97 DEC 10 AN 10: 10

COUNTY OF LAKE

MORR'S W CARTER

495155 W

AFFIDAVIT

The undersigned, CHRISTINE A. KLOUSE/and MARY ANN SULLIVAN, being first duly sworn upon oath, state as follows:

- 1. That your affiants are sisters, born of the marriage of JOHN C. KRECZMER and WANDA JENNIE KRECZMER.
- 2. That the undersigned, CHRISTINE A. KLOUSE, currently resides at 402 Harborgate Court, Cornelius, North Carolina, 28031.
- 3. That the undersigned, MARY ANN SULLIVAN, currently resides at 9220 N. W. 14th Court, Plantation, Florida, 33322.
- 4. That your affiants are the sole heirs at law of JOHN C. KRECZMER and WANDA JENNIE KRECZMER.
- 5. That JOHN C. KRECZMER, father of your affiants, passed away on the 21st day of September, 1992; that WANDA JENNIE KRECZMER, mother of your affiants, passed away on the 10th day of January, 1995.
- 6. That during the decedents' lifetimes, they were the owners of the following described real estate:

Lot 16, Block 7, Subdivision of the East 1510.2 feet of the FOR TAXATION SUBLE North 1320 feet of the Northwest Quarter of Section AND FOR TAXATION SUBLE Township 37 North, Range 9 West of the 2nd P. M., except the East 201 feet thereof, in the City of East Chicago, and Co. 1997 shown in Plat Book 2, page 16, in Lake County, Indiana.

- 7. That on the 6th day of September, 1989, the parents of the your affiants conveyed the real estate described hereinabove to your affiants as tenants in common, retaining therein a life estate. That as a result of the death of your affiants' parents, they are now the owners in fee simple of the real estate described in paragraph 6 above.
- 8. That at the time your affiants' mother passed away, she owned no property, either real nor personal.
- 9. That your affiants are Class A beneficiaries as defined in West's A. I. C. 6-4.1-1-3 and accordingly are entitled to combined exemptions of \$10,000.00 as more specifically defined in West's A. I. C. 6-4.1-3-10.

000620

MYLS

500 Ju

Chicago Title Insurance Company

That the total value of all property to which your affiants succeeded or received from the decedents is less than \$10,000.00 and accordingly exempt from Indiana inheritance taxes. Further affiants saith not. 4. Xeense Mary ann Sullivan
KLOUSE MARY ANN SULLIVAN STATE OF NORTH CAROLINA, COUNTY OF MECKLENBURG, SS: Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named CHRISTINE A. KLOUSE who acknowledged the execution of the foregoing Deed to be her voluntary act and deed. **Witness**, my hand and Official Seal this 24 day of LM*DU* .1997. My Commission Expires:_ County of Residence of Notary Public: STATE OF FLORIDA, COUNTY OF RUNIUM Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named MARY ANN SULLIVAN who acknowledged the execution of the foregoing Deed to be her voluntary act and deed. Ditness, my hand and Official Seal this L My Commission Expirest Stugue

This instrument prepared by JOHN R. SORBELLO, attorney at law.

County of Residence of Notary Public?

