAKE COUNTY

sworn upon oath, deposes and says:

1. That Affiant's xxxxxxxx FATHER, PAUL A. CHASTELER died (without leaving a will) (leaving a will) on JUNE 8, 1997 at HOME.

PAUL A. CHASTELER AND NANCY F. CHASTELER

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

LOT 27 IN SUBDIVISION OF LOTS 5,6,7,8 & 9, F.J. WACHEWICA SOUTH VIEW ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED JANUARY 28, 1927 IN PLAT BOOK 20 PAGE 47, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 7619 VAN BUREN, HAMMOND, IN.

UNIT 26 KEY NO. 36-292-42

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 (his) KKKK 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 of 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. 9

Further affiant sayeth not.

Charles floor

CHARLENE ROSSA

Subscribed and sworn to before me, a Notary Public, this day of <u>August</u>, 19<u>97</u>.

Satur Unline Notary Public

My Commission expires:

4/15/98

County of Residence:

001419

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW

176 Cray(1)

☐ Hemeide

340 DATE PRONOUNCED DEAD (MANA Day You?)

• • • • • •

THIS CERTIFIES THE FOLLOWING IS A TRUE COMPLETE COMY OF DEATH ON FILE WITH

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.

Local No. 454 INDIANA STATE DEPARTMENT OF HEALTH HAMMOND HEALTH DEPARTMENT. Jun 11, 1997 Drank DR punde CERTIFICATE OF DEATH Date Issued Mainmond Health Commission THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 DECRASED-NAME FIR MANN, LINE TYPE/PRINT 36 TIME OF DEATH 36 DATE OF DEATH HOME DIE TO PAUL 8:30 P w June 8, 1997 CHASTELER Male IN 7 SMTHPLACE ICE and Balo or Foreign Councy! Se AGE—Lest Britisey (Years) SO, UNDER I YEAR SE UNDER I DAY & DATE OF BUILTH LAW DOY. YO PERMANENT \*SOCIAL SECURITY NUMBER **BLACK INK** 306-10-0787 86 1910 Ladd, Illinois M. YEAR LAST SERVED IN US ARMED FORCEST MAS DECEDENT DE PLACE OF DEATH (Check any one See marymany) D treatment HOSPITAL OTHER | Nature Peace | Com (Sectif) NONE ----C ER/Outpetient C 00A DE COUNTY OF DEATH PA FACILITY HAME IF HE HORMON gove seven and mumbers SE CITY TOWN OF LOCATION OF DEATH DECEDENT Lake 7619 Van Buren Avenue Hammond 120 KNO OF BUSINESS/INDUSTRY 136 DECEDENT S USUAL OCCUPATION (Give hims of work down during most of working the De not use reprod) 11 SURVIVING SPOUSE ID. MARTAL STATUS Amoco Oil Nancy Mattoon Stillman Operator Married 13c. CITY TOWN OR LOCATION ISA STREET AND NUMBER IN RESIDENCE-STATE ISE COUNTY 7619 Van Buren Avenue Indiana Lake Hammond 130 ZIP CODE 131 INSIDE CITY LANTS 14 DITIZEN OF UNA TOUR 17. DECEDENT'S EDUCATION IS WAS DECEDENT OF HISPANIC ORIGIN? IE RACE—American Indian. WHAT COUNTRY OE No - You Of you specify Cuban erte Aces etc) (Seet by) Elementry/Secondary (8-12) College (1-4 ar 5 \* 46324 White E No O Yes U.S.A I FATHER'S NAME (Fine Middle, Land 19 MOTHERS NAME (First Major Martin Si PARENTS Victorine Benefice Henri August Chasteler 20s INFORMANT'S NAME (Type/Print) 200. MAKING ADDRESS (Street and Number or Ratel Route Number, City or Tonn, State Zio Gode) INFORMANT 7619 VanBuren Ave., Hammond, Indiana 46324 Wife Nancy Chasteler 214 METHOD OF DISPOSITION - Enter 216 DATE AND PLACE OF DISPOSITION (Name of comotory, eromotory of 21s. LOCATION—City or Town State June 12, 1997 Cromouen Removal from State Q cores Own (Specify) Hammond, Indiana Elmwood Cemetery 23 WAS DEATH REPORTED TO CORONER? THE FMEALMERS NAME 220 EMBALMER'S LICENSE NO. DISPOSITION □ No 20 v.. 8800057 Dean G. Wagner 25 NAME ADDRESS AND LICENSE NUMBER OF FUNCAL HOME 246 SIGNATURE OF FUNERAL DIRECTOR 240 LICENSE NUMBER (af Licercon) Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, In. 46324 1007231 PART ! Anares mate Interval Between Ones and Death sudden cardia death syndrau IMMEDIATE CAUSE IFINAL DUE TO LOR AS A CONSEQUENCE OF CAUSE OF DEATH Interiorlecto Hent Ossase DUE TO IOR AS A CONSEQUENCE OF). Conditions if any which save I no to the emmediate cause stating the underlying DUE TO IOR AS A CONSEQUENCE OF COURS INS 200. WERE AUTOPSY PINDINGS 17. WAS DECEDENT 284 WAS AN AUTOPSY AVAILABLE PROFITO CHANT OR SO DAYS PENFORMED? POSTPARTUMT COMPLETION OF CAUSE (Yes or no) OF DEATH? (Yes or not (Yes or not ND NO No 294 CERTIFIER CERTIFYING PRYSICIAN To the best of my knowledge death occurred at the time, date, and place, and due to the causalal as almo MEALTH OFFICER On the battle of examines CORONER On the base of examination and/or investigation in my earn 284 DATE SIGNED IMANIM. Day You 294 MEDICAL LICENSE NO 296 SIGNATURE AND TITLE OF CERTIFICE or centrica . Wolsh 140. 6/9/97 CERTIFIER 0/027487 (Juna) 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH LITEM 28) (Typos/Print) 931-7400 5500 Hohman Avenue, Suite 1D, Hammond, Indiana James B. Walsh, M.D. 32 DATE FILED (MONTH Day, Year) ST HEALTH OFFICERS SIGNATED رکی سطم HEALTH remuda M.D. June 10, 1997 **OFFICER** TAROW TA YRULNI SAL 346 DESCRIBE HOW INJURY OCCURRED JAN DATE OF MJURY 34 TIME OF 33 MANNER OF DEATH NJURY (Month Day Year) ☐ Netural Panding Acciden 341 LOCATION (Street and Number or Paral Pours Number, City or Town, State) 34e PLACE OF INJURY —At home form sweet feetby office building sic (Specify) ☐ Suscide

34h, MOTOR VEHICLE ACCIDENT? (Yes or no) If you specify shows sessinger pedestrian size