

2 AFFIDAVIT	056
STATE OF INDIANA)	တ
COUNTY OF LAKE )	î ti
rs .	
	ng first duly
swarn upon oath, deposes and says:	Hed on The
1. That Evan H. Overturf  June 10  , 19 96 at Crown Point,	
2. That Evan H. Overturf and Eva Overturf were duly and legally married at the time they acquired title wife to the following described real estate:  Continuities  See Attached for Legal Description	9.0 G
This Document is the property the Lake County Recorder!	of
3. That the marital relationship which existed between them a acquired title to said real estate remained in effect and unbr date of (his) (he/n)/death.	
4. That all funeral expenses in connection with the death of have been paid in full.	said decedent
5. That all of the assets of said decedent which would be increderal Estate Tax purposes, including joint bank accounts and on decedent's life were not sufficient to necessitate payment Tax.	life insurance
Further affiant sayeth not.	
E SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEA	
DIANAMENT	Am.
Eva Overturf	urtur
Subscribed and sworn to before me, a Notary Public, this 4th August, 2000 , 19/// .	h day of
•	
Calen Ca Karen Kane	Notary Public
My Commission expires:	
9-12-07	
County of Residence:	
Porter	

Ticor-C.P. 920003889

This Instrument prepared by **Eva Overturf** 

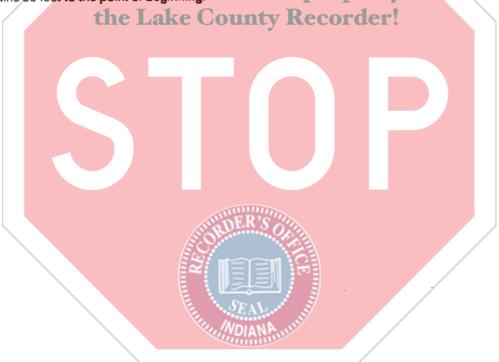
Richardson/Bainbridge

o l

## **LEGAL DESCRIPTION**

Part of the Northeast 1/4 of the Southwest 1/4 of Section 5, Township 34 North, Range 8 West of the 2nd Principal Meridian, in the City of Crown Point, Lake County, Indiana, described as follows:

Beginning at a point 81 feet North and 590 feet West of the Southeast corner of said 1/4 1/4 Section, said point being 48 feet North of the intersection of the East line of West Street and the North line of Monitor Street; thence East parallel to the South line of said 1/4 1/4 Section 120 feet; thence North parallel to the East line of West Street 50 feet; thence West parallel to the South line of said 1/4 1/4 Section 120 feet to a point on the East line of West Street; thence South along said East line 50 feet to the point of beginning.



untary and there	y responsibility. Disclosure	• • • • • • • • • • • • • • • • • • • •	TATE DEPARTM	IENI OF	HEALIH	· W.	
cal No	107-96		CERTIFICATE OF	DEATH	State	No	
10809		RIES ARE CONFIDENTIAL PI	ER IC 16-1-19-3				
PE/PRINT	1 DECEASED—NAME UNE ME EVAN	iddie, Last) H OVERT	URF	MALE	3. TIME OF DEA		0,1996
IN RMANENT	4. *BOCIAL SECURITY NUMBER	Se AGE-Last Birthday			E OF BIRTH (Mo. Day. Yr)	7. BIRTHPLACE (C	ity and State or Foreign Country)
LACK INK	342-14-6854	75	Months Days Hours	Aug	3. 24, 1920		ner, Illinois
	A WAS DECEDENT A US. VETERANY Yes	SE YEAR LAST SERVED IN US. ARMED FORCES?	HOSPITAL Present		PLACE OF DEATH (Check only one See instructions) OTHER Distring Home District (Specify)		
			☐ ER/Outpetient [		OR LOCATION OF DEATH	Se COUNTY	AC DEATH
CEDENT	ST. ANTHONY MI	-			POINT	LAKE	
	10 MARITAL STATUS	11 SURVIVING SPOUSE (If wife, give mades hame)	12a, DECE	DENT'S USUAL OCC	CUPATION (Give kind of work the Ge not use retired)	12b. KINO OF B	USINESS/INDUSTRY
	MARRIED	Eva M. Sm		esman			umber Co.
