

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16-32  
 REGISTERED NUMBER 1004

STATE OF ILLINOIS

STATE FILE NUMBER

**MEDICAL CERTIFICATE OF DEATH**

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
 1. HOLGER HOLTZAR NILS CARLSON 2. MALE 3. AUGUST 2 2000.

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
 4. Cook 5a. 86 5b. MOS. 5c. HOURS MIN. 5d. January 25, 1914

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D O A OP/EMER PM, INPATIENT (SPECIFY)  
 6a. Chicago Hts. 6b. St. James Hospice 6c. Hospice

**DECEASED**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)  
 7. Chicago, IL 8a. Married 8b. Hilda Vogel 9. NO

**B**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
 10. 355-10-0727 11a. Welder Inspector 11b. General Motors 12. 8 0

**C**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
 13a. 8138 Euclid 13b. Munster 13c. Yes 13d. Lake

**D**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)  
 13e. IN 13f. 46321 14a. White 14b.  NO  YES SPECIFY:

**E**

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST  
 15. Oscar Carlson 16. Ellen Hartberg

**PARENTS**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)  
 17a. Hilda Carlson 17b. Wife 17c. 8138 Euclid Munster IN 46321

**1**

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
 3. 3

**2**

Immediate Cause (Final disease or condition resulting in death) (a) RENAL FAILURE  
 DUE TO, OR AS A CONSEQUENCE OF

**3**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) WILSON'S DISEASE  
 DUE TO, OR AS A CONSEQUENCE OF

**CAUSE**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
Wilson's GANGLIOSIDOSIS

**4**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
 20a. 20b.

**5**

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH  
 21a. August 1, 2000 21b. 21c. 6:45 A.M.

**N**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)  
 22a. SIGNATURE Robert Kemp 22b. 8/2/00

**P**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER  
 22c. ROBERT KEMP 333 DIXIE CHIC HTS IL 60411 22d. 036-086262

**CERTIFIER**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

**23**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
 24a. Burial 24b. Chapel Lawn Mem. Gard 24c. Schererville, IN 24d. Aug 5, 2000

**DISPOSITION**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
 25a. Burns-Kish Funeral Home 8415 Calumet Ave., Munster, IN 46321

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
 25b. Thomas J. Burns 25c. 034010026

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
 26a. Rachel M. Vega 26b. August 4, 2000

**I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILL BIRTHS & DEATHS.**

DATE: AUG 07 2000 SIGNED: Rachel M. Vega

AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

9.00  
 E.P.  
 7537  
 01950

Mr. James Lawson  
Mr. and Mrs. Bruce W. Espy  
9925 Delaware Place  
Highland, Indiana 46322

### QUITCLAIM DEED

**THIS INDENTURE WITNESSETH**, that JAMES LAWSON and DIXIE LEE LAWSON, Husband and Wife, ("Grantors"), of Lake County in the State of Indiana, **QUITCLAIM** to JAMES LAWSON, BRUCE W. ESPY and KATHY A. ESPY, as Joint Tenants with Rights of Survivorship and not as Tenants-In-Common, for the sum of Ten Dollars (\$10.00) and other valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in Lake County, Indiana:

Lot 173, Lakeside 6<sup>th</sup> Addition to the Town of Highland, Lake County, Indiana, as the same appears of record in Plat Book 37, Page 19, in the Recorder's Office of Lake County, Indiana.

**IN WITNESS WHEREOF**, the Grantors have executed this Deed, this 8 day of September, 2000.

GRANTORS:

James Lawson  
JAMES LAWSON

Dixie Lee Lawson by  
Kathy A. Espy as  
Power of Attorney  
DIXIE LEE LAWSON

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public for the above County and State, personally appeared JAMES LAWSON and DIXIE LEE LAWSON and acknowledged the execution of this instrument this 8 day of September, 2000.



Karla Jean Reder  
Signature, Notary Public  
Printed Name: KARLA JEAN REDEK  
My Commission Expires: 11-28-01  
County of Residence: Fulton

This instrument prepared by: C. Donald Emery, III, EMERY CLEMENT & SCHMIDT, P.C., 370 West 80<sup>th</sup> Place, Merrillville, Indiana 46410. Telephone: (219) 756-0555.

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

SEP 28 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

01847

14.00  
RK

10.00 6179