INDIANA STATE BOARD OF HEALTH Local No. 2033-92 CERTIFICATE OF DEATH State No. TYPE/PRINT 1 DECEASED-NAME (First Middle Last) 36 TIME OF DEATH | 36 DATE OF DEATH (Month, Day Ye) John C. Kreczmer Male 10:00 pm Sep 21 1992 4 SOCIAL SECURITY NUMBER 5a AGE-Last Birthday SE UNDER I YEAR SC UNDER I DAY 6 DATE OF BIRTH (Mo. Day, Yr) 7. BIRTHPLACE (City and State or Foreign Country) **PERMANENT** (Years) 312 10 6997 **BLACK INK** Jun 9 1914 East Chicago In 8ª WAS DECEDENT A US VETERAN? 9a. PLACE OF DEATH (Check only one See Instructions) Bb YEAR LAST SERVED IN U.S ARMED FORCES? Inpatient HOSPITAL OTHER Nursing Home Other (Specify) Yes 1946 ☐ ER/Outpetient ☐ DOA Residence 9b. FACILITY NAME (If not institution, give street and number) 9c. CITY, TOWN OR LOCATION OF DEATH 94. COUNTY OF DEATH DECEDENT Munster Community Hospital Munster Lake 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) 10 MARITAL STATUS 11. SURVIVING SPOUSE 125. KIND OF BUSINESS/INDUSTRY Wanda Malewski Technician Married Chemical 13. RESIDENCE-STATE 13c. CITY TOWN OR LOCATION 13b COUNTY 13d STREET AND NUMBER Indiana East Chicago Lake 5032 Northcote Ave 13. ZIP CODE 13/ INSIDE CITY LIMITS 14 CITIZEN OF 15. WAS DECEDENT OF HISPANIC ORIGIN? 17. DECEDENT'S EDUCATION 16. RACE-American Indian, O No M Yes WHAT COUNTRY M No ... Yes ... Of year specify Go (Specify only highest grade completed) Stack, White, etc. Mexican Puerto Rican etc.) (Specify) 13g. ON A FARM? ntary/Secondary (0-12) College (1-4 or 5 +) 46312 USA White 12 No D Yes 19. MOTHER'S NAME (First, Middle, Meiden Surname) 18. FATHER'S NAME (First Middle, Lost) PARENTS Stanley Kreczmer Catherine Czak 20s. INFORMANTS NAME (Type/Print) 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 20c. Relationship **INFORMANT** Wanda Kreczmer 5032 Northcote E. Chicago In 46312 21s. METHOD OF DISPOSITION . . Entombrient 21b. DATE AND PLACE OF DISPOSITION (Name of cametery, crematory, or ☐ Cremetion ☐ Removal from State Sep 24 1992 ☐ Donation ☐ Other (Specify) _ Ridge Lawn Cemetery Gary In 224 EMBALMERS NAME 22b. EMBALMER'S LICENSE NO 23. WAS DEATH REPORTED TO CORONER? DISPOSITION No. ☐ Yes James W. Gholston FD01004194 244 SIGNATURE OF FUNERAL DIRECTOR 25 NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME Lesniak FH83001601 24b. LICENSE NUMBER (of Licensee) FD01005491 4918 Magoun E. Chicago In 46312 Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory Approximate shock or heart failure. List only one cause on each line Interval Between Onset and Death faikue respiratour IMMEDIATE CAUSE (Fine DUE TO (OR AS A PONSEQUENCE OF) disease or condition CAUSE OF DUE TO COR AS A CONSEQUENCE OF EACHOR Stating the underlying causes last HEATER AND WITH THE TAKE CHINA 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? AVAILABLE PRIOR TO COMPLETION OF CAUSE DEG MO OF DEATH? (Yes or no) SEP 28 1997 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(a) 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(a) as stated. 29a CERTIFIER (Check only one) CONONER On the bear of examination and/or investigation, in my opinion, death occurred at the 296 SIGNATURE AND TITLE OF CERTIFIER 29c MEDICAL LICENSE NO. 29d. DATE SIGNED (Month, Day, Year) Sto Church Mg CERTIFIER -010 33451 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Frmt)

HEALTH OFFICER

Munster In 4632]

45th Ave Don H. Dumont MD 761

31. HEALTH OFFICER'S SIGNATURE

340. DATE OF INJURY

suilding, etc. (Specify)

DATE FILED (Month, Day, Year)

CORONER USE ONLY

(Month, Day, Year) Pending Investigation 34e. PLACE OF INJURY-At home, farm, street, factory, office

34b. TIME OF INJURY

34c. INJURY AT WORK?

34d. DESCRIBE HOW INJURY OCCUR

34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

00062

34g DATE PRONOUNCED DEAD (Month Day, Year)

33. MANNER OF DEATH

Natural

Suicide

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SBH06-004 State Form 10110 (R2/3-89)