!	13ª RESIDENCE-STATE INDIANA	LAKE LAKE	CROWN POINT	TCI	13d STREET AND N	EST STREET	•
	130 ZIP CODE 131 INSIDE CI	TY LIMITS 14 CITIZEN OF	18 WAS DECEDENT OF HISPAN		8. RACE—American Indian. Black, White, etc.		CEDENT'S EDUCATION
	46307 136 ON A FAS	/ mas. D	C Mexican Aueria Acam etc.)	the pr	concrty	Elementry/Second	only highest grade completed) any (0-12)   Gallege (1-4 or 5 f
	<b>₩</b> , № €	the	Lake Coun	tv Rec	WHITE	12	
RENTS	18 FATHERS NAME (First Addition NOBLE	OVERTURE		NANI	MAME (First Middle, Merden NIE	SMITH	
ORMANT	20s. INFORMANT'S NAME (Type)	/Print)	206 MAILING ADDRESS	(Street and Mumber o	or Rural Route Number, City of	Town Siste Zip Code	20s Relationship
0,100,000	EVA M. OVERTU				CROWN POINT		WIFE
	21a METHOD OF DISPOSITION  EXternal Committee	Removal from State	other place of DISPO		telery, cremetery, er	216 LOCATION-CI	rville
	Donation Coner (Spec		Chapel Lawn M	•	Gardens	Indi	
NOITIZOPZIK					23 WAS DEATH REPO	ATED TO CORONER	· · · · · · · · · · · · · · · · · · ·
	224 EMBALMER'S NAME:		225 EMBALMERS LICENSE	10			
SPOSITION	Russell Kra		29300105		□ No □		
SPUSITION				MBEA 28 Bu	NAME ADDRESS AND LIC TOS Funeral	Home, 1010	1 Broadway
SPOSITION	Russell Kra		29300105	MBEA 25	NAME ADDRESS AND LIC	Home, 1010	1 Broadway
SPOSITION	Russell Kra 24a BIGNAPHRE OF FUNERAL D  Author 28 PARTI Street the decomposition	IRECTOR  6. Sul	29300105 24b LICENSE NU (of Licensee) 100946	MBEA 28 Bu	NAME ADDRESS AND LK rns Funeral own Point, 1	Home, 1010	DH83002445
POSITION	RUSSELL Kra  24a SIGNAPORE OF FUNERAL D  ALLEA  28 PARTI Steet the decomprises shack a	t. Bu	29300105  24b LICENSE NU (of Licensee) 100946  Loused the death Do not error renepote on each line.	MBEA 28 BU Cr	NAME ADDRESS AND LK rns Funeral own Point, 1	Home, 1010	1 Broadway FDH83002445
	RUSSELL Kra 24a BIGNAPPRE OF FUNERAL D  24a BIGNAPPRE OF FUNERAL D  25 PARTI Street the disease arrost shack a  MANAGDIATE CAUSE (Fired disease or condition	one injuries or complications that or heart failure Last only one cause	29300105 24b LICENSE NU (of Licensee) 100946	MBEA 28 BU Cr	NAME ADDRESS AND LK rns Funeral own Point, 1	Home, 1010	1 Broadway FDH83002445
USE OF	RUSSELL Kra  24a SIGNAPORE OF FUNERAL D  25 PARTI Street the disease of condition resulting in death)	one, injuries, or complications that of r haart feiture Last only are cause.	29300105  245 LICENSE NU (of Licensee)  100946  touced the death De not enter renopelation each line.  Side to blastic	MBEA 28 BU Cr	NAME ADDRESS AND LK rns Funeral own Point, 1	Home, 1010	1 Broadway FDH83002445
USE OF	RUSSELL Kra 24a BIGNAPPRE OF FUNERAL D  24a BIGNAPPRE OF FUNERAL D  25 PARTI Street the disease arrost shack a  MANAGDIATE CAUSE (Fired disease or condition	one injuries or complessions that of heart felture List only one cause DUE TO	29300105  245 LICENSE NU (of Licensee)  100946.  100946  10094	MBEA 28 BU Cr	NAME ADDRESS AND LK rns Funeral own Point, 1	Home, 1010	1 Broadway FDH83002445
