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2000 033429

2000 MAY 10 AM 10:12

MORRIS W... LAKE
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

AFFIDAVIT

Comes now FARREL SELMA BYERS, who being first duly sworn upon her oath, deposes and says as follows:

1. That her husband, WILLIAM WALTER BYERS, died on the 25th day of October, 1989, in the City of Gary, County of Lake, State of Indiana.

2. That at the time of his death, he and your Affiant were living together as husband and wife.

3. That prior to the death of WILLIAM WALTER BYERS, he and your Affiant held title as tenants by the entireties to the following described parcel of real estate:

Lot Fifty (50) Block One (1) in Garden Acres Addition to Calumet Township, Lake County, Indiana.

4. That all funeral expenses have been paid and also that

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MAY 08 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

001090

13.00
9368

the estate of the deceased did not exceed $600,000.00.

Further, your Affiant further sayeth not.

Farrel Selma Byers
FARREL SELMA BYERS

Subscribed and sworn to before me this 26th day of April, 2000.

Betty Jean Gesin
Betty Jean Gesin,
Notary Public

Resident of Lake County
My Commission Expires: March 6, 2008

Farrel Byers
2820 Stevenson St.
Gary, In. 46406-3046

cal No. 89-0724

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. .....

'PE/PRINT IN RMANENT LACK INK

1 DECEASED—NAME (First Middle Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
William Walter Byers	Male	6:15 P.M	October 25, 1989

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)
312-05-1864	75			July 4, 1914	Coal Bluff, Indiana

8a WAS DECEDENT A US VETERAN?	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
No	---	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

'EDENT

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
2820 Stevenson	Gary	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	Farrel Black	Millwright	Steel Industry

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Gary	2820 Stevenson

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)	
46406	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 3	College (1-4 or 5 +)

IENTS

18 FATHER'S NAME (First Middle Last)	19 MOTHER'S NAME (First, Middle Maiden Surname)
Walter Byers	Annie Langman

ORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Farrel S. Byers	2820 Stevenson, Gary, Indiana 46406	Wife

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	October 28, 1989 Calumet Park Cemetery	Merrillville, Indiana

POSITION

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Ronald J. Mesarch	FD01005912	☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Ronald J. Mesarch	FD01005912	Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, In.46410

USE OF TH

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)	a [illegible]	1-5 years
	DUE TO (OR AS A CONSEQUENCE OF)	
	b [illegible]	2 months
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF)	
	c [illegible] (SIADH)	2 months
	DUE TO (OR AS A CONSEQUENCE OF)	
	d	

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)	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

TIFIER

29a CERTIFIER (Check only one)
☒ 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	010291660	10/31/89

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Hakam SAFADI, M.D., 8695 Connecticut Street, Merrillville, Indiana 46410

LTH ICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
[signature] MD	NOV 2 1989

IONER ONLY

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

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1