Could not be

DEA CERT/PD 1

I CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL CERTIFICATE JUDITH A. GIBSON, REGISTER OF DEEDS

DEPUTY

										T	ax k	EY # 30 -16
												E 1 7 30 -/6
			NORTH	CAROLINA DE	PARTMENT OF	ENVIRONM	MENT, HEALTH, AND	D NATURAL	RESOURCES	3		
		_		DIVIS			OF DEATH					
•	Registration	10095	al Nia		OLIVIII		OI BLAIN					
	District No. O	A	al No.						EX ID	ATE OF	EDEATU	(Month, Day, Year)
<i>t</i> .	1	tr mai, minore, enoi) L	AIE OF	r DEATH	(Month, Day, Year)
İ	1. SOCIAL SECURITY N	UMBED LACE	Wang Last Birthday		nie Kr	ec zme			F 3.	<u>J</u>	anuar	y 10, 1995
ļ		(Years)	Months	Days	Hours		ar)	TH (Month, Da	· I	Foreign (E (County and State
	4. 067-16-		72	5b.		5c.	6,	Jul.	1, 192			klyn, NY
	WAS DECEDENT EVE ARMED FORCES? (Y					93. PLACE	OF DEATH (Check	only one)		·		
	a. No				[] ER/Outpatie							
DENT	FACILITY NAME (II no	ot institution, give s	treet and num	nber)	CITY, TOWN,	OR LOCA	TION OF DEATH		DE CITY LIMIT or No)	57	COUNTY	OF DEATH
gran en	эь. Brittha	ven Nurs:	ing Cer	nter	9c C1	harlo	tte	9d.	Y	es	90. M	lecklenburg
	MARITAL STATUS-A		SURVIVING	SPOUSE (II v	wite, give maiden						KINDO	F BUSINESS/INDUSTRY
	Married, Widowed, Div 10. Widowed	orced (Specify)	11	•		12	ne during most of wo School (orking lite. U Crossi	no nor use reim nor Gua	nd	12b. C	ity of E.Ch
121	RESIDENCE-STATE	COUNTY		CITY,	TOWN, OR LOC	ATION		STRE	ET AND NUM	BER		<u> </u>
1. 2.34	13a. NC	13b. Me	ecklenh	urg 13c	Charle	otte	4	13d	2623 C	rant	שמים	I.ane
	INSIDE CITY LIMITS?		Was Deci	edent of Hispar	nic Origin? (Spec	y Yes or	RACE-American	Indian, [ECEDENTS	DUCA	TION /Sp	ecify only highest grade
	(Yes or No) Yes	28207	etc.)	s, specify Cubi (es 💹 No (S	an, Mexican, Pue pecify)	erto Rican,	White	(Specify) c	ompiełed) Elei	nentar) Ω	y/Seconda	ry (0-12) College (13-1)
;: \	13e.	131.	14.	, , , , , , , , , , , , , , , , , , ,			15.		6,		•	
NTS	FATHER'S NAME (Fire	si, Middle, Lest) in Malews	ale i				MOTHER'S NAME			rname)		n jangan salah
TICHE!	17.	III LIGITEMS)VT				18. LOUIS	se Woz	niak			
STONE OF	INFORMANT'S NAME			MAILI	NG ADDRESS (S	Street and N	lumber or Rural Rou	te Number,	City or Town,	State, Z	Up Code)	DATE AMENDED
TIMENT	Christi 19a.	ine Klous	3e ·	19b.	2015 EC	igewat	er Dr., C	charlo	tte, N	; 28	5210	19c.
Tari	Part Enter the disease	a, vyunes, or compli	cations that car	used the death	Do cal pater the	and the second second						
	if appropriate, en			useu ule ucesi.	no not enter the ti	node of dyin	g, such as cardiac or r	espiratory an	rest, shock or h	eart fash.	Jre.	Approximate Interval
		iter tobacco, alcohol	, or drug use. L	ist only one cau	use on each line. (i	node of dyin PRINT or TY	g, such as cardiac or r	espiratory an	rest, shock or h	eart faile.	ure.	Between Onset and Death
	IMMEDIATE CAUSE		, or drug use. L	ist only one cau	use on each line. (/	PRINT or TY	PE)		rest, shock or h	eart fails.		Between Onset and
	(Final disease or condition resulting		, or drug use. L	Sustantial control	use on each line. (/	node of dyin PRINT or TY	g, such as cardiac or r PE) For W		rest, shock or hi	eart faib.	<i></i>	Between Onset and
	(Final disease or		CON	ist only one cau CUITI	use on each line. (I UK	out	Failu	<u>رو</u>	rest, shock or hi	eart faib.		Between Onset and
	(Final disease or condition resulting in death) Sequentially list condit	a D	CONUE TO CORAS. Val	ist only one cau Quisti Acquiseoueric Julex	use on each line. If use He Heart	out	PE)	<u>رو</u>	rest, shock or hi	eart fails.		Between Onset and
	(Final disease or condition resulting in death)	Jons b. diate D	CONUE TO CORAS. Val	ist only one cau CUITI	use on each line. If use He Heart	out	Failu	<u>رو</u>	rest, shock or hi	part fash.		Between Onset and
	(Final disease or condition resulting in death) Sequentially list condit if any, leading to imme cause Enter UNDERL CAUSE (Disease or in)	ions b.	CONUE TO CORAS. Val	ist only one cau Quisti Acquiseoueric Julex	use on each line. If use He Heart	out	Failu	<u>رو</u>	rest, shock or hi	earl faib.		Between Onset and
