STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 052533

2000 JUL 26 AM 8:35

RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

Edward N. Wang, being duly sworn upon his oath deposes and says:

1. That his wife was Catherine Wang.

2. That Catherine Wang passed away on June 6th, 2000.

3. That at the time of Catherine Wang's death she owned real estate in Lake County in the State of Indiana.

4. That Catherine Wang held an interest in the following property as joint tenants with Edward N. Wang, which passed to him upon her death:

The North 15 feet of Lot Ten (10), all of Lots Eight (8) and Nine (9), including the East 15 feet of vacated alley to the rear of and adjacent to said lots, Block Seventy Nine (79), Unit 23 Woodmar, in the City of Hammond, as shown in Plat Book 16, page 35, in Lake County, Indiana.
Commonly known as 7116 Wicker Ave. Hammond, IN 46323

Edward N. Wang
EDWARD N. WANG

COUNTY OF LAKE STATE OF INDIANA

Subscribed and sworn to before me this 21st day of July, 2000

Notary Public
NICK A. REKO, III

My Commission expires: 7-11-07
Resident Of Lake County

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01450

PETER BENJAMIN
LAKE COUNTY AUDITOR

cash
11.00
AM

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1375-00

CERTIFICATE OF DEATH

State No.

3926647

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

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)
Catherine Wang	(Kitty)	Female	1:25AM	June 6, 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)
306-28-1586	74			January 24, 1926	East Chicago, IN 46312

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES	9a. PLACE OF DEATH (Check only one. See instructions)
No	N/A	HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
The Community Hospital	Munster	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	Edward N. Wang	Payroll	Construction Administration

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Hammond	7116 Wicker Avenue

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 [X] Yes	[X] No [ ] Yes	USA	[X] No [ ] Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	White	Elementary/Secondary (0-12)	College (1-4 or 5+) 2

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
George Zivich	Ann Staicar

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
Edward N. Wang	7116 Wicker Avenue, Hammond, IN 46323	Husband

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	21c. LOCATION - City or Town State
[X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)	June 9, 2000 Chapel Lawn Memorial Gardens	Schererville, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Henry A. Gray	FD29900123	[X] No [ ] Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Leroy J. Johnson	FDE8900006	FH19900009 Virgil Huber Funeral Home 7051 Kennedy Av., 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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Carcinoma of the Ovary	13 years
Antecedent causes (Morbid conditions, if any, giving rise to the immediate cause stating the underlying cause last)	b. Carcinoma of the Breast DUE TO (OR AS A CONSEQUENCE OF)	12 Months
	c. DUE TO (OR AS A CONSEQUENCE OF)	

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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)
Alexander S. Gilliland MD LAKE COUNTY HEALTH COMMISSIONER	NO	NO	NO

CERTIFIER

29a. CERTIFIER (Check only one)
- [X] 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)
Barbara L. Fuller, MD	01034701	6/9/00

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print)
Dr. B. Fuller, 9305 Calumet Avenue, Munster, IN 46321

31. HEALTH OFFICER'S SIGNATURE Alexander S. Gilliland MD

32. DATE FILED (Month Day Year) June 12, 2000

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
[X] Natural [ ] Pending investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

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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)

JUL 2 2000

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.
	01451

PETER BENJAMIN
LAKE COUNTY AUDITOR

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

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