COMMUNITY TITLE COMPANY

— An Indiana Corporation — 421 West 81st Avenue Merrillville, Indiana 46410 219-736-2810

217-700-2010	
AFFIDAVIT	2000
STATE OF INDIANA)	
COUNTY OF LAKE)	2007
KATHERINE AMBORSKI , being first duly sworn upon oath, deposes and says:	S
1. That Affiant's spouse, WALTER E. AMBORSKI died (without leaving a will) (Alexandra xxxxix xxxix xxxix on April 36 1994 at The Community Hospita)	
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:	Services of the services of th
LOT 45 IN C. GORLEY'S ROLLING HILL ESTATES, UNIT NO. 2, AS PEI PLAT THEREOF, RECORDED AUGUST 10, 1962 IN PLAT BOOK 35 PAGE 5	R 3 ,
	2
UNIT 20 KEY NO 13-244-45 Document is the property of	
the Lake County Recorder!	
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) XXXX death.	
/ That all funeral among a connection with the death of	-

- 3 а
- That all funeral expenses in connection with the said decedent have been paid in full.
- That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life wer sufficient to necessitate payment of Federal Esta i, a

Further affiant sayeth not.



MAR 06 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

KATHERINE AMBORSKI

Subs	cr	ibed	and	sworn	to	before	me,	а	Notary	Public,	this	29th
day	οf	Feb	ruary			, X	2000	<u>)</u> .		Public,		13 T.

My Commission expires:

KAREN GATONS Notary Public, State of Indiana County of Lake My Commission Expires 11/04/2006

County of Residence:

FILE NO

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is veluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

