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July 9, 2002

LAKE COUNTY
FILED FOR RECORD

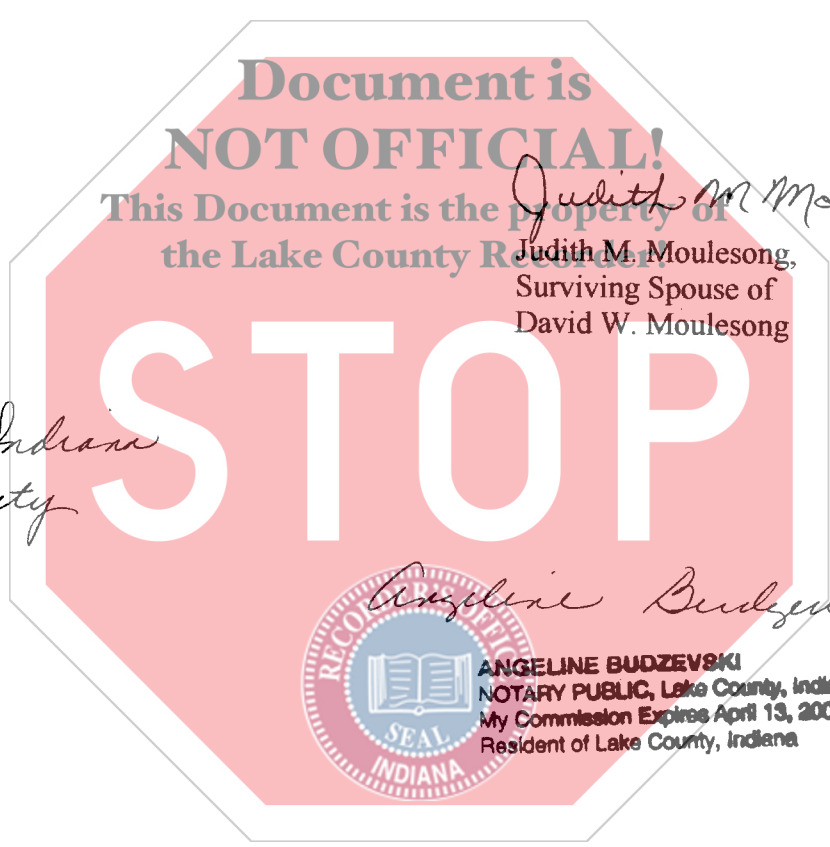
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2002 JUL 12 PM 2:04

MORRIS W. CARTER
RECORDER

To Whom It May Concern,

The mortgage held in 1982 by David W. Moulson against Frances C. Moulson
And the property at 3943 Grover Ave., Hammond, In., is no longer in effect. To the best
Of my recollection, the mortgage was repaid in 1985. #658183



State of Indiana
Lake County

Angeline Budzewski

ANGELINE BUDZEWSKI
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires April 13, 2009
Resident of Lake County, Indiana

D. Moulson
3943 Grover
Ham'd 46327

12-
A.H.
CS

**INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

Local No. 1614-90

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

CORONER
USE ONLY

1. DECEASED—NAME (First, Middle, Last) David W. Moulesong				2. SEX Male		3a. TIME OF DEATH 11:20 A.		3b. DATE OF DEATH (Month, Day, Yr.) August 2, 1990	
4. SOCIAL SECURITY NUMBER 304-42-5447		5a. AGE—Last Birthday (Years) 47		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) Nov. 6, 1942	
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1962		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) 9145 Wildwood Dr.				9c. CITY, TOWN, OR LOCATION OF DEATH Highland			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Judy Kessler		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Police Officer			12b. KIND OF BUSINESS/INDUSTRY City		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland		13d. STREET AND NUMBER 9145 Wildwood Dr.			
13e. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5 +) 4		18. FATHER'S NAME (First, Middle, Last) William Moulesong			19. MOTHER'S NAME (First, Middle, Maiden Surname) Frances Wojtena		
20a. INFORMANT'S NAME (Type/Print) Judy Moulesong				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9145 Wildwood Dr. Highland, Indiana			20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input 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) August 6, 1990 Chapel Lawn Cemetery			21c. LOCATION—City or Town, State Schererville, Indiana		
22a. EMBALMERS NAME Ronald A. Reed				22b. EMBALMERS LICENSE NO. FDO 1001081		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>A. Kuiper</i>				24b. LICENSE NUMBER (of Licensee) FDO 1014511		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500			
26. PART I Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last a. metastatic carcinoma of the pancreas 6 months DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____								Approximate Interval Between Onset and Death	
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) NO		28. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
29a. CERTIFIER (Check only 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 opinion, 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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>John H. Gleaton</i>			29c. MEDICAL LICENSE NO. 61633		29d. DATE SIGNED (Month, Day, Year) August 4 1990		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) John H. Gleaton M.D. 7905 Calumet Avenue Munster Indiana									
31. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>								32. DATE FILED (Month, Day, Year) August 6, 1990	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED		
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.					

