

FA# F29675

LEGAL DESCRIPTION:

Lot 25 in Block 59 in Indiana Harbor, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5, page 9, in the Office of the Recorder of Lake County, Indiana.

99081372

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99 OCT -4 AM 10:19



MORRIS W. CARTER
RECORDER
First American Title
Insurance Company

PROPERTY ADDRESS:

3528 Hemlock Street, East Chicago, IN 46312

ESTATE AFFIDAVIT

William Pabey

, Affiant, states that:

1. Luis C. Pabey, deceased, died on the 14 day of July 1999,

2. Affiant is: 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;
 leaving no will;

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

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

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

7. There have been no claims against the estate of the decedent.

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

9-29-99
Date

William Pabey
Signature of Affiant

William Pabey
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 24th day of September, 1999

Beth A. Kolbert
Printed Name of Notary

Druanne M Bocek
Signature of Notary

My Commission expires: 07/11/01

My County of Residence is:

DRUANNE M. BOCEK
NOTARY PUBLIC STATE OF INDIANA
Resident of Lake County
My Commission Expires August 26, 2006

THIS INSTRUMENT WAS PREPARED BY: _____

000141

HOLD FOR FIRST AMERICAN TITLE

12.00
E.P.
FA

* 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

State No.

Local No. 183

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) Luis C. Pabey		2. SEX Male	3a. TIME OF DEATH 11:30p.m.	3b. DATE OF DEATH (Month, Day, Yr.) July 14, 1999	
4. *SOCIAL SECURITY NUMBER 312-34-7817	5a. AGE—Last Birthday (Years) 88	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr.) Aug. 18, 1910	
7. BIRTHPLACE (City and State or Foreign Country) Penuelas, Puerto Rico	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 <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 3528 Hemlock Street		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) Juana Mena	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Field Forces		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION East Chicago		13d. STREET AND NUMBER 3528 Hemlock Street	
13e. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Puerto Rican	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 College (1-4 or 5+) —		18. FATHER'S NAME (First, Middle, Last) Victoriano Pabey			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Leonor Morales		20a. INFORMANT'S NAME (Type/Print) Luz Burgos			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 520 Riga Place, East Chicago, IND 46312		20c. Relationship Daughter			
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) July 19, 1999 Ridgelawn Cemetery		21c. LOCATION—City or Town, State Gary, Indiana	
22a. EMBALMER'S NAME James H. Fife		22b. EMBALMER'S LICENSE NO. FD01010795	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>		24b. LICENSE NUMBER (of Licensee) FD01020366	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. - FH83001512 4201 Indpls. Blvd., East Chicago, IND		
26. (PART I) Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac respiratory arrest, shock, or heart failure. List only one cause on each line. Metastatic bone cancer				Approximate Interval Between Onset and Death OCT 04 1999	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic bone cancer DUE TO (OR AS A CONSEQUENCE OF)				PETER BENJAMIN LAKE COUNTY AUDITOR	
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)					
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) —	
29a. CERTIFIER (Check only one) <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. <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. <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.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			29c. MEDICAL LICENSE NO. 02000640	29d. DATE SIGNED (Month, Day, Year) July 15, 1999	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Dr. Alan Jones, D.O. - 929 Ridge Road, Munster, Indiana 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Crisp</i>				32. DATE FILED (Month, Day, Year) July 16, 1999	
33. MANNER OF DEATH <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. 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) 000175	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			