	(Final disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERL	a Dions b. diate Diving lury c.	CONUE TO (OR AS)	ist only one cau Quisti Acquiseoueric Julex	use on each line. II use He Heart LE ON:	out	Failu	<u>رو</u>	rest, shock or hi	eart faib.		Between Onset and
	(Final disease or condition resulting in death) Sequentially list condition and the condition of the condit	ions b. diste VING lury c	OF drug use. I	A CONSEQUENCE	use on each line. (I LE OF). Heart GE OF).	eur+	Failu Disease	(0				Between Onset and Death
	(Final disease or condition resulting in death) Sequentially list condition from the first sequentially list condition from the first sequential from the first sequential from the first initiated events resulting in death) LAS	ions b. diste VING lury c	OF drug use. I	A CONSEQUENCE	use on each line. (I USE OF): Heart CE OF): ce OF):	CLL'T	Failu Failu Bi Sea se	(0				Between Onset and Death
	(Final disease or condition resulting in death) Sequentially list condit if any, leading to imme cause Enter UNDERL CAUSE (Disease or in) that initiated events resulting in death) LAS 20a. PART II. Other signification.	ions b. diste bying tury c. d. district conditions control con	UE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE CONSEQUE	Lear Hear Hear Hear Hear Hear Hear Hear H	Our t	For Lu For Lu By Seriese given in Part I, such Ld/ition	as tobacco	, alcohol, or dr	ug use;		Between Onset and Death
	(Final disease or condition resulting in death) Sequentially list condit if any, leading to imme cause Enter UNDERL CAUSE (Disease or in) that initialed events resulting in death) LAS 20a. PART II. Other signification	ions b. diste bying tury c. d. d. land conditions continued to the conditions continue	UE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE CONSEQUE	Lear Hear Hear Hear Hear Hear Hear Hear H	Our t	For Lu For Lu By Seriese given in Part I, such Ld/ition	as tobacco	, alcohol, or dr	ug use;	; diebetes,	Between Onset and Death
	(Final disease or condition resulting in death) Sequentially list condit if any, leading to imme cause Enter UNDERL CAUSE (Disease or in) that initiated events resulting in death) LAS 20s. PART II. Other signification.	ions b. diste VING buy c. d. d. sent conditions continue	UE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE CONSEQUE	Lear Hear Hear Hear Hear Hear Hear Hear H	curt tying cause al wain? Wa	For Lu For Lu Service Tripiven in Part I, such Lot; Hich s case referred to Mi	as tobacco	, alcohol, or dr	ug use;	, diabetes,	Between Onset and Death Y etc. TIME OF DEATH
	(Final disease or condition resulting in death) Sequentially list condition and the condition resulting in death) Sequentially list condition and the condition of the conditi	ions b. diste VING iury c. d. sert conditions continue vi VII. d. sert conditions continue vi VIII. d. sert conditions con	UE TO (OR AS TOURING TO GOR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	Lear Hear Hear Hear Hear Hear Hear Hear H	cust trying cause all Number 1979 Wastern Trying Tause all Number 1979 Wastern Trying	Failu Failu Fisease given in Part I, such Ldrition s case referred to Mic.	as tobacco	, alcohol, or dr	ug use; Vo)	, diabetes,	elc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE
	(Final disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition and the condition resulting to immer cause Enter UNDERL CAUSE (Disease or in) that initiated events resulting in death) LAS 20a. PART II. Other significate and the condition of the con	ions b. diste VING iuvy c. d. snt conditions continue ii ving	UE TO (OR AS DUE	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	LEOF). LEOF). LEOF). LEOF). LITING IN the under the	rlying cause Cur + rlying cause Cur + Representation of the control of the control of the cur o	For Lu For Secuse given in Part I, such At it on a case referred to Mic. CERTIFICATE OF DE	o as tobacco	, alcohol, or dr iner? (Yes or / ICIOUS, UNU: DEATH FALL	ug use; Vo)	, diabetes,	Between Onset and Death etc. TIME OF DEATH 22. M.
