Agent File No.: 200003492

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2000 029918

2000 MAY -3 AH 9 28

MORRIS W. CARTER RECORDER

SURVIVORSHIP AFFIDAVIT

FILED

State of Indiana)
SS PETER BENJAMIN
LAKE COUNTY AUDITOR

Delores R. Bobrowski, being of legal age, and duly sworn on her oath, deposes and says:

That Delores R. Bobrowski is the owner in fee simple title of the following described real estate located at 7228 Belmont, Hammond, Indiana in Lake County, Indiana to wit:

LOT TEN (10), BLOCK TWO (2), UNIVERSITY GARDENS SECOND ADDITION, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 32, PAGE 57, IN LAKE COUNTY, INDIANA.

Parcel No. 26-36-0511-0010

MOI OFFICIAL:

Affiant further states she and now deceased spouse, Arthur S. Bobrowski, were husband and wife at the time they acquired title to the aforesaid real estate and their marital relationship has remained unbroken until the death of Arthur S. Bobrowski on July 31, 1997, at which time this affiant acquired title to said real estate as a surviving tenant by the entireties.

There has not been any administration upon the estate of Arthur S. Bobrowski, deceased, nor is any administration contemplated.

The estate of Arthur S. Bobrowski was not subject to any Federal Estate Tax.

Affiant makes this affidavit for the purpose of causing the proper transfer of real estate in the Office of the Auditor of Lake County, Indiana to Delores R. Bobrowski.

Delores R. Bobrowski

STATE OF INDIANA

COUNTY OF Lake

BEFORE ME, the undersigned, a Notary Public in and for said County and State, personally appeared Delores R. Bobrowski, and acknowledges the execution of the foregoing instrument and being first duly sworn by me upon his oath, said that the facts alleged under the pains and penalty of perjury are true.