USE OF	RUSSELL Kra  24a BIGNAPPRE OF FUNERAL D  QUAC  28 PARTI Enter the dissessive shock of the dissessive shock of the dissessive condition resulting in death)  Conditions, if any, which give rise to the immediate cause.	one injuries or complessions that of heart felture List only one cause DUE TO	29300105 245 LICENSE NU (of Licensee) 100946 toucould the death De not enter renopular on each line.  Side to blastic (OR AS A CONSEQUENCE OF)	MBEA 28 BU Cr	NAME ADDRESS AND LK rns Funeral own Point, 1	Home, 1010	1 Broadway FDH83002445
USE OF	RUSSELL Kra  24a SIGNA-PORE OF FUNERAL D  25 PARTI Street the disease street the disease street sheet of the street sheet	one injuries or complications that of the heart fellure Liet only one coupe a DUE TO a DUE TO a DUE TO a	29300105  245 LICENSE NU (of Licensee)  100946  200866 the death De nel enter renepets on each line.  Side to blassing (OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)	MBEA 28 BU Cr	NAME ADDRESS AND LIC TINS FUNETAL OWN Point, I	Home, 1010 IN 46307 I	1 Broadway FDH83002445
USE OF	RUSSELL Kra  24a SIGNAPORE OF FUNERAL D  ALLO  28 PARTI Sheet the dissessive sheet of the dissessive sheet of the dissessive sheet of the dissessive sheet of the	one injuries or complications that of the heart fellure Liet only one coupe a DUE TO a DUE TO a DUE TO a	29300105  245 LICENSE NU (of Licensee)  100946  200866 the death De nel enter renepets on each line.  Side to blassing (OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)	MBER 28 BU Cr Cr for terms such as card	NAME ADDRESS AND LIC THE FUNCTAL OWN POINT, I	CENSE NUMBER OF FE Home, 1010 IN 46307 I	Approximate interval Bernard Onset and Does Available PRIOR TO COMPLETION OF CAUSE
USE OF	RUSSELL Kra  24a SIGNAPORE OF FUNERAL D  ALLO  28 PARTI Shee the dissessive sheek of the dissessive sheek of the dissessive sheek of the dissessive sheek of the	one injuries or complications that of the heart fellure Liet only one coupe a DUE TO a DUE TO a DUE TO a	29300105  245 LICENSE NU (of Licensee)  100946  200866 the death De nel enter renepets on each line.  Side to blassing (OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)	MBEA 28 BU CT for terms such as card  An em c c  27. WAS DECEDE PRECNANT C	NAME ADDRESS AND LIC TIS FUNCTAL OWN POINT, I	CENSE NUMBER OF FE Home, 1010 IN 46307 I	Approximate interval Berness Cheet and Does AVALABLE PRIOR TO COMPLETION OF CAUSE OF DESTREES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DESTREES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DESTREES AVAILABLE PRIOR TO CAUSE OF THE PRIOR TO CAUSE OF T
USE OF	RUSSELL Kra  24a SIGNAPORE OF FUNERAL D  25a PARTI Street the disease or condition resulting in death)  Conditions, if any, which gave rise to the immediate cause, seeing the underlying cause leaf.  PART II Other agrificant condition	DUE TO  B DUE TO  Conditions contributing to deals	29300105  245 LICENSE NU (of Licensee)  100946  200866 the death De nel enter renepets on each line.  Side to blassing (OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)  (OR AS A CONSEQUENCE OF)	MBER 28 BU Cr fine terms such as card America  27. WAS DECEDE PRECNANT. POSTPARTUR LYAR or not	NAME ADDRESS AND LIC THE FUNCTAL OWN POINT, I	NAUTOPSY MED?	Approximate interval Berness Cheet and Does AVALABLE PRIOR TO COMPLETION OF CAUSE OF DESTREES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DESTREES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DESTREES AVAILABLE PRIOR TO CAUSE OF THE PRIOR TO CAUSE OF T
