FA # F27582

LEGAL DESCRIPTION:

Lot(s) 11 - 12, of Schillings 3rd Add, Map Book 33, Map Page 70

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99029064

99 APR -6 AM 8:55

FILED

MORRIS W. CARTER
RECORDER APR 06 1999

First American Title Insurance Company

PROPERTY ADDRESS:
957 Quinn Place
Dyer, IN 46311

PETER BENJAMIN
LAKE COUNTY AUDITOR

ESTATE AFFIDAVIT

Lee J. Parlock, Affiant, states that:

1. **Bernard M Parlock aka Bernard Parlock**, deceased, died on the 4th day of SEPTEMBER, 1997.

2. Affiant is: X the surviving spouse of the deceased,

___ the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died: ___ leaving a will which has been probated;
___ leaving a will which has not been probated;
X leaving no will;

4. The deceased and Affiant were married on the 19th day of AUGUST, 1961; and were never divorced.
(This item applies only to the surviving spouse.)

5. X All expenses of the last illness and funeral of the deceased have been paid;

6. X All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. X There are no claims against the estate of the descendent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

MARCH 5, 1999
Date

Lee J. Parlock
Signature of Affiant

LEE J. PARLOCK
Printed Name of Affiant

State of Indiana, County of **Lake**

Subscribed and sworn to before me, this 5th day of **March**; **1999**.

ANDREA A PLASENCIA
Printed Name of Notary

Signature of Notary

My Commission expires: 9-17-2001

My County of Residence is: LAKE

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

APR 06 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

THIS INSTRUMENT WAS PREPARED BY: **Lee J Parlock**

(1) F27582

HOLD FOR FIRST AMERICAN TITLE

1200

0002234

(1)

SWS Vision Form TAF02IN Rev. 04/14/98

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AN COMPLETE COPY OF DEATH ON FILE WITH TH HAMMOND HEALTH DEPARTMENT.

Local No. 694

CERTIFICATE OF DEATH

Sept 9,1997 Date Issued — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Bernard Parlock
2. SEX: MALE
3a. TIME OF DEATH: 7:40 P M
3b. DATE OF DEATH (Month, Day, Yr.): September 4,1997
4. *SOCIAL SECURITY NUMBER: 305-30-4083
5a. AGE—Last Birthday (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day, Yr): MAY 30, 1931
7. BIRTHPLACE (City and State or Foreign Country): GARY, INDIANA
8a. WAS DECEDENT A US VETERAN?: YES
8b. YEAR LAST SERVED IN US ARMED FORCES?: 1955
9a. PLACE OF DEATH (Check only one See instructions): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): ST. MARGARET MERCY NORTH
9c. CITY, TOWN OR LOCATION OF DEATH: HAMMOND
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): LEE STINSON
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): SCHOOL SUPERINTENDENT
12b. KIND OF BUSINESS/INDUSTRY: EDUCATION
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN OR LOCATION: DYER
13d. STREET AND NUMBER: 957 QUINN DR.
13e. ZIP CODE: 46311
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+): 5+

PARENTS

18. FATHER'S NAME (First, Middle, Last): MICHAEL PARLOCK
19. MOTHER'S NAME (First, Middle, Maiden Surname): NANCY HREHA

INFORMANT

20a. INFORMANT'S NAME (Type/Print): LEE PARLOCK
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 957 QUINN DR. DYER, INDIANA 46311
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): SEPTEMBER 8, 1997 OAKLAND MEMORY LANE
21c. LOCATION—City or Town, State: DOLTON, ILLINOIS
22a. EMBALMER'S NAME: NONE
22b. EMBALMER'S LICENSE NO: N/A
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Eli Wright
24b. LICENSE NUMBER (of Licensee): FD01008300
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardio-Respiratory Arrest

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:
b. DUE TO (OR AS A CONSEQUENCE OF) —
c. DUE TO (OR AS A CONSEQUENCE OF) —
d. DUE TO (OR AS A CONSEQUENCE OF) —

Approximate Interval Between Onset and Death

FILED
APR 06 1999
PETER BENJAMIN
LAKE COUNTY AUDITOR

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): NO

CERTIFIER

29a. CERTIFIER (Check only one):
☒ 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: R. Shah
29c. MEDICAL LICENSE NO: 1025640
29d. DATE SIGNED (Month, Day, Year): (September) 9-6-97

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): R. Shah M.D. Calumet Avenue Munster, Indiana 46320
31. HEALTH OFFICER'S SIGNATURE: Frank J. Dremonde M.D.
32. DATE FILED (Month, Day, Year): September 8, 1997

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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): 000235
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc

(2)

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1