E/PRINT I DECE IN MANENT 4. *SOC 30 NO DENT 10. MAR 10. MAR 10. MAR 13. RES 11. 13. ZIP 46 NTS 18 FATH WA MANT K 21. MET WA 20. INFO Don RO 24. SIGI	CIAL SECURITY NUMBER 06-34-5480 S DECEDENT S VETERAN? CILITY NAME (If not institute the continuous continuo	Andrie Last) ter E. Sa AGE (Yea 8b YEARLAST US ARMED NA ARON, give street an Y HOSPIT 11. SURVIVING (If wide, give KATHERI 13b. COUNTY LAH TY LIMITS 14 (V R RM7 Ves 4. Last) BROSKI (Print) Greenword from (If) Greenword from (If)	Ambros E-Lest Birthdey 109 60 I SERVED IN D FORCES? I AL D SPOUSE marden name) INE ROE CITIZEN OF WHAT COUNTRY! SA AMBORSK AMBORSK	AMBOR Shall AMBOR Shall AMBOR Shall AMBOR Shall Ambor Shall Ambor Index I year Monins Days HOSPITAL Index In	SKI. St. UNDER 1 C. Hours Mir Dutpatient DOA 9c. 12a DECEDENTS done during in LOADER LOCATION ERVILLE OF HISPANIC ORIC (If yes, specifican, etc.) DURBIN, E OF DISPOSITION April 28 Park Ce	Apr. 9a PLACE O OTH CITY TOWN OR MUNSTER USUAL OCCUPA ROSE of working life W MOTHER'S NAM DOROT and Number or flur SCHERER (Name of cemetary) 3, 1994	TION (Give kind of work Do not use retired) 13d STREET AND NU 7720 DURB ICE—American Indian, lack White: etc. Specify) HITE AE (First Middle, Maiden S HY ADAMS I Route Number, Gry or	April Ap	Y OF DEATH KE BUSINESS/IND COMPAI DECEDENT'S ED only highest gra dary (0-12) 20c. Reli ity or Town. Sta	UCATION de comoleted) College (1-4 or 5+) O astionship FEE
MANENT 4. *soc 30 ACK INK 8a WAS NO DENT TH. 10. MAR (So MAR 13a RES 13a ZIP 46 NTS WA 20a INFI WA SITION 22a EME RO 24a SIGI Condition rise to the stating the cause lest	Wal CIAL SECURITY NUMBER 16-34-5480 S DECEDENT S VETERAN? CILITY NAME (If not institute the continuous con	So AGE (Yea NA NA TOOL give street an Y HOSPIT 11. SURVIVING (If wife, give KATHERI 13b. COUNTY LAH TY LIMITS 14 (Yea RATHERI 14 (Yea RATHERI 15 (Print) Performer Removal fro Infr) ed	TAL BYPOUSE MADE NO FORCES? I SERVED IN DEPORCES? I ALL BYPOUSE MADE NAME NO FORCES? KE CITIZEN OF WHAT COUNTRY! SA AMBORSK AMBORSK	AMBOR SE UNDER I YEAR MONINS Days HOSPITAL DINDS I 3c. CITY. TOWN OR SCHER 15 WAS DECEMBER: AMBORIAN 17 720 21b. DATE AND PLACE other place) Calume 22b. EMBALMERS	SKI. St. UNDER 1 C. Hours Mir Dutpatient DOA 9c. 12a DECEDENTS done during in LOADER LOCATION ERVILLE OF HISPANIC ORIC (If yes, specifican, etc.) DURBIN, E OF DISPOSITION April 28 Park Ce	Male Apr. 9 PLACE O OTH CITY TOWN OR MUNSTER USUAL OCCUPA FOR OF WORKING life W MOTHERS NAM DOROT End Number of Flur SCHEER (Name of cemetary) 3, 1994	9:56 P, BIRTH (Mo. Dey. Yr) 3, 1934 F DEATH (Check only on ER Nursing Home Residence LOCATION OF DEATH ATTON (Give kind of work Do not use rebred) 13d STREET AND NU 7720 DURB CE—American Indian. lack White. etc. Specify) HITE AE (First Middle Meiden S HY ADAMS al Rouse Number. Cry or VILLE	April Ap	Y OF DEATH KE BUSINESS/IND COMPAI DECEDENT'S ED Only highest gra dary (0-12) 20c. Reli WI Sity or Town. Sta	UCATION de comoleted) College (1-4 or 5+) O astionship FEE
