

STATE OF INDIANA

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

SS:

COUNTY OF LAKE

2000 018252  
**FILED**

2000 MAR 17 11:09:10  
IN THE LAKE COUNTY SUPERIOR COURT

RECORDS CENTER  
SITTING AT EAST CHICAGO, INDIANA  
RECORDS

In Re:

MAR 16 2000

GEORGE F. EITEL

**PETER BENJAMIN  
LAKE COUNTY AUDITOR**

Cause No. 45D02-9811-EU-238

Deceased

**AFFIDAVIT OF SURVIVORSHIP**

Affiant, GEORGE EITEL, being first duly sworn upon oath, deposes and says:

1. That GEORGE F. EITEL died on September 4, 1993 at Hammond, Indiana;
2. That GEORGE F. EITEL and ERMATRUDE EITEL were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 17 in Block 4 in Calumet Center Addition to Hammond, as per plat thereof, recorded in Plat Book 19, Page 21, in the Office of the Recorder of Lake County, Indiana

3. That the marital relationship that existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of the Decedent's Death.
4. That all funeral expenses in connection with the death of said Decedent have been paid in full.
5. That all of the assets of said Decedent that would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on Decedent's life, were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER Affiant sayeth not.

*George Eitel*  
\_\_\_\_\_  
GEORGE EITEL

SUBSCRIBED & SWORN to before me  
this 25<sup>th</sup> day of February 2000

*John W Zielinski*  
\_\_\_\_\_  
Notary Public

prepared by:  
UAW-Ford Legal Services Plan  
John W. Zielinski  
1579 Huntington Dr.  
Calumet City Il 60409  
708/868-7520

My Commission expires:  
County of Residence: Cook County, IL



\*Licensed to practice in Indiana and Illinois.

01121

Shets 92000099 TLOK Sch

2

2000  
E.P.  
T.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. .... 2131-93 .....

State No. ....

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

THIS CERTIFICATE  
COMPLETE  
DEATH ON  
HEALTH DEPT

CAUSE OF  
DEATH  
LAKE COUNTY

CERTIFIER

HEALTH  
OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>GEORGE F. EITEL Sr.,</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>1:15P M</b>	3b DATE OF DEATH (Month, Day, Yr) <b>SEPTEMBER 4, 1993</b>
4 SOCIAL SECURITY NUMBER <b>344-09-8732</b>	5a AGE—Last Birthday (Years) <b>83</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>December 17, 1909</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Marshall, Illinois</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>	9a. PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <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) <b>THE COMMUNITY HOSPITAL</b>		9c. CITY TOWN OR LOCATION OF DEATH <b>MUNSTER</b>	9d. COUNTY OF DEATH <b>LAKE</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>ERMatrude M. Jewett</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Plant Security Officer</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Ford Motor Co.</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY TOWN OR LOCATION <b>Hammond</b>	13d. STREET AND NUMBER <b>921 River Drive</b>	
13e. ZIP CODE <b>46324</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) <b>John Eitel</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lena Renner</b>			20. INFORMANT'S NAME (Type/Print) <b>Ermatrude M. Eitel</b>	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>921 River Dr., Hammond, Indiana 46324</b>		20c. Relationship <b>Wife</b>		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>September 8, 1993 Chapel Lawn Memorial Gardens</b>		21c. LOCATION—City or Town, State <b>Schererville, Indiana</b>
22a. EMBALMER'S NAME <b>Henry J. Blake</b>		22b. EMBALMER'S LICENSE NO. <b>FD01019406</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eileen B. ...</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01000857</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>LaHAYNE Funeral Home, Inc., FH8300288 5746 Hohman Ave., Hammond, IN 46320</b>
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory shock, or heart failure. List only one cause on each line. <b>SEP 07 1993</b> IMMEDIATE CAUSE (Final disease or condition resulting in death): <i>Respiratory Failure, Malnutrition and Dehydration</i> DUE TO (OR AS A CONSEQUENCE OF): <i>Carcinoma of the Lung</i> DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): <b>FILED</b> <b>MAR 16 2000</b>				Approximate interval Between Onset and Death
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Dichete Mollitia</i>				27. WAS DECEDENT PREGNANT OR POSTPARTUM? (Yes or no) <b>NO</b>
28a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>
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>William V. Hehemann</i>		29c. MEDICAL LICENSE NO. <b>20248</b>
29d. DATE SIGNED (Month, Day, Year) <b>SEPTEMBER 7 1993</b>		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>WILLIAM V. HEHEMANN, MD 7905 CALUMET AVENUE MUNSTER, INDIANA 46321</b>		
31. HEALTH OFFICER'S SIGNATURE <i>William V. Hehemann, MD</i>			32. DATE FILED (Month, Day, Year) <b>September 7, 1993</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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)		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>61122</b>				