	(Final disease or condition resulting in death) Sequentially list condition and the condition resulting in death) Sequentially list condition and the condition of the conditi	distensions on the conditions control of the conditions conditions control of the conditions con	UE TO (OR AS TOURING TO COR ECT	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE CONSEQUE	LEOF). LEOF). LEOF). LITING IN the under of the unity cause of deal of t	rlying cause Cur + rlying cause Cur + Representation of the control of the control of the cur o	For Lu For Secuse given in Part I, such At it on a case referred to Mic. CERTIFICATE OF DE	o as tobacco	, alcohol, or dr iner? (Yes or / ICIOUS, UNU: DEATH FALL	ug use; do) SUAL, (ING IN	or unna	elc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE
E OF	(Final disease or condition resulting in death) Sequentially list condition from the cause enter UNDERL CAUSE (Disease or in) that initiated events resulting in death) LAS 20s. PART II. Other signification of the cause of th	diete bidiete bidiete bing in the conditions continued in	UE TO (OR AS TOURING TO COR ECT	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE CONSEQUE	LEOF). LEOF). LEOF). LITING IN the under of the unity cause of deal of t	rlying cause Cur + rlying cause Cur + Representation of the control of the control of the cur o	For Lu For Secuse given in Part I, such At it on a case referred to Mic. CERTIFICATE OF DE	o as tobacco	, alcohol, or dr iner? (Yes or / ICIOUS, UNU: DEATH FALL	use; //o) SUAL, (DATE	OR UNNA TO THESE	elc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE E CATEGORIES IS WITHI
	(Final disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition and the condition resulting to immer cause Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LAS 20a. PART II. Other signification and the condition of the co	diete Diving it of conditions continued it of conditions conditions continued it of conditions continu	UE TO (OR AS TOURING TO GOR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	LEOF). LEOF). LEOF). LEOF). LEOF). LITING IN THE UNDER LEOF). LITING CAUSE OF DEPARTMENT AND MEDICAL EXITERITY OF SECONDS.	riying cause CULY T CULY T CULY T CULY T CULY T CULY T CAUSE CAU	For Lu For Sea Se I given in Part I, such I sea Se I given in Part I, such I sea Se I given in Part I, such I sea Se I given in Part I, such I sea S	o as tobacco	, alcohol, or dr iner? (Yes or / ICIOUS, UNU: DEATH FALL	ug use; do) SUAL, (ING IN	OR UNNA TO THESE	etc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE E CATEGORIES IS WITHI
H	(Final disease or condition resulting in death) Sequentially list condition from the cause Enter UNDERL CAUSE (Disease or in) that initiated events resulting in death) LAS 20a. PART II. Other signification of the cause of th	ions b. distinct of the conditions continued to the condit	UE TO (OR AS TOURNE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	LEOF). LEOF). LEOF). LITING IN the under th	rlying cause Out + court rlying cause Out Waltin	For Lu For Lu Serve Se given in Part I, such Serve Se se case referred to Mic E. CERTIFICATE OF DE FOLLOWING THE U Print)	o as tobacco	, alcohol, or dr iner? (Yes or / ICIOUS, UNU OBATH FALL G INJURY.	ug use; lo) SUAL, (DATE 23b.	OR UNNA TO THESE	Between Onset and Death Y Letc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE E CATEGORIES IS WITHI (Month, Day, Year) 13 - 95
	(Final disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the cause Enter UNDERL CAUSE (Disease or injuried that initialed events resulting in death) LAS 20a. PART II. Other signification of the cause of t	ions b. distinct of the conditions continued to the condit	UE TO (OR AS TOURNE TO (OR AS	A CONSEQUENCE A	LEOF). LEOF). LEOF). LITING IN THE UNDER LEOF). LITING IN THE UNDER LEOF). EOF). LEOF). LEOF). LEOF).	rlying cause out the cause of the cause out the cause of the cause out the cause of	For Land Service Servi	n as tobacco edical Exam NDER SUSP DEATH, ANY NDERLYIN	, alcohol, or dr iner? (Yes or / ICIOUS, UNU OBATH FALL G INJURY.	ug use; loo) DATE 23b.	OR UNNA TO THESE	etc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE E CATEGORIES IS WITHI (Month, Day, Year) 3 - 9 5