MANENT 4. *soc 30 8a WAS A US NO DENT TH. 10. MAR (Sp. MAR 13a RES 46 NTS 18 FATT WA 20a INFI WA 21a MET WA SITION 22a EME RO 24a SIGI Condition rise to the stating the cause lest	CIAL SECURITY NUMBER 06-34-5480 S DECEDENT S VETERAN? CILITY NAME (If not institute the continuous continuo	Sa AGE (Year Sb YEARLAS) US ARMED NA ROON, give street an Y HOSPIT 11. SURVIVING KATHER 13b. COUNTY LAH 17y LIMITS 14 (7 Yea A Last) BROSKI Permu Removal fro inty) ed	TAL BYPOUSE MADE NO FORCES? I SERVED IN DEPORCES? I ALL BYPOUSE MADE NAME NO FORCES? KE CITIZEN OF WHAT COUNTRY! SA AMBORSK AMBORSK	I So UNDER I YEAR Months Days HOSPITAL Input I 13c. CITY. TOWN OR SCHER 15 WAS DECEDENT AMERICAN, PURITO IN 7720 21b. DATE AND PLACE other place 22b. EMBALMERS	Sc UNDER 1 C Hours Mir tient Dutpstient DOA 9c. 12a DECEDENTS done during in LOADER LOATION ERVILLE OF HISPANIC ORIG Yes (II yes. specification, stc.) DURBIN, E OF DISPOSITION April 28 Park Ce	Apr. 9a PLACE O OTH CITY TOWN OR MUNSTER USUAL OCCUPA FOR OF WORKING life W MOTHETS NAM DOROT End Number or flur SCHERER (Name of cemetary) 3, 1994	BIRTH (Mo. Day. Yr) 3, 1934 F DEATH (Check only on ER Nursing Home Residence LOCATION OF DEATH ITION (Give kind of work Do not use retired) 13d STREET AND NU 7720 DURB INCE—American Indian. Isack White. etc.: Specify! HITE HE (First Middle Maiden SHY ADAMS al Rouse Number, Gry or VILLE	Other (Specify I 2b. KIND OF I STEEL MBER IN 17 C (Specify Elementary/Secon 12 Invited by State Sign Cool LOCATION—C	Y OF DEATH KE BUSINESS/IND COMPAI DECEDENT'S ED Only highest gra dary (0-12) 20c. Rel WI kity or Town. Sta	USTRY NY UCATION de completed College (1-4 or 5+) O attornable
Ba WAS A UI NO Pb FAC TH 10. MAR (Sp. MAR 13a RES 13a ZIP 46 NTS 18 FATT WA 20a INFI Bun Don 22a EME RO 24a SIGI IMMEDIA disease or resulting in resulting the cause last	S DECEDENT S VETERAN? SILITY NAME (If not institute the community of the	U.S. ARMED NA JOOR give street en Y. HOSPIT 11. SURVIVING KATHER 13b. COUNTY LAH TY LIMITS Yes RM7 Yes Last) BROSKI Gemoval fro infy) ed	T SERVED IN D FORCES? If AL D SPOUSE maden name) INE ROE KE CITIZEN OF WHAT COUNTRY! SA AMBORSK	13c. CITY. TOWN OR SCHER 15 WAS DECEDENT NO DATE OF PURPLE OF P	DUTDATION DOAD 9c. 12a DECEDENTS done during in LOADER LOCATION ERVILLE OF HISPANIC ORIGE Vee (If yet, specification, etc.) 3 ADDRESS (Street and DURBIN, etc.) ECT DISPOSITION April 28	98 PLACE O OTH OTH CITY TOWN OR MUNSTER USUAL OCCUPA FOR OF WORKING life WIND 16. RA MY Cuban DOROT End Number or Rur SCHERER (Name of cemetary 3, 1994	F DEATH (Check only on ER Nursing Home Residence LOCATION OF DEATH TION (Give kind of work Do not use retired) 13d STREET AND NU 7720 DURB INCE—American Indian. Isak White: etc.: Specify! HITE AE (First Middle, Meiden S HY ADAMS al Rouse Number, Gry or VILLE	Other (Specify 9d COUNTY LA 12b. KIND OF I STEEL MBER IN 17 C (Specify Elementary/Secon 12 iumeme) fown State Zip Cool 1c LOCATION—C	Y OF DEATH KE BUSINESS/IND COMPAI DECEDENT'S ED only highest gra dary (0-12) 20c. Reli	UCATION de comolered College (1-4 or 5 +) C
