

TICOR TITLE INSURANCE

LAKE COUNTY
FILED FOR RECORD

2000 051471
OFFICIAL

2000 JUL 21 AM 9:01

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MORRIS W. CARTER
RECORDER

Robert J. Santay _____, being first duly
sworn upon oath, deposes and says:

1. That Elizabeth A. Santay died on
May 30, 1996 at Griffith, Lake County, IN.

2. That Robert J. Santay and Elizabeth A. Santay
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

Lot 9 in Kleinman 1st Addition, to the Town of Griffith, as per plat
thereof, recorded in Plat Book 31 page 82, in the Office of the
Recorder of Lake County, Indiana.

Key # 26-209-9 **This 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 her 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 which 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.



Robert Santay
Robert J. Santay

Subscribed and sworn to before me, a Notary Public, this 17th day of
July, 192000.

Denise K. Zawada
Notary Public
Denise K. Zawada

My Commission expires:
8/31/2006

County of Residence:
Lake

This Instrument prepared by Robert J. Santay



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* ATTENTION ESTATE: The Social Security is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

2000-043531
INDIANA STATE DEPARTMENT OF HEALTH

Reg NO. 15-26-209-9

Local No. 205996

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-18-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

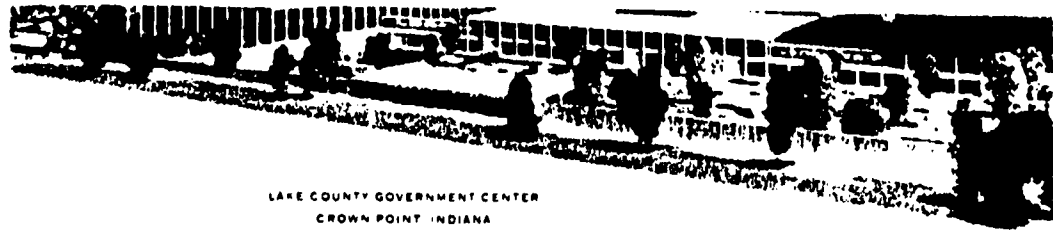
CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Elizabeth A. Santay		2. SEX Female	3a. TIME OF DEATH 11:00 P.	3b. DATE OF DEATH (Month, Day, Year) May 30, 1996
4. SOCIAL SECURITY NUMBER 309-34-6348	5a. AGE—Last Birthday (Years) 62	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (MM, Day, Yr) Dec. 26, 1933
7. BIRTHPLACE (City and State or Foreign Country) Mc Gregor, Iowa	8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9. PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
10. FACILITY NAME (If not residential, give street and number) 738 N. Raymond		11. CITY, TOWN OR LOCATION OF DEATH Griffith	12. COUNTY OF DEATH Lake	
13. MARRITAL STATUS Married	14. SURVIVING SPOUSE (If wife, give maiden name) Robert Santay	15. DECEDENT'S USUAL OCCUPATION (Give kind of work and showing exact of employing org. Do not use retired) Manager - Cafeteria	16. KIND OF BUSINESS/INDUSTRY School System	
17a. RESIDENCE—STATE Indiana	17b. COUNTY Lake	17c. CITY, TOWN OR LOCATION Griffith	17d. STREET AND NUMBER 738 N. Raymond	
18a. ZIP CODE 46319	18b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	18c. CITIZEN OF WHAT COUNTRY? U.S.A.	18d. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	18e. RACE—American Indian, Black, White, etc. (Specify) White
19. FATHER'S NAME (First, Middle, Last) Marsellus Frommelt		19. MOTHER'S NAME (First, Middle, Last) Pearl O'Brien		
20a. INFORMANT'S NAME (Type/Print) Robert Santay		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 738 N. Raymond Griffith, Indiana		20c. Relationship Husband
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) June 4, 1996 Oakland Memory Lane		21c. LOCALITY (City or Town, State, Zip Code) JUN 21 2000 Dolton, Illinois PETER BENJAMIN LAKE COUNTY AUDITOR
22a. EMBALMER'S NAME Ronald A. Reed		22b. EMBALMER'S LICENSE NO. FDO 1001081		22c. WAS DEATH REPORTED TO CORNER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
23a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Deacon</i>		23b. LICENSE NUMBER (of License) FDO 1010850	23c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana FH83007500	
24. PART I: Enter the disease, injury, or complication that caused the death. Do not enter immediate cause such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. THIS CERTIFICATE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Conditions if any which gave rise to the immediate cause, being the cause of death. JUN 01 1996				
25. Enter the disease, injury, or complication that caused the death but not previously stated in Part I. <i>end stage cardiac myopathy</i> <i>Acute myocardial infarction</i> <i>congestive heart failure</i>				
26. CERTIFIER (Check 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 district, 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.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		
28. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29. MEDICAL LICENSE NO. 0163848E	30. DATE SIGNED (Month, Day, Year) 6/4/96	
31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 25) (Type, Print) Dr. Shah 3100 45th Highland INDIANA 46322				
32. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		33. DATE FILED (Month, Day, Year) June 4, 1996		
34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide				
35a. DATE OF INJURY (Month, Day, Year)		35b. TIME OF INJURY	35c. INJURY AT WORK? (Yes or no)	35d. DESCRIBE HOW INJURY OCCURRED
36. PLACE OF INJURY—As home, farm, street, factory, office, building, etc. (Specify)			37. LOCATION (Street and Number or Rural Route Number, City or Town, State) 9-11/2000 CASH	
38. DATE PRONOUNCED DEAD (Month, Day, Year)		39. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

Robert Santay
1241 N. Arboogast St
Griffith, IN 46319

25x10



LAKE COUNTY RECORDER
Morris W. Carter

LAKE COUNTY GOVERNMENT CENTER
CROWN POINT, INDIANA

439

2293 N. MAIN STREET
CROWN POINT, INDIANA 46307

Phone (219)755-3730
Fax (219) 755-3257

MEMORANDUM

**Document is
NOT OFFICIAL!**

This Document DISCLAIMER the property of
the Lake County Recorder!

This document has been recorded as presented.
It may not meet with State of Indiana Recordation
requirements.

STOP