H	(Final disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the cause Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LAS 20a. PART II. Other signification of the cause of the cau	ions disteriors distributed by ing distributed by i	UE TO (OR AS TOURING TO GORAS TOURING TOUR	A CONSEQUENCE CONSEQUE	LEOF). riying cause CLC + Tying	For Land Service Servi	o as tobacco edical Exam NDER SUSP DEATH. ANY INDERLYINI LOCATION	, alcohol, or dr iner? (Yes or / iCious, Unui 'DEATH FALL G INJURY. Charlo I — City or Toy	ug use; loo) DATE 23b.	OR UNNA TO THESE	etc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE E CATEGORIES IS WITHI (Month, Day, Year) 3 - 9 5	
H H H H H H H H H H H H H H	(Final disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of any, leading to imme cause Enter UNDERL CAUSE (Disease or in) that initiated events resulting in death) LAS 20a. PART H. Other signification of the condition of the signification of the condition of	ions b. diete ving diete ving lury c. d. ant conditions continue vit. and certified by interest jurisoic E of certifier vit. a. Doman tion and certifier vit. and certifie	UE TO (OR AS. UE TO	A CONSEQUENCE CONSEQUE	LEOF). LEOF). LEOF). LITING IN THE UNDER LEOF). LITING IN THE UNDER LEOF). EOF). LEOF). LEOF). LEOF).	riying cause CLC + Tying	For Lu For Service I given in Part I, such Society of the Common of t	o as tobacco edical Exam NDER SUSP JEATH ANY INDERLYIN LOCATION 25c. Ga	iner? (Yes or / iner. (Yes or	ug use; loo) DATE 23b.	OR UNNA TO THESE	etc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE E CATEGORIES IS WITHI (Month, Day, Year) 3 - 9 5
FIER	(Final disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the cause enter UNDERL CAUSE (Disease or in) that initiated events resulting in death) LAS 20a. PART II. Other signification of the cause of the ca	districtions continuity and conditions continuity and continuity and conditions continuity and continuity and conditions con	UE TO (OR AS VILLE TO (OR AS VIDUATO (OR AS	A CONSEQUENCE CONS	LEOF). LEOF). LEOF). LEOF). LITING in the under of th	tlying cause Cur + tlying cause Cur + 21c T, HOMICII CAMINER'S SURVIVAL II O) (Type or Can A elery, creme	For Land Service Servi	o as tobacco edical Exam NDER SUSP JEATH ANY INDERLYIN LOCATION 25c. Ga	iner? (Yes or / iner. (Yes or	ug use; loo) DATE 23b.	OR UNNA TO THESE	etc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE E CATEGORIES IS WITHI (Month, Day, Year) 3 - 9 5 LICENSE NUMBER
FIER SITION	(Final disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the cause and condition to mine cause a enter UNDERL CAUSE (Disease or in) that initiated events resulting in death) LAS 20a. PART II. Other signification of the condition of the cause o	dons b. distinct of the conditions continued the conditions conditions continued the conditions	UE TO (OR AS VILLE TO (OR AS VIDUATO (OR AS	A CONSEQUENCE CONS	LEOF) LE	tying cause of the state of the	For Land For	NDER SUSPICEATION LOCATION 25c. Ga FUNERAL H. W:	iner? (Yes or / icious, unus r DEATH FALL G INJURY. Charlo I — City or Tov TY . IN DIRECTOR Likins	ug use; loo) DATE 23b.	OR UNNA TO THESE	Between Onset and Death Petc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE E CATEGORIES IS WITHI (Month, Day, Year) 28205 de LICENSE NUMBER 28c. 683
FIER	(Final disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the cause enter UNDERL CAUSE (Disease or in) that initiated events resulting in death) LAS 20a. PART II. Other signification of the cause of the ca	dons b. distinct of the conditions continued the conditions conditions continued the conditions	UE TO (OR AS VILLE TO (OR AS VIDUATO (OR AS	A CONSEQUENCE CONS	LEOF). LEOF). LEOF). LEOF). LITING in the under of th	tying cause of the state of the	For Land For	NDER SUSPICEATION LOCATION 25c. Ga FUNERAL H. W:	iner? (Yes or / icious, unus r DEATH FALL G INJURY. Charlo I — City or Tov TY . IN DIRECTOR Likins	ug use; loo) DATE 23b.	OR UNNA TO THESE	etc. TIME OF DEATH 22. M. TURAL CIRCUMSTANCE E CATEGORIES IS WITHI (Month, Day, Year) 3 - 9 5 LICENSE NUMBER