NO SENT TH 10. MAR 13. RES MAR 13. RES 13. JI 146 RTS WA 200 INFI WA 210 MET A 200 INFI WA 210 MET A Condition Condition rise to the stating the cause lest	ELLITY NAME (If not institute the community of the commun	NA TOON, give street and Y HOSPIT 11. SURVIVING (If wife, give KATHER) 13b. COUNTY LAH TY LIMITS 14 (V RHM7 Ves Last) BROSKI (Print) Removal from (If) All Removal from (If)	AMBORSK	13c. CITY. TOWN OR SCHER 15 WAS DECEDENT NO DATE OF PURPLE OF P	DUTDATION DOAD 9c. 12a DECEDENTS done during in LOADER LOCATION ERVILLE OF HISPANIC ORIGE Vee (If yet, specification, etc.) 3 ADDRESS (Street and DURBIN, etc.) ECT DISPOSITION April 28	CITY TOWN OR MUNSTER USUAL OCCUPA TOUSING WARRING WAR TO CUBA	Desidence LOCATION OF DEATH ATTON (Give kind of work Do not use retred) 13d STREET AND NU 7720 DURB INCE—American Indian lack White etc. Specify) HITE AE (First Middle Meiden S HY ADAMS al Rouse Number, Gry or VILLE	STEEL MBER IN 17 C (Specify Elementary/Secon 12 iurneme) 1c LOCATION—C	Y OF DEATH KE BUSINESS/IND COMPAI DECEDENT'S ED only highest gra dary (0-12) 20c. Reli	UCATION de comolered College (1-4 or 5 +) C
DENT Bb FAC TH 10. MAR 13e RES MAR 13e ZIP 46 ITS 18 FATH WA 20e INFI WA 21e MET Don RO 24e SIGI IMMEDIA IMMEDIA IMMEDIA IMMEDIA Condition rise to the stating the cause lest	E COMMUNIT RITAL STATUS PRICED SIDENCE—STATE NDIANA CODE 131 INSIDE CI INDIANA 375 139 ON A FAI X NO HERS NAME (FIRST MIDDIANA LITER J. AM THOD OF DISPOSITION THE I Cremation THE I Cremation THE I CREMATE STATE BALMER'S NAME CONATURE OF FUNERAL CI INATURE OF FUNERAL CI INATURE OF FUNERAL CI	TY LIMITS 14 (TY LIMITS 14 (SA AMBORSK	13c. CITY. TOWN OR SCHER 15 WAS DECEDENT ON O MARKER, PURTO 20b MAILIN 7720 21b. DATE AND PLAC other place) Calume 22b. EMBALMERS	12a DECEDENTS done during in LOADER LOCATION ERVILLE OF HISPANIC ORIGE Vee (III yes alocal brean ere) 3 ADDRESS (Street DURBIN, E OF DISPOSITION April 28 T Park Ce	MUNSTER USUAL OCCUPA FOR THE STATE USUAL OCCUPA U	ITION (Give kind of work Do not use retired) 13d STREET AND NU 7720 DURB ICE—American Indian lack White: etc.: Specify) HITE AE (First Middle, Meiden SHY ADAMS al Rouse Number, Gry or VILLE	LA 12b. KIND OF I STEEL MBER IN 17 C (Specify Elementary/Secon 1.2 iumeme) Town State Zip Cool 1c LOCATION—C	KE BUSINESS/IND COMPA DECEDENT'S ED only highest gra dary (0-12) 20c. Reli WI idly or Town. Sta	UCATION de completed College (1-4 or 5 +) C
THE 10. MAR ISO MAR. 130 RES ISO MAR. 130 RES ISO MANT WA SITS WAS AND	RITEL STATUS RIED SIDENCE—STATE NDIANA CODE 131 INSIDE CI 375 139 ON A FAI X NO HERS NAME (FIRST MINIORI LITER J. AM ORMANT'S NAME (Type ATHERINE A THOO OF DISPOSITION HER I Cremation HERS NAME ORACLE COMMENTS BALMER'S NAME DE COMMENTS BALMER'S	11. SURVIVING (If wife, give KATHER] 13b. COUNTY LAH 17 LIMITS 14 (V) RM7 Yes US a. Last) BROSKI //Print) Removal fro	AMBORSK	SCHER 15 WAS DECEDENT