Signed and sealed this 27th day of April, 2000

My commission expires: 4/3/2007

Lance G. Baldridge, Notary Public Residing in Porter County, Indiana

This instrument prepared by David M. Bengs, Attorney At Law

LANCE G BALDRIDGE
NOTARY PUBLIC STATE OF INDIANA
PORTER COUNTY
MY COMMISSION EXP. APR. 13,2007

HOLD FOR Title Express, Inc. 8585 Broadway • Sto. 660 Merrillville, IN 46410

3/207

11.00

KRINA !!	by this state agency in order responsibility. Disclosure of the property of refus	•••••	CERTIFICATE OF	DEATH	State No	D
KYHOU	THE RECORDS IN THIS S	BERIES ARE CONFIDENTIAL	PER IC 16-1-16-3	2 SDI	So. TIME OF DEATH	38. OATE OF DEATH Roses On 177
PE/PRINT IN			obrow s ki	Male	5:53 P M	July 31, 1997
RMANENT	4 SOOM SECNELLA HANSEN		SE UNDER I YEAR SE UND	DER I DAY & DATE OF		. BIRTHPLACE (City and State or Foreign Court
ACK INK	309-24-7540	69	Marsha Coye Hours	Decem		East Chicago, IN
	& WAS DECEDENT A U.S. VETERANT	DE YEAR LAST SERVED IN U.S. ARMED PORCEST	HOSPITAL [] Impatent		F DEATH (Cheek enty one &	
	Yes	1947	E th/Output	□ 0ÓA	☐ Proviones	
EDENT	So. FACILITY NAME (If not institu			Sa. CITY, TOWN, OR L	OCATION OF DEATH	SE COUNTY OF DEATH
	IS MARITAL STATUS	ommunity Hosp:		MURETER LEGISLE OCCUPATION OCCUPA	water (China hand of septi	Lake
	(Aport) Married	Dolores R.		eperts usual occupa-		LTV Steel Co.
	136 RESIDENCE—STATE	13h COUNTY	18s. CITY, TOWN OH LOCATION		134 STREET AND NUMB	
	Indiana	Lake	Hammond	, k, I ()		mont Ave.,
	136. ZIP CODE 13/ INBIDE CI	ITY LIMITS 14. CITIZEN OF WHAT COUNT		res. openity, Cuben. Bi	ICE—American Indian.	17. DECEDENT'S EDUCATION (Shookly only highles grade completed)
	135 ON A FAI	This	Doument	is the pr	perty	Denie Bury/Scoonstry (0-12) College (1-4 or
	46324 OK No. (Lake Cou		nite	12 2
ENTS	18. PATHERS HAVE LYSS	Bob Bobrows	ile (t Available	(ATTO)
DRMANT	20s. INFORMANT'S NAME (Type)				of Rouse Number. City or Ton	on State Zip Code) 20s. Relatership
JAMAIT.	Dolores A. Bo		7228 Belmo	nt Ave., He	mmond, IN 4	16324 Wife
	21s. METHOD OF DISPOSITION	☐ Erremeners	216. DATE AND PLACE OF DISPOS	SITION (Name of commery.	The second secon	LOCATION-City or Town, State
	Burel >St Cremeter	Remove from State		t 4, 1997		- 11
	C Denemon L Owner Care	://) (/\tau		Crematory		Portage, Indiana
			THE PERSON ASSESSMENT AND ADDRESS AND ADDR	0	3. WAS DEATH REPORTED	TO CORONER?
POSITION	HODEY J. BIRK		FDD 10 19406	, .	☑ No ☐ Ves	
POSITION	228 EMBALMERS NAME Henry J. Bleke Com Skinature (*75)Heral		225. EMBALMER'S LICENSE NO FDO 10 19406		☑ No □ Ves	SE NUMBER OF FUNERAL HOME
POSITION	Henry J. Blake	IINEGTS .	FD01019406	MOEA 25 NAM	2 No ver	E NUMBER OF FUNERAL HOME 1 Home, Inc., FH19400
POSITION	Henry J. Blake	IINEGTS .	FD0 10 19406	MOEA 25 NAM	2 No ver	SE NUMBER OF FUNERAL HOME
POSITION	Henry J. Blake COM SKNATURE (J. FUNEVAL EVEL B. SAK 28 PARTI Energino concentration	Augustiness or complessions that	FDO 1019406 241. LICENSE NUN (LI LICENSE NUN (FDO 10008	25 NAM L. aHe 695	2 No ver	I Home, Inc., FH19400 en Ave., Hemmond, IN
