4

Gail Billens
681 S. 150 East
Kouts, IN 46347

RECEIVED
OCT 5 = 1999
PAUL G. KARPAS
LAKE COUNTY ASSESSOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SMALL ESTATES AFFIDAVIT

Comes now Gail Billens who being duly sworn upon his/her oath, deposes and says:

99082049

1. That more than forty-five days have elapsed since the death of Raymond Billens.

2. That this Affiant is the wife of the decedent.

3. That the estate of Raymond Billens amounts to less than $15,000.00.

4. That no personal representative has been appointed to administer the estate of Raymond Billens.

5. That the undersigned is solely entitled to said assets.

FURTHER AFFIANT SAYETH NOT.

FILED
OCT 05 1999
PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

Gail Billens
Gail Billens
681 S. 150 East
Kouts, IN 46347

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said county and state this 28th day of September, 1999.

Irene C. Gasparis, Notary

IRENE C. GASPARIS
Lake County
My Commission Expires
June 10, 2007

My Commission Expires:
Resident of Lake County, Indiana

16.00
E.P.
2266

000389

10cc + VET

* **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. 2461-98 State No. .....

2L5323

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
RAYMOND	K.	BILLENS	Male	4:25 A.M	November 2, 1998

4 *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr)	7 BIRTHPLACE (City and State or Foreign Country)
295-14-7403	73			January 5, 1925	Cleveland, Ohio

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
Yes	1946	HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Methodist Hospital Southlake Campus	Merrillville	Lake

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Gail Pavlitza	Stamping Plant	Ford Auto Co.

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Porter	Kouts	681 S. 150 E.

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc)	16 RACE—American Indian, Black, White, etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46347	[X] No [ ] Yes	[X] No [ ] Yes	U.S.A.	[X] No [ ] Yes	White		5+

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
Waldo Billens	Eugenia Giest

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Gail Billens	681 S. 150 E. Kouts, Indiana 46341	Wife

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
[X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)	November 6, 1998 Calumet Park Cemetery	Merrillville, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Robert P. Saul	FD29700098	[X] No [ ] Yes

24a SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
[illegible]	FD29700098	STILINOVICH & WIATROLIK FH83004455 7535 Taft St. Merrillville, IN 46410

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	NOV 11 1998	
DUE TO (OR AS A CONSEQUENCE OF)	Carcinoma of Prostate metastatic	? 1 yr.
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	Alexander S. Wiatrolik, MD DEPUTY HEALTH COMMISSIONER	
DUE TO (OR AS A CONSEQUENCE OF)		
DUE TO (OR AS A CONSEQUENCE OF)		

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

S/P chemo S/P radiation
G.I Bleeding

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	NO

CERTIFIER

29a CERTIFIER (Check only one)

[X] 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month Day Year)
[signature] MD	01035695	11.3.98

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

J. Sanghvi, M.D. 8127 Merrillville Road Merrillville, IN 46410 219-769-4855

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month Day Year)
Alexander S. Wiatrolik MD	November 19, 1998

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
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

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)

34g DATE PRONOUNCED DEAD (Month Day Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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

This Form has been prepared for use in the State of Indiana by lawyers only. The selection of a form of instrument, filling in blank spaces, striking out provisions, and insertion of special clauses, may constitute the practice of law which should only be done by a lawyer.

MAIL TAX BILLS TO: 681 South 150 East, Kouts, IN 46347

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that RAY BILLENS, deceased

GRANTOR(S) of **LAKE** County in the State of **INDIANA**

QUITCLAIM(S) to **GAIL BILLENS**

GRANTEE(S) of **PORTER** County in the State of **INDIANA**

in consideration of the sum of Ten Dollars ($10.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, Indiana:

CHAMBER'S 2nd ADD. L.30

Key Number 02-03-0145-0030

Dated this _____ day of September, 1999

_____
RAY BILLENS, Deceased, Grantor

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On the _____ day of September, 1999, Gail Billens perrsonally appeared, before me a Notary Public and witnessed his/her hand and seal this_____ day of _____, 1999.

My Commission Expires:_____
Resident of _____ County

_____
, Notary Public

This instrument prepared by: *Irene C. Gasparis, Attorney at Law, 301 South Main Street, Crown Point, Indiana 46307*

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Pt. NE. SE. 1y'g W'1y. of R/W R.R. N'ly. Pt. S.30 T.35 R.8 .93 ac.

Key Number 15-129-33

Dated this _____ day of September, 1999

_____
RAY BILLENS, Deceased, Grantor

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On the _____ day of September, 1999, Gail Billens perrsonally appeared, before me a Notary Public and witnessed his/her hand and seal this_____ day of _____, 1999.

My Commission Expires:_____
Resident of _____ County

_____
, Notary Public

This instrument prepared by: *Irene C. Gasparis, Attorney at Law, 301 South Main Street, Crown Point, Indiana 46307*