TO THE PLANT OF THE PLANT OF THE PLANT PLANT PLANT OF THE PLANT PL	LOADER LOCATION ERVILLE OF HISPANIC ORIGO Yes (II yes source Yes DURBIN, E OF DISPOSITION April 28 The Park Comments of the Park Comm	USUAL OCCUPA MOTHER'S NAM DOROT AND NUMBER OF FUR SCHERER (Name of cemetary) 3, 1994	TION (Give kind of work Do not use retired) 13d STREET AND NU 7720 DURB (CE—American Indian, lack White, etc.) Specify) HITE RE (First Middle, Meuden S HY ADAMS al Rouse Number, Gry or VILLE	12b. KIND OF ISTEEL MBER IN 17 C (Specify Elementary/Secon 12 Town State Zip Coo	BUSINESS/IND COMPAI COMPAI DECEDENT'S ED only highest gra dary (0-12) 20c. Reli WI Sity or Town. Sta	UCATION de completed College (1-4 or 5+) College FE
ISO MAR 130 RES 130	RIED SIDENCE—STATE NDIANA CODE 13f INSIDE CI 375 13g ON A FAI & No HER'S NAME (FIRST MINGEL) LITER J. AM ORMANT'S NAME (Type ATHERINE A THOD OF DISPOSITION 186	If wife, give KATHER] 13b. COUNTY LAI 17 LIMITS 14 (V) RM7 Ves US a Last) BROSKI (Print) Removal from (rify)	KE CITIZEN OF WHAT COUNTRYS AMBORSK	SCHER 15 WAS DECEDENT TO THE PLANT OF THE PLANT OF THE PLANT PLANT PLANT OF THE PLANT PL	LOADER LOCATION ERVILLE OF HISPANIC ORIGO Yes (If yes, soech yes) ADDRESS (Street DURBIN, E OF DISPOSITION April 28 Park Ce	MOTHERS NAM DOROT FINE NUMBER OF FRUIT SCHERER (Name of cometary) 3, 1994	13d STREET AND NU 7720 DURB ACE—American Indian. lack White etc. Specify! HITE AE (First Middle, Meiden S HY ADAMS al Rouse Number, Gry or VILLE	STEEL MBER IN 17 C (Specify Elementary/Secon 1.2 Town State Zip God	COMPAI DECEDENT'S ED anly highest gra dary (0-12) 20c. Rela WI Sity or Town. Sta	UCATION de completed College (1-4 or 5 +) C
IS RES I I I I I I I I I I I I I I I I I I I	SIDENCE—STATE NDIANA CODE 131 INSIDE CI NO 132 INSIDE CI NO 134 INSIDE CI NO 135 INSIDE CI NO 136 INSIDE CI	TY LIMITS TY LIM	KE CITIZEN OF WHAT COUNTRYS SA AMBORSK	SCHER 15 WAS DECEDENT TO THE PLANT OF THE PLANT OF THE PLANT PLANT PLANT OF THE PLANT PL	ERVILLE OF HISPANIC ORIGE Yes (II yes. socci bean. stc) ADDRESS (Street DURBIN, E OF DISPOSITION April 28 t Park Ce	MOTHERS NAMED TO FORM SCHERER (Name of comments), 1994	7720 DURB ICE—American Indian, lack White: etc. Specify) HITE AE (First Middle, Maiden S HY ADAMS al Route Number, Griy or VILLE	MBER IN 17 C (Specify Elementary/Secon 12 iumame) Town State Zip Coo	DECEDENT'S ED only highest gradery (0-12) 20c. Relative or Town. Sta	O BBOORSHIP
IS ZIP 46 WA 200 INFO WA 210 MET Burn Don RO 240 SIGI ** 26 PART IMMEDIA disease or resulting to resulting the cause lest	OCODE 134 INSIDE CI NO 375 139 ON A FAI X NO HERS NAME (FIRST MINDED LITTER J. AM TORMANT'S NAME (Type ATHERINE A THOO OF DISPOSITION ON HERO OTHER S NAME ON ALMERS NAME ON ALMERS NAME ON ALMERS NAME ON ALMERS NAME	TY LIMITS 14 (VERMT) PART US LABO BROSKI (Print) Entombrien Removal fro	SA AMBORSK AMBORSK	15 WAS DECEDENT NO DATE AND PLACE Other place) Calume 22b. EMBALMERS	OF HISPANIC ORIGINATION (III yes, specifican, sec) GADDRESS (Street, DURBIN, E OF DISPOSITION April 28 th Park Ce	MOTHERS NAMED TO FORM SCHERER (Name of comments), 1994	CE—American Indian lack White etc. Specify) HITE AE (First Middle Meiden S HY ADAMS al Rouse Number, Gry or VILLE	17 C (Specify Elementary/Secon 1.2 iurname) Town State Zip Goo	only highest gradery (0-12) 20c. Reli	College (1-4 or 5+) O attonship
