SR1

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 050072

2000 JUL 17 AM 10:49

MORRIS W. CARTER
RECORDER

Prescribed by the State Board of Accounts

TAX TITLE DEED TO COUNTY

Whereas the LAKE County Board of Commissioners did the 3rd day of July, 2000 produced to the County of LAKE, in the State of Indiana, a certificate of sale dated the 20th day of September, 1999, signed by PETER BENJAMIN who, at the date of sale, was Auditor of the County, from which it appears that said County on the 20th day of September, 1999, obtained, pursuant to law, the real property described in this indenture for the sum of ($1,810.67) being the amount due on the following tracts of land returned delinquent in the name RAYMOND CHARLOTTE J TR for 1998 and prior years, namely:

Property ID: 27-17-0046-0011
Property Address: 37TH AVE E OF MAXWELL ST, HOBART, IN 46342
LOT 12, BLOCK 1, F.D. BARNES, GARY ADDITION, LAKE COUNTY, INDIANA.

Such real property has been recorded in the Office of the LAKE County Auditor as delinquent for the nonpayment of taxes and proper notice of the sale has been given. It appearing that LAKE County is the owner of the certificate of sale, that the time of redeeming such real property has expired, that the property has not been redeemed, that the LAKE County Commissioners have demanded a deed for the real property described in the certificate of sale, that the records of LAKE County Auditor's Office state that the real property was legally liable for taxation, and the real property has been duly assessed and properly charged on the duplicate with the taxes and special assessments for 1998 and prior years:

Therefore, this indenture, made this 3rd day of July, 2000 between the State of Indiana by PETER BENJAMIN, Auditor of LAKE County, of the first part, and LAKE County of the second part, witnesseth; That the party of the first part, for and in consideration of the premises, has granted and bargained and conveyed to the party of the second part, the real property described in the certificate of sale, situated in the County of LAKE, and the State of Indiana, namely and more particularly described as follows:

Property ID: 27-17-0046-0011
Property Address: 37TH AVE E OF MAXWELL ST, HOBART, IN 46342
LOT 12, BLOCK 1, F.D. BARNES, GARY ADDITION, LAKE COUNTY, INDIANA.

to have and to hold such real property, with the appurtenances belonging thereto, in as full and ample a manner as the Auditor of said County is empowered by law to convey the same.

In testimony where of PETER BENJAMIN, Auditor of LAKE County, has hereunto set his hand, and affixed the seal of the Board of County Commissioners, the day and year last above mentioned.

Witness: Peter Benjamin (L.S)
PETER BENJAMIN, Auditor of LAKE County

Peggy Katona
Attest: PEGGY KATONA
Treasurer: LAKE County

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

JUL 14 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

State of INDIANA }
}SS.
County of LAKE }

Before me, the undersigned, Anna Anton in and for said County, this day, personally came the above name PETER BENJAMIN of said County, and acknowledged that he signed and sealed the foregoing deed for the users and purposes therein mentioned.

In witness whereof, I have hereunto set my hand and seal this _____ day of JUL 12, 2000.

Anna N. Anton
Anna Anton, Clerk of LAKE County

This instrument prepared by Lee J. Christakis, Attorney
7870 Broadway, Suite G., Merrillville, IN 46410

Post Office Address of grantee: 2293 N. Main Street
Crown Point, IN 46307

000051

N/C

Key No. 26-36-269-30

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

Local No. 185

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

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)
ELSIE E. DUNN	Female	9:04AM	July 11, 2000

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)
306-28-4367	78			Aug 27, 1921	Kansas

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

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY TOWN OR LOCATION OF DEATH	8d. COUNTY OF DEATH
ST. CATHERINE HOSPITAL	EAST CHICAGO	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
Widowed	NONE	HOMEMAKER	OWN HOME

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY TOWN OR LOCATION	13d. STREET AND NUMBER
IN	LAKE	HAMMOND	3130 CRANE PLACE

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN?	16. RACE - American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46323	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	WHITE	Elementary/Secondary (0-12) 10	College (1-4 or 5+)

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
BYRON WESTCOTT	FLORENCE BENSON

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
SANDRA L. PARR	3130 CRANE PLACE, HAMMOND, IN 46323	Daughter

DISPOSITION

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)	July 14, 2000 CHAPEL LAWN MEMORIAL GARDENS	Schererville, IN

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
C. WILLIAM MCCOY	FDO1013612	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FDO1013507	FH83002801 BOCKEN FUNERAL HOME, INC. 7042 KENNEDY AVENUE, HAMMOND, IN 46323

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.

FILED

JUL 17 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congestive heart failure	
	DUE TO (OR AS A CONSEQUENCE OF)	
Conditions if any which gave rise to the immediate cause stating the underlying cause last	b.	
	DUE TO (OR AS A CONSEQUENCE OF)	
	c.	
	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)
diabetes mellitus	No	No	No

CERTIFIER

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)
Evan H. Geissler, D.O.	02000568	July 11, 2000

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
EVAN H. GEISSLER, D.O., 7134 CALUMET AVENUE, HAMMOND, IN 46324

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month Day Year)
Dr. Timothy Rayborich	7-12-00

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.
	00038

SDH06-004 State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1

AM 9.00