POSITION	Henry J. Bleke Coo Skinature (, Franciska Elika B : Ack 26 PART I Enter the descent errors shock of	AMEGTS 1 August Book Injuries or complessions that in heart failure List only one cause	FDO 1019406 24/L LICENSE MUN (uf Localises) FDO 10008 caused the death. De not enter naneposition on each line.	25 NAM L. aHe 695	2 No ver	I Home, Inc., FH19400 ern Ave., Hammond, IN
	Henry J. Bleke See Skinature (J. Tunerak EUR. B. Har 28 PART I Erest the deeper street shock of MAMEDIATE CAUSE (Final deeper or condition	ALL INFORMATION OF COMMISSIONS SHEET OF PROPERTY OF COLUMN AND AND AND AND AND AND AND AND AND AN	FDO 1019406 241. LICENSE NUN (LI LICENSE NUN (FDO 10008	25 NAM LaHe 857 695	2 No ver	Home, Inc., FH19400
JSE OF	Henry J. Bleke Coo Skriature (, Tune lake GRAL B GK 26 PART I Enter the disease errors shock of MAKEDIATE CAUSE (Final disease or constron resulting in death)	MARCTC 1 AND INJURIES OF COMMISSIONS SHOT IN HOUSE FOURT CLUST ONly ONE COLUMN DUE TO	FDD 1019406 24/L UCENSE MUN (u/ Lucrised) FDD 10006 Coucod the death De not error nanexective on each line. YOCARE DIAL JORAS A CONSEQUENCE OF	MBEA 25 NAM LaHE 857 6955	E No Over	I Home, Inc., FH19400 ern Ave., Hammond, IN
JSE OF	Henry J. Bleke See Skinature (J. Principle GUBL B. Ark 28 PART I Ener the decement shock of MMEDIATE CAUSE (Final decemen or condition resulting in deem) Conditions if any, which gave not the immediate cause.	STATE OF COMPRISORS SHEET	FDD 1019406 241: UCENSE MUN (u/ Lucrised) FDD 10006 caused the death De not error nanspective en each line.	MBEA 25 NAM LaHE 857 6955	2 No ver	I Home, Inc., FH19400 ern Ave., Hammond, IN
JSE OF	Henry J. Bleke See Skinature (J. Punerak GOBLE B. Gran 28 PART I Enter the decement of the control of the con	inect injuries, or completeens that in heart feature List only one cause of the control of the c	FDD 1019406 24/L UCENSE MUN (u/ Lucrised) FDD 10006 Coucod the death De not error nanexective on each line. YOCARE DIAL JORAS A CONSEQUENCE OF	MOEA 25 NAM LaHe 6955	E Mo Von	I Home, Inc., FH19400 ern Ave., Hammond, IN
JSE OF	Henry J. Bleke Coe Skinature (J. Flinetal J. ERBL B. Ark 26 PART I Ener the decement of the condition of any, which gave need the unmediate cause, stating the underlying	inect injuries, or completeens that in heart feature List only one cause of the control of the c	FDD 1019406 24/L UCENSE MUN (u/ Lucrised) FDD 10006 Couced the death De not error nanexoch e on each line. Y O CARC DIA L DIOR AS A CONSEQUENCE OF)	MAY PETEF	E MO VOI E ADDRESS AND LICEISE BYNE FUNETRAL 5 SOUTHBESTS 1 TED 1 2000 P BENJAMIN	Heme, Inc., FH19400 Approximate I Heme, Inc., FH19400 Approximate Interval Bank Ones and D (NS A)
JSE OF	Henry J. Bleke See Skinature (J. Puneral Eres the deeled arrest shock of MAMEDIATE CAUSE (Final deeses or condition resulting in deeth) Candidate of any, which gave rise to the immediate cause, stating the underlying cause lest PART II Other significant conditions	DUE TO a. DUE TO d.	FDD 1019406 24/L. LICENSE MUN (L/ Lucinsee) FDD 10008 caused the death De not error naneposth e on each line. YOCA(L.D.) A L. OOR AS A CONSEQUENCE OF) OOR AS A CONSEQUENCE OF)	MOEA 25 NAM LaHe 6955	E No UV VI VI AL ADDRESS AND LICERSS SAND LICERSS SAND LICERS SAND	PROPERTY 286. WERE AUTOPSY PRIORICE
