

7
—

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
98 APR -9 ... 12

INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER

98025436

MAIL TAX BILLS TO: 6635 Nebraska
Hammond, IN 46323

TAX KEY NO.: 32 0240 0009

QUIT-CLAIM DEED

This indenture witnesseth that

FRANCES CHVOSTAL, a widow not since remarried

of Lake County, in the State of Indiana

Releases and quit claims to

FRANCES CHVOSTAL and ANTHONY CHVOSTAL and KATHELINE CHVOSTAL, as joint tenants with rights of survivorship

of Lake County, in the State of Indiana

for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration the receipt whereof is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana, to Wit:

Cline Gardens 3rd Add Lot 9 as shown in Plat Book 37, page 23, Lake County, Indiana.

Commonly known as: 6635 Nebraska, Hammond, Indiana 46323

This conveyance is subject to easements, covenants, rights of way, reservations, exceptions, encroachments, grants, building lines, restrictions and liens of record.

STATE OF INDIANA, LAKE COUNTY, ss:

Dated this 2 day of February 1998

Before me, the undersigned, a Notary Public in and for said County and State, this 2nd day of February, 1998, personally appeared:

Frances Chvostal Seal

_____ Seal

_____ Seal



_____ Seal

_____ Seal

_____ Seal

and acknowledge the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Angela Ivanovich
Notary Public, ANGELA IVANOVICH

My Commission expires: 10-9-99
My County of Residence: LAKE

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

APR 9 1998

SAM ORLICH
AUDITOR LAKE COUNTY

✓
FRANCES CHOSTAL

MAIL TO: 6635 Nebraska, Hammond, IN 46323

This instrument prepared by George S. Ivancevich, Attorney at Law, 5800 Broadway, Suite G, Merrillville, Indiana 46410. 13.00

000628

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. 325

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Michael Chvostal		2 SEX male		3a TIME OF DEATH 12:21 P		3b DATE OF DEATH (Month, Day, Yr) December 30, 1997	
4 *SOCIAL SECURITY NUMBER 315-10-4044		5a AGE—Last Birthday (Years) 76	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) March 5, 1921		7 BIRTHPLACE (City and State or Foreign Country) (Unknown) Indiana
8a WAS DECEDENT A U.S. VETERAN? yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) St. Catherine Hospital				9c CITY, TOWN OR LOCATION OF DEATH East Chicago		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) married		11 SURVIVING SPOUSE (If wife, give maiden name) Frances Bruno		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Burner		12b KIND OF BUSINESS/INDUSTRY Steel Manufacturing	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Hammond		13d STREET AND NUMBER 6635 Nebraska Avenue	
13e ZIP CODE 46324	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		
18 FATHER'S NAME (First, Middle, Last) Michael Hosty				19 MOTHER'S NAME (First, Middle, Maiden Surname) Anna (Unknown)			
20a INFORMANT'S NAME (Type/Print) Francis Chvostal				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6635 Nebraska Avenue Hammond, Indiana 46324		20c Relationship wife	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 3, 1998 Catholic Cemetery			21c LOCATION—City or Town, State Hammond, Indiana	
22a EMBALMER'S NAME Timothy J. Hoel			22b EMBALMER'S LICENSE NO. FDO8800371		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>James S. Iscanin</i>			24b LICENSE NUMBER (of Licensee) FDO 10 10850		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FHR3007500		
<p>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.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Conditions if any which gave rise to the immediate cause stating the underlying cause last</p> <p style="text-align: right;">Approximate Interval Between Onset and Death</p> <p style="text-align: right;">YEARS</p> <p style="text-align: right;">YEARS</p> <p style="text-align: right;">YEARS</p>							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) no	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) n/a
<p>29a CERTIFIER (Check only one)</p> <p><input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>							
29b SIGNATURE AND TITLE OF CERTIFIER <i>H. Alan Jones</i>				29c MEDICAL LICENSE NO. 02000640		29d DATE SIGNED (Month, Day, Year) 1/2/98	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 9128 COLUMBIA MUNSTER IN - H. A. JONES							
31 HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Raykovich</i>						32 DATE FILED (Month, Day, Year) 1-5-98	
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		
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a 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)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