MANT 18 FATH WA 20e INFI 20e INFI 21e MET M Bun Don RO 24e SIGI X 26 PART IMMEDIA disease or resulting in crouse to the stating the cause lest	ONO 130 ON A FAI 25 NO HERS NAME (First, Middle) LTER J. AM ORMANT'S NAME (Type ATHERINE A THOD OF DISPOSITION THOO OF DISPOSITION OTHER CONTROL BALMER'S NAME ONALURE OF FUNERAL C	N Yes V RM7 Ves US a Last) BROSKI (Print) Entombriere Removal fro	SA AMBORSK AMBORSK	ZID ATE AND PLAC other place) Calume 22b. EMBALMERS	ADDRESS (Street DURBIN, E OF DISPOSITION April 28	MOTHERS NAMED TO FORM SCHERER (Name of comments), 1994	lack White. etc. Specify) HITE AE (First. Middle. Meiden S HY ADAMS al Rouse Number. City or VILLE	Elementary/Secon 1.2 Town State Zip Coo	only highest gradery (0-12) 20c. Reli	College (1-4 or 5+) O attonship
TS 18 FATH WA 20e INFO 21e MET Burn Don 22e EME RO 24e SIGI MMEDIA disease or resulting to cross to the stating the cause lest	13g ON A FAI X NO HERS NAME (First Middle LTER J. AVI CORMANT'S NAME (Type ATHERINE A THOD OF DISPOSITION THOO OF DISPOSITION THOU OF DISPOSITION THOO OF DISPOSITION T	RM7 Ves US Last) BROSKI /Printi Entombrieri Removal fro	AMBORSK	20b MAILING 7720 21b. DATE AND PLAC other place) Calume 22b. EMBALMERS	DURBIN, April 28 t Park Ce	DOROT MOTHERS NAM DOROT MOTHERS NAM DOROT MOTHERS NAM DOROT SCHERER (Name of cometary 3, 1994	HITE HE (First Middle, Meiden S HY ADAMS al Rouse Number, City or VILLE	12 iurneme) Town State Zip Cod Ic LOCATION—C	dary (0-12) 20c. Reli WI.	College (1-4 or 5+) O stionship FE
WA WANT ZOB INFO LOB IN	HERS NAME (First Mindle LTER J. AM ORMANT'S NAME (Type ATHERINE A THOO OF DISPOSITION HER CHARLES HALMER'S NAME ONAL A. RE INATURE OF FUNERAL C	BROSKI /Printi MBROSKI Gentlembrane General from	AMBORSK	20b MAIUNI 7720 21b. DATE AND PLAC other place) Calume 22b. EMBALMERS	DURBIN, FOR DISPOSITION April 28	DOROT end Number of Rur SCHERER (Name of cometery 3, 1994	HY ADAMS I Route Number, City or VILLE	Town Sime Zip Goo	WI lity or Town. Sta	stionship FE
WA WANT WA 200 INFO INFO 210 MET Burn Don RO 240 SIGI 250 PART IMMEDIA IMMEDIA IMMEDIA IMMEDIA Condition resulting to cause lest	ATHERINE A THOO OF DISPOSITION THOO OF DISPOSITION THOO OF DISPOSITION OTHER OF COMMENT THOO OTHER (Special Assumed As	/Print) MBROSKI Entombrieri Removal fro	AMBORSK	20b MAIUNI 7720 21b. DATE AND PLAC other place) Calume 22b. EMBALMERS	DURBIN, cordisposition April 28 t Park Ce	SCHERER (Name of cometery) 3, 1994	el Rouse Number, City or VILLE	te. LOCATION—C	WI lity or Town. Sta	FE