JSE OF	Henry J. Bleke See Skinature (* Principle GUBLE B. Ack 26 PART I Erest the disease street shock of MAMEDIATE CAUSE (Final decese or condition resulting in death) Conditions if any, which gave rise to the immediate cause. Stating the underlying cause led	DUE TO a. DUE TO d.	FDD 1019406 24/L. LICENSE MUN (L/ Lucinsee) FDD 10008 caused the death De not error naneposth e on each line. YOCA(L.D.) A L. OOR AS A CONSEQUENCE OF) OOR AS A CONSEQUENCE OF)	PETER AND DECEMBER OF THE PROPERTY OF THE PRO	E No UCERS EX ADDRESS AND LICERS EN THE STATE SOUTHBREST O 3 2000 R BENJAMIN UNTY AUDIT Bla WAS AN AU	E NUMBER OF PUMERAL HOME 1 Hamme, Inc., FH19400 Approximate I Hammerid, IN Approximate Ones and D INC. FAINT TOPEY 288. WIRE AUTOPSY PRIORISE AVALABLE PROR TO COMPLETION OF CAUSE
JSE OF	Henry J. Bleke See Skinature (J. Puneral Eres the deeled arrest shock of MAMEDIATE CAUSE (Final deeses or condition resulting in deeth) Candidate of any, which gave rise to the immediate cause, stating the underlying cause lest PART II Other significant conditions	DUE TO a. DUE TO d.	FDD 1019406 24/L. LICENSE MUN (L/ Lucinsee) FDD 10008 caused the death De not error naneposth e on each line. YOCA(L.D.) A L. OOR AS A CONSEQUENCE OF) OOR AS A CONSEQUENCE OF)	PETER LAKE COL 27. WAS DECEDENT PREGNANT ON 10	E No O Von A ADDRESS AND LICENSE BYTHE FURNITE SOUTHBREST TE D O 3 2000 R BENJAMIN UNITY AUDIT PREVIONALD PREVIONALD DAYS	TOPEY 200. WERE AUTOPSY PRODUCE APPLICATION OF DEATH (Voc or and OF DEATH (Voc or and)
JSE OF	Henry J. Bleke See Skinature (J. Principle GURL B. Gard 28 PART I Ener the decess arrest shock of MMEDIATE CAUSE (Final decesse or condition resulting in deeth) Conditions if any, which gave rise to the immediate cause. stating the underlying cause lest PART II Other seguiroses conditions GOUTE 20a. CERTIFIER	DUE TO a. DUE TO C. DUE TO d.	FDD 1019406 24/L. LICENSE MUN (L/ Lucinsee) FDD 10008 caused the death De not error naneposth e on each line. YOCA(L.D.) A L. OOR AS A CONSEQUENCE OF) OOR AS A CONSEQUENCE OF)	PETER LAKE COL 27. WAS DECEDENT PREGNANT ON 10 POSTPARTURY (You or no) NO	E No ver A ADDRESS AND LICENSE BYTHE FURETRE S SOUTHBRIST DAYS PERJAMEN LICENSE LICENSE SOUTHBRIST DAYS PERFORMED (You or no) NO	P AVALABLE PROPERTY OF CAUSE OF DEATH TITOE OF DEAT
JSE OF	Henry J. Bleke See Skinature (J. Flinetal ERE B. Ark 26 PART I Ener the decens arrest shock of RAMEDIATE CAUSE (Final decens or condition resulting in death) Conditions if any, which gave nee to the immediate cause. Stating the underlying cause lest PART II Other segnificant conditions G. OUT. 29a. CERTIFIER Cheek only only only	DUE TO CERTIFYING PHYSICIAN To the HEALTH OFFICER On the bases	FDD 1019406 24/I. UCENSE MUN (u/ Localed) FDD 10008 caused the death De not empt nanepoint e on coon line. YOCA(L D) A L O COR AS A CONSEQUENCE OF) O COR AS A CONSEQUENCE OF) O COR AS A CONSEQUENCE OF) O LOR AS A CONSEQUENCE OF)	PETER LAKE COT 27. WAS DECEDENT PREGNANT ON SO POSTPARTURY (Vee or no) NO st the time, does, and place, as	E No Vos 44 ADDRESS AND LICENSI BYTHE FURNITIES 5 SOUTHBRIST 1 DAYS 1 DAY	PROPERTY OF PERMANENCE OF PERMANENCE OF PERMANENCE OF PERMANENCE OF PERMANENCE OF DEATH I LYGO