USE OF	RUSSELL Kra  24a SIGNA-PORE OF FUNERAL D  25 PARTI Street the decemprose of condition  MANAEDIATE CAUSE (First decemprose or condition resource or described to the immediate cause, steing the underlying cause last  PART II Other augministrat condition  29a CERTIFIER Cheek entry one)	DUE TO  CERTIFYING PHYSICIAN TO THE base of	29300105 24b LICENSE NU (of Licensee) 100946 20040 The death De del effet renopeds on each line.  Sidera Blashie (OR AS A CONSEQUENCE OF)  (DR AS A CONSEQUENCE OF)  (DR AS A CONSEQUENCE OF)  (DR AS A CONSEQUENCE OF)	PRECINAL COMPANY OF THE PRECINANT OF THE	NAME ADDRESS AND LICTURE FUNCTION POINT, I	N AUTOPSY MED? NO se stated.	Approximate interval Between Onset and Deed Onset O
USE OF	RUSSELL Kra  24a SIGNA-PORE OF FUNERAL D  25 PARTI Steer the deep street the deep street the deep street shock a monthly of the street shock a monthly of the street shock a street shock	DUE TO  B CONSISTENCE CONTRIBUTION THAT CONTRIBUTION CONT	29300105 246 LICENSE NU (of Licensee) 100946 2000000000000000000000000000000000000	PRECINAL COMPANY OF THE PRECINANT OF THE	NAME ADDRESS AND LICTUS FUNCTAL OWN Point, I  NO 28a. WAS AI PERFOR (Yet or NO 10cc. and due to the cause(s) red at the time date, and place to time date, and place to time date, and place	N AUTOPSY MED? no.  NO se stated. a. and due to the cause(a) and a	Approximate interval Between Onset and Does on Does and Does on Does o
USE OF ATH	RUSSELL Kra  24a SIGNA-PORE OF FUNERAL D  25 PARTI Street the decemprose of condition  MANAEDIATE CAUSE (First decemprose or condition resource or described to the immediate cause, steing the underlying cause last  PART II Other augministrat condition  29a CERTIFIER Cheek entry one)	DUE TO  B CONSISTENCE CONTRIBUTION THAT CONTRIBUTION CONT	29300105 24b LICENSE NU (of Licensee) 100946 20040 The death De del effet renopeds on each line.  Sidera Blashie (OR AS A CONSEQUENCE OF)  (DR AS A CONSEQUENCE OF)  (DR AS A CONSEQUENCE OF)  (DR AS A CONSEQUENCE OF)	PRECINAL COMPANY OF THE PRECINANT OF THE	NAME ADDRESS AND LICTURE FUNCTION POINT, I	N AUTOPSY MEDY NO 1 NO 286 to the sause(a) and the sause(a) and the to the cause(a) and the to the sause(a) and the to the sause(b) and the saus	Approximate interval Between Oncet and Deel Oncet and Onceta and Once
USE OF	RUSSELL Kra  24a SIGNAPORE OF FUNERAL D  25 PARTI Street the disease of condition  MANEDIATE CAUSE (Finel disease of condition resulting in death)  Conditions, if any, which gave rise to the immediate cause, stating the underlying cause leaf  PART II Other agrificent condition  29a CERTIFIER CICC.  (Check only one)  29b SIGNATURE AND TITLE OF 6	DUE TO  CERTIFYING PHYSICIAN TO THE BASE OF CONCINER On the base of summer CERTIFER OF THE BASE OF SUMMER OF SUMER OF SUMMER OF SUMMER OF SUMER OF SUMER OF SUMER OF SUMER OF SUMER OF SUMMER OF SUMER OF S	29300105  246 LICENSE NU (of Licensee)  100946  coused the death De not effect rehopeds on each line.  Side of 14114  COR AS A CONSEQUENCE OF)	MBER 28 BU  Tr fire terms such as card  Amenic  27. WAS DECEDE PRECMANT C POSTPANTUM LYM or not go the time, date, and a y opinion, death occurred at the	NAME ADDRESS AND LICE THE FUNCTAL OWN POINT, I NOT THE OF THE POINT OF	N AUTOPSV MED? NO NO See stated.  a. and due to the cause(s) and see to the sause(s) and Ju	Approximate interval Between Onest and Deet Onest Ones