MANT 20e INFI K 21e MET Burn Don 22e EME RO 24e SIGI MMEDIA disease of resulting to cruse to the stating the cause lest	ATHERINE A THOO OF DISPOSITION THOO OF DISPOSITION THOO OF DISPOSITION OTHER OF COMMENT THOO OTHER (Special Assumed As	/Print) MBROSKI Entombrieri Removal fro	AMBORSK	20b MAIUNI 7720 21b. DATE AND PLAC other place) Calume 22b. EMBALMERS	DURBIN, cordisposition April 28 t Park Ce	SCHERER (Name of commercy) 3, 1994	VILLE	te. LOCATION—C	WI lity or Town. Sta	FE
21e MET Burn Don 22e EME RO 24e SIGI MMEDIA disease or resulting in cross to the stating the cause lest	THOO OF DISPOSITION THE Cremation THOO OTHER (Special Assumed Assume	Entombrien		21b. DATE AND PLAC other place) Calume 22b. EMBALMER'S	April 28 t Park Ce	(Name of cometery 3, 1994			ity or Town. Sta	te
Burn Don 22s EME RO 24a SIGI MMEDIA disease or resulting to Condition rise to the stating the cause lest	Description Cremation Control Copec Cope	Removal fro		other place) Calume 22b. EMBALMER'S	April 28 t Park Ce	3, 1994	cremetory, or UI 2			
Don 22s EME RO 24e SIGI 24e SIGI 24e SIGI 25e PARI IMMEDIA disease or resulting in countries to the stating the cause last	BALMERS NAME DIALID A. RE INATURE OF FUNERAL OF	ed	m State	Calume 22b. EMBALMERS	t Park Ce					_ J.
RO 24e SIGI 25e PART IMMEDIA disease or resulting to counter to the stating the cause last	onald A. Re			22b. EMBALMER'S				Merrill	ville.	Indiana
24e SIGI 24e SIGI 25 PART IMMEDIA disease of resulting to Condition rise to the stating the cause lest	NATURE OF FUNERAL C				LICENSE NO.	1 2	3. WAS DEATH REPORT		<u> </u>	
IMMEDIA disease or resulting to Condition rise to the stating the cause lest	11	PIRECTOR		FDO	1001081		₩ No □ Ye	•		
IMMEDIA disease or resulting to Condition rise to the stating the cause lest		pu !	ONE IS A TR		ICENSE NUMBER (of Licensee) DO 10145]		per Funera hland, Ind			
Condition rise to the stating the cause lest	or condition	N FILE WITH		OFF AND FOR DO NOT ON THE PROPERTY OF SA A CONSCIUNCT	E OF)	attilling.	respiratory			Approximate Interval Between Onset and Death
PART II	ns, if any, which gave simmediate cause, s underlying	APR 8	0	DR AS A CONSEQUENCE	EQ.				$\overline{/}$	
//	Orner significant condition pertures out		HACERA)			AS DECEDENT REGNANT OR 80 OSTPARTUM? Yes or no!	(Yee or no	ED?	WERE AUTO AVAILABLE F COMPLETION OF DEATH? (OF CAUSE
29e. CER (Che ane)	eck only						and due to the cause(s) as the time, date, and place, a		(s) as stated.	
J			e basis of examina	ition and/or investigation.	in my opinion, death		o date, and place, and due			
IER 296 SIG	NATURE AND TITUE OF	aune	m				1820			(Month. Day. Year)
230 NAM	FAND ADDRESS OF PE	RSON WHO COM	PLETED CAUSE O	OF DEATH STEM 28) (T	rpe/Print)	46 2 2	JOH	in Lanm	an, M.I).
H 31 HEAL	TH OFFICER'S SIGNATU	IRE a	lépan	1046). 1	illienz	(LM		32.	PATE FILEDIM	onen Day, Year)
□ Ne	Investigation	340.	DATE OF INJURY (Month, Day, Year PLACE OF INJURY	1	(Yee or	no)	34d. DESCRIBE HOW			own, State)
□ s _ч	_	>	building, etc. (Spec						and any at 18	
34g DAT	_	J	MA MOTOS	R VEHICLE ACCIDENT?	(Yez or no) If yes.	specify driver, pas	Benger, pedestrien, etc.			