JSE OF	Henry J. Bleke See Skinature (* Principle GRAN B: Ark 26 PART I Eres the decessor or condition resulting in death) Conditions if any, which gave note to the immediate cause. Making the underlying cause lost PART II Other significant conditions Grant Check only one)	DUE TO CERTIFYING PHYSICIAN To the HEALTH OFFICER On the been of example.	FDD 1019406 241. UCENSE MUN (uf Localed) FDD 10008 Caused the death De not empt nanepoint e on each line. YOCA(L D) A L OOR AS A CONSEQUENCE OF) O OOR AS A CONSEQUENCE OF)	PETER LAKE COL 25 NAM LaHe 6955 NO PARE CTT MAY PETER LAKE COL 27. WAS DECEDENT PROGRAMT ON 10 POSTPANT ON 10 POSTPANT ON 10 POSTPANT ON 10 POSTPANT ON 10 A death occurred at the time.	S No Ver	TOPEY 200. WERE AUTOPSY PRODUCE APPROVED TOPEY 200. WERE AUTOPSY PRODUCE AVAILABLE DROP TO COMPLETION OF TOWN OF DEATHY LYSS or not NO Stock The cause(s) are money as setted.
JSE OF	Henry J. Bleke See Skinature (J. Flinetal ERE B. Ark 26 PART I Ener the decens arrest shock of RAMEDIATE CAUSE (Final decens or condition resulting in death) Conditions if any, which gave nee to the immediate cause. Stating the underlying cause lest PART II Other segnificant conditions G. OUT. 29a. CERTIFIER Cheek only only only	DUE TO CERTIFYING PHYSICIAN To the CERTIFYING PHYSICIAN To the CERTIFYING On the base of exam CERTIFIER	FDD 10 19406 24". UCENSE NUM (w' Localised) FDD 10006 Coused the death Do not error handsoch a en each line. YO CARC Dy A L D IOR AS A CONSEQUENCE OF) O IOR AS A CONSEQUENCE OF)	PETER LAKE COL 27. WAS DECEDENT PRESTANTIANT (Yes or no) NO 81 the sma, data, and place, a regimen, death occurred at the sme, death occurred at the sme	E No Ver Ver No LICERS AND LICERS SYNE FUNCTION STATE TO SOUTHBEST TO	TOPEY 20. WERE AUTOPSY PRODUCE OF DEATH? (Yee or not NO 20. UATE SIGNED (Amon. Day, y
JSE OF	Henry J. Bleke See Sichature (J' Principle GRANT I Energy the decease or condition resulting in deem) Constitute of any, which gave rise to the immediate cause. Stating the underlying cause lest PART II Other seguiroses conditions Grant Check only 16 296. CERTIFIER Conditions 16 296. SIGNATURE AND TITLE OF CONDITIONS 16 297. SIGNATURE OF CONDITIONS 16 297. SIGNATUR	DUE TO DUE TO CERTIFYING PHYSICIAN To the MEALTH OFFICER On the base of each	FDD 1019406 24/I. UCENSE MUN (u/ Localed) FDD 10008 caused the death De not empt nanepoint e on coon line. YOCA(L D) A L O COR AS A CONSEQUENCE OF) O COR AS A CONSEQUENCE OF) O COR AS A CONSEQUENCE OF) O LOR AS A CONSEQUENCE OF)	PETER LAKE COL 27. WAS DECEDENT PRESTANTIANT (Yes or no) NO 81 the sma, data, and place, a regimen, death occurred at the sme, death occurred at the sme	S No Ver	TOPEY 20. WERE AUTOPSY PRODUCE OF DEATH? (Yee or not NO 20. UATE SIGNED (Amon. Day, y
POSITION USE OF ATH	Henry J. Bleke See Sichature (J' Principle GRANT I Energy the decease or condition resulting in deem) Constitute of any, which gave rise to the immediate cause. Stating the underlying cause lest PART II Other seguiroses conditions Grant Check only 16 296. CERTIFIER Conditions 16 296. SIGNATURE AND TITLE OF CONDITIONS 16 297. SIGNATURE OF CONDITIONS 16 297. SIGNATUR	DUE TO DUE TO CERTIFYING PHYSICIAN. To But TEALTH OFFICER On the base of saam CERTIFIER COMPLETED CAUS	FDD 10 19406 