USE OF ATH	RUSSELL Kra  24a SIGNAPORE OF FUNERAL D  25 PARTIL Street the disease of Conditions  MANACOLATE CAUSE (Finel disease of Conditions of Section Street sheet of Conditions of Section Street of the Immediate Couse. Section Street of the Underlying Couse last  PART II Other augnificant conditions  29a CERTIFIER Check only One)  29b SIGNATURE AND TITLE OF CO.  30 NAME AND ADDRESS OF PERTIFICATION OF CO.  31 NAME AND ADDRESS OF PERTIFICATION OF CO.	DUE TO  CERTIFYING PHYSICIAN TO THE BASE OF CONCINER On the base of summer CERTIFER OF THE BASE OF SUMMER OF SUMER OF SUMMER OF SUMMER OF SUMER OF SUMER OF SUMER OF SUMER OF SUMER OF SUMMER OF SUMER OF S	29300105  245 LICENSE NU (of Licensee)  100946	MBER 28 BU  Tr fire terms such as card  Amenic  27. WAS DECEDE PRECMANT C POSTPANTUM LYM or not go the time, date, and a y opinion, death occurred at the	NAME ADDRESS AND LICE THE FUNCTION FUNCTION POINT, I NOT THE OF THE POINT OF THE PO	N AUTOPSV MED? NO Sea stated.  a. and due to the cause(s) and se to the sause(s) Ju	Approximate interval Between Onest and Deat onest and Deat onest and Deat of the Price of the Pr
USE OF ATH RTIFIER	RUSSELL Kra  24a SIGNAPORE OF FUNERAL D  25 PARTI Street the disease of condition  MANEDIATE CAUSE (Finel disease of condition resulting in death)  Conditions, if any, which gave rise to the immediate cause, stating the underlying cause leaf  PART II Other agrificent condition  29a CERTIFIER CICC.  (Check only one)  29b SIGNATURE AND TITLE OF 6	DUE TO  CERTIFYING PHYSICIAN TO THE BASE OF CONCINER On the base of summer CERTIFER OF THE BASE OF SUMMER OF SUMER OF SUMMER OF SUMMER OF SUMER OF SUMER OF SUMER OF SUMER OF SUMER OF SUMMER OF SUMER OF S	29300105  246 LICENSE NU (of Licensee)  100946  coused the death De not effect rehopeds on each line.  Side of 14114  COR AS A CONSEQUENCE OF)	MBER 28 BU  Tr fire terms such as card  Amenic  27. WAS DECEDE PRECMANT C POSTPANTUM LYM or not go the time, date, and a y opinion, death occurred at the	NAME ADDRESS AND LICE THE FUNCTAL OWN POINT, I NO 28a WAS A R SO DAYS IF NO NO 19a DAYS IF NO 19	N AUTOPSV 1880 NO	Approximate interval Berness Onest and Deal interval Berness Onest and Deal AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Vote or and N/
USE OF ATH RTIFIER	RUSSELL Kra  24a SIGNAPORE OF FUNERAL D  25 PARTIL Street the disease of Conditions  MANACOLATE CAUSE (Finel disease of Conditions of Section Street sheet of Conditions of Section Street of the Immediate Couse. Section Street of the Underlying Couse last  PART II Other augnificant conditions  29a CERTIFIER Check only One)  29b SIGNATURE AND TITLE OF CO.  30 NAME AND ADDRESS OF PERTIFICATION OF CO.  31 NAME AND ADDRESS OF PERTIFICATION OF CO.	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  CERTIFYING PHYSICIANT: To me  HEALTH OFFICER On the basic of same CERTIFIER  RESON WHO COMPLETED CAUS  SIGNO, 8 M. M. M. Y. Y.  340 DATE OF INJURANT.	