24". UCENSE NUM (uf Licensee) FDD 10006 Coused the death Do not empt haneseeth o en cosh line. YO CARE DY A L D IOR AS A CONSEQUENCE OF) O IOR AS A CONSEQUENCE OF)	PETER AME COTO 27. WAS DECEDENT PROSTRANTION (Yes or no) NO st the sing, data, and place, a regimen, death occurred at the time 28	BENJAMIN UNTY AUDITO DAYS DAYS ONE FUNCTION SOUTHBESTS SOUTHBESTS DITTED O J 2000 R BENJAMIN UNTY AUDITO DAYS PERFORMED (Year or not NO and due to the consoled as the the time, date, and due to to the time, date, and place, and	TOPEY 200. WATE AUTOPSY PROBINGS OF DEATHY (Yee or not NO 200. UATE SIGNED (Annot, Day, Y Aug. 1, 1997
JSE OF ITH	Henry J. Bleke See Sichature (J' Printeral COLL B' Fark 28 PART I Ener the decess arrest shock of IMMEDIATE CAUSE (Final decesse or condition resulting in deeth) Constitute of any, which gave rise to the immediate cause. Stating the underlying cause lest PART II Other seguiform conditions Gr OUT 29a. CERTIFIER (Check only one) 19 C	DUE TO DUE TO CERTIFYING PHYSICIAN. To But TEALTH OFFICER On the base of saam CERTIFIER COMPLETED CAUS	FOO 10 19406 24". UCRNE MUN (uf Localed) FOO 10006 Coused the death Do not empt nanesesth o en each line. YO CARE D. A. L. O IOR AS A CONSEQUENCE OF)	PETER AME COTO 27. WAS DECEDENT PROSTRANTION (Yes or no) NO st the sing, data, and place, a regimen, death occurred at the time 28	S No Vos A ADDRESS AND LICENSE Syne Function 5 Southeast 1 TE D 1 3 2000 R BENJAMIN UNITY AUDIT PRIVOTABLE (You or no) NO and due to the caused as the the time date, and the in it be. MEDICAL LICENSE NO. 1 D 2 0 5 3 Ord , IN 4636	DATE DE AMORE DOY, (C.)
JSE OF ITH TIFIER LTH CER	Henry J. Bleke See Skriature (J. Principle GRAD B. GRAD 26 PART I Erest the disease or condition resulting in death) Canditions if any, which gave note to the immediate cause. Making the underlying cause lest PART II Other significant conditions GRAD T. 29a. CERTIFIER (Check only one) 10 C 30 NAME AND ADDRESS OF PER Albert T. Will 31 HEACH FICERS BONATE 31 HEACH FICERS BONATE	DUE TO DUE TO CERTIFYING PHYSICIAN. To But TEALTH OFFICER On the base of saam CERTIFIER COMPLETED CAUS	FOO 10 19406 24". UCRNE MUN (uf Localed) FOO 10006 Coused the death Do not empt nanesesth o en each line. YO CARE D. A. L. O IOR AS A CONSEQUENCE OF)	PETER AME COTO 27. WAS DECEDENT PROSTRANTION (Yes or no) NO st the sing, data, and place, a regimen, death occurred at the time 28	E No Vos A ADDRESS AND LICENSE BYTHE FURNITY S SOUTHBRIST TE D O 3 2000 R BENJAMIN UNITY AUDITO PREVIOUMED (Yes or not MO MI due to the cause(a) as the the time and place, and the in it the medical LICENSE NO. D 1 0 2 0 5 3 Grid, IN 4636	294. UATE SIGNED (Marris Day, V. DATE: DO (
JSE OF ITH TIFIËR LTH ICER	Henry J. Bleke 20 3K-NATURE (J. Punerul. ENDL B. AKN 20 PART I Ener the disease arrest shock of MAMEDIATE CAUSE (Final desses or condition resulting in dessh) Conditions of any, which gave ness to the immediate cause. Stating the underlying cause lest PART II Other seguiroses conditions G. OUT. 29a. CERTIFIER (Check only one) 30 NAME AND ADDRESS OF PER Albert T. Will	DUE TO DUE TO DUE TO CERTIFYING PHYSICIAN To the HEALTH OFFICER On the been CORONER On the