29300105  246 LICENSE NU (of Licensee)  100946:	29. WAS DECEDE PREGNANT OF LIVE or nel Werrillvi	NAME ADDRESS AND LICE THE FUNCTAL OWN Point, I NO 28a. WAS AN PERFOR (Year or 1) NO 10cc. and due to the cauca(a) red at the time date, and place to time date, and place and di 29c. MEDICAL LICENSE 01031484	N AUTOPSY MEDY NO 100 to the sause(a) and re to the sause(b) and re	Approximate interval Between Onest and Deet onest ones
USE OF ATH RTIFIÉR	RUSSELL Kra  24a SIGNAPORE OF PUNERAL D  25 PARTI Street the disease or condition  MANEDIATE CAUSE (Final disease or condition resulting in death)  Conditions, if any which gave rise to the immediate causal streeting the underlying cause leaf  PART II Other agrificant condition  29a CERTIFIER (Cheef enty one)  29b SIGNATURE AND TITLE OF 6  30 NAME AND ADDRESS OF PET DT RAY H. DT 3:  31 HEART OF CERTIFICATION  32 HEART OF CERTIFICATION  33 HEART OF CERTIFICATION  34 HEART OF CERTIFICATION  35 HEART OF CERTIFICATION  36 HEART OF CERTIFICATION  37 HEART OF CERTIFICATION  38 HEART OF CERTIFICATION  39 HEART OF CERTIFICATION  31 HEART OF CERTIFICATION  32 HEART OF CERTIFICATION  33 HEART OF CERTIFICATION  34 HEART OF CERTIFICATION  44 HEART OF CERTIFICATION  45 HEART OF C	DUE TO  DUE TO  CONTINUE CONTINUE TO CONTINUE TO CONTINUE TO CONTINUE CONTINUE TO CONTINUE	29300105  246 LICENSE NU (of Licensee)  100946:	27. WAS DECEDE PROMANT OF PROMATT OF PROMANT	NAME ADDRESS AND LICE THE FUNCTAL OWN Point, I NO 28a. WAS AN PERFOR (Year or 1) NO 10cc. and due to the cauca(a) red at the time date, and place to time date, and place and di 29c. MEDICAL LICENSE 01031484	NAUTOPSY MED? NO 286 NO 296 LE NO 29	Approximate interval Between Onest and Deat interval Between Onest and Deat Onest and Deat AVALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY (Von or not N/
USE OF ATH ALTH FICER	RUSSELL Kra  24a SIGNAPORE OF PUNERAL D  25 PARTI Street the disease or condition  MANEDIATE CAUSE (Final disease or condition resulting in death)  Conditions, if any, which gave rise to the immediate cause. Stelling the underlying cause leaf  PART II Other agridicare condition  29a CERTIFIER CRG (Cheek only One)  29b SIGNATURE AND TITLE OF 6  30 NAME AND ADDRESS OF PET DT - Ray H. DT at 11 HEATT OF CERTIFIER  31 HEATT OF CERTIFIER  31 MANNER OF DEATH    Nearral   Pending investigation	DUE TO  DUE TO  CONTINUES CONTINUES OF COMPRISORS OF COMPRISORS  CERTIFYING PHYSICIAN: 'To the MEALTH OFFICER On the base of CORONER On the base of CORONER ON the CORONER ON THE CERTIFIER STATE OF THE CORONER ON THE CERTIFIER STATE OF THE CORONER OF CORONER ON THE CERTIFIER STATE OF THE CERTIFIER	29300105 246 LICENSE NU (of Licensee) 100946 200406 the death De risi effect renopeds on each line.  Side of Licensee (OR AS A CONSEQUENCE OF)	22. WAS DECEDE PRECINANT. C POSTPARTUR. L'Yes er nell et the time, date, and e y opinion death occurred at the Merrillvi NJURY AT WORKY (Yes er ne)	NAME ADDRESS AND LICE THE FUNCTAL OWN Point, I NO 28a. WAS AN PERFOR (Year or 1) NO 10cc. and due to the cauca(a) red at the time date, and place to time date, and place and di 29c. MEDICAL LICENSE 01031484	NAUTOPSY MED? NO 298 JUN 1 SCENTIFIES TO STATE COPY OF STATE COPY OF STATE STA	Approximate interval Between Once and Door once and N/
USE OF ATH RTIFIER ALTH FIGER	RUSSELL Kra  24a SIGNAPORE OF PUNERAL D  25 PARTIL Street the disease of Conditions  MANAEDIATE CAUSE (Fire! disease of Conditions  Manaediate Cause (Fire! disease of Conditions)  Conditions, of any which give rise to the immediate cause. Stating the underlying cause last  PART II Other augnificant conditions  29a CERTIFIER (Check only one)  29b SIGNATURE AND TITLE OF (Check only one)  29b SIGNATURE AND TITLE OF (Check only one)  31 MANNER OF DEATH  Neart OCCUPATION  32 MANNER OF DEATH  Neart OCCUPATION  33 MANNER OF DEATH  Description  Could not be Description	DUE TO  DUE TO  CONTINUES CONTINUES OF COMPRISORS OF COMPRISORS  CERTIFYING PHYSICIAN: 'To the MEALTH OFFICER On the base of CORONER On the base of CORONER ON the CORONER ON THE CERTIFIER STATE OF THE CORONER ON THE CERTIFIER STATE OF THE CORONER OF CORONER ON THE CERTIFIER STATE OF THE CERTIFIER	29300105  246 LICENSE NU (of Licensee)  100946  246 LICENSE NU (of Licensee)  246 LICENSE NU (of Licensee)  247 LICENSE NU (of Licensee)  248 LICENSE Nu (of	22. WAS DECEDE PRECINANT. C POSTPARTUR. L'Yes er nell et the time, date, and e y opinion death occurred at the Merrillvi NJURY AT WORKY (Yes er ne)	NAME ADDRESS AND LICTUS FUNCTAL OWN Point, I NO 28a WAS ANDRESS OF PROPERTY NO NO 10cc. and due to the cause(s) red at the time date, and place and due to the cause(s) to time date, and place to time date, and place and due to the cause(s) as time date, and place and due to the cause(s) as time date, and place and due to the cause(s) as time date, and place and due to the cause(s) and the time date, and place and due to the cause(s) as Maria and the cause(s) an	NAUTOPSY MED? NO 298 JUN 1 SCENTIFIES TO STATE COPY OF STATE COPY OF STATE STA	Approximate interval Service Onset and Dear interval Service Onset and Dear Onset and Dear Avalable PRIOR TO COMPLETION OF CAUSE OF DEATHY (Von or and No. 1) as setted DATE SIGNED (Month Day: You Te 12, 1996
USE OF ATH RTIFIER ALTH FICER	RUSSELL Kra  24a SIGNA-PORE OF PUNERAL D  25 PARTI Sher the deser street the deser street of the first of condition resulting in death)  Conditions, if any, which gave rise to the immediate cause, seeing the underlying cause last  PART II Other agrificant condition  29a CERTIFIER CRS (Cheek only One)  29b SIGNATURE AND TITLE OF CONSTITUTE OF CONSTITU	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  CERTIFYING PHYSICIANC: To me  REALTH OFFICER On the basis of exame  CERTIFYING ON WHO COMPLETED CAUSE  RSON WHO COMPLETED CAUSE  S S A DATE OF INJURY OF INJ	29300105  246 LICENSE NU (of Licensee)  100946  246 LICENSE NU (of Licensee)  246 LICENSE NU (of Licensee)  247 LICENSE NU (of Licensee)  248 LICENSE Nu (of	22. WAS DECEDE PREGNANT. LYAN or not go the time date, and go y opinion death occurred at the Merrillvi shjuffy at works; (Yes or no)	NAME ADDRESS AND LICTUS FUNCTION POINT, I	NAUTOPSY MED? NO 286 MODE TO THE COUNCIL TO THE COUNCIL TO THE COUNCIL THE COU	Approximate interval Between Oncet and Deed Oncet and Onceta and Once