been of each	FDD 10 19406 24/1. UCENSE MUN (u' Linninger) FDD 10008 Coused the death De not error nanescent p on cook line. YOCAR DIAL D IOR AS A CONSEQUENCE OF) D IOR AS A CONSEQUENCE OF) O IOR AS A CONSEQUENCE OF) D IOR AS A CONSEQUENCE OF)	PETER LAKE COL 27. WAS DECEDENT PROGRAMTOR TO THE PROGRAMT OR TO POSTPANTUMT (You or no) NO 82 the small death occurred at the time 29 Blvd., Hamme	E No Vos A ADDRESS AND LICENSE BYTHE FURNITY S SOUTHBRIST TE D O 3 2000 R BENJAMIN UNITY AUDITO PREVIOUMED (Yes or not MO MI due to the cause(a) as the the time and place, and the in it the medical LICENSE NO. D 1 0 2 0 5 3 Grid, IN 4636	294. UATE SIGNED (Marris Day, V. DATE: DO (
JSE OF ITH TIFIER LTH ICER	Henry J. Bleke 20 3KNATURE (J. PUNETAL EVAL B. GAR 20 PART I Erest the disease or condition resulting in death) Conditions if any, which gave note to the immediate cause. Making the underlying cause lest PART II Other segnificant conditions Check only one) 29a. CERTIFIER (Check only one) 30 NAME AND ADDRESS OF PER Albert T. Will 31 HEATH FICERS BONAT 33 MANNER OF DEATH	DUE TO DUE TO DUE TO DUE TO CERTIFYING PHYSICIAN To the HEALTH OFFICER On the base of each	FDD 10 19406 24/1. UCENSE MUN (u' Linninger) FDD 10008 Coused the death De not error nanescent p on cook line. YOCAR DIAL D IOR AS A CONSEQUENCE OF) D IOR AS A CONSEQUENCE OF) O IOR AS A CONSEQUENCE OF) D IOR AS A CONSEQUENCE OF)	PETER LAKE COL 27. WAS DECEDENT PROGRAMT ON 10 PROGRAM OF 100 10 10 10 10 10 10 10 10 10 10 10 10	S No Vos A ADDRESS AND LICERS BYNE FUNCTION 5 SOUTHBEST 5 SOUTHBEST 5 SOUTHBEST 5 SOUTHBEST 6 DO CONTROL 10 J 2000 10 J 200	DATE DE AMORE DOY, (C.)
JSE OF ITH TIFIER LTH ICER	Henry J. Bleke See Skriature (J. Principle GRAD B. GRAD 26 PART I Erest the disease or condition resulting in death) Canditions if any, which gave note to the immediate cause. Making the underlying cause lest PART II Other significant conditions GRAD T. 29a. CERTIFIER (Check only one) 10 C 30 NAME AND ADDRESS OF PER Albert T. Will 31 HEACH FICERS BONATE 31 HEACH FICERS BONATE	DUE TO CERTIFYING PHYSICIAN To the CORONER On the base of each CERTIFER CORONER On the base of each CERTIFER ALL TH OFFICER On the base CORONER On the base of each CERTIFER ALL TH OFFICER ON the base CORONER On the base of each CERTIFER ALL ALL TH OFFICER ON the base CORONER ON the base of each CERTIFER ALL TH OFFICER ON the base of each CORONER ON the base of each CERTIFER ALL TH OFFICER ON the base of each CORONER ON the base of each CERTIFER ALL TH OFFICER ON the base of each CORONER ON the base of each CERTIFER	FDD 10 19406 24/1. UCENSE MUN (u' Linninger) FDD 10008 Coused the death De not error nanescent p on cook line. YOCAR DIAL D IOR AS A CONSEQUENCE OF) D IOR AS A CONSEQUENCE OF) O IOR AS A CONSEQUENCE OF) D IOR AS A CONSEQUENCE OF)	PETER AND DECEMBER 1 N CATE CTTO 1 N CATE CTTO 27. WAS DECEMBER POSTPARTUMY (You or no) NO 1 Hamme 1 N JURY AT WORK? (You or no)	S No Vos A ADDRESS AND LICERS BYNE FUNCTION 5 SOUTHBEST 5 SOUTHBEST 5 SOUTHBEST 5 SOUTHBEST 6 DO CONTROL 10 J 2000 10 J 200	THE NUMBER OF FUNERAL HOME 1 Home, Inc., FH19400 SITUATE OF THE STITLE

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