80110-

LEGAL DESCRIPTION:

PROPERTY ADDRESS:



ESTATE AFFIDAVIT	
Helen Grynewall, Affiant, states that:	2004
1. William Grunewald, deceased, died on the 28 day of December, 19;	038
2. Affiant is: the surviving spouse of the deceased, the Personal Representative/Executor-trix of the	5 3 8
estate of the deceased; 3. The deceased died: leaving a will which has been probated; leaving a will which has not been probated; This Document is the property of	2004 FE 1997
4. The deceased and Affiant were married on the 2 day of	SIMILE OF INDI- LAKE COUNT FLED FOR REC
(This item applies only to the surviving spouse.) 5All expenses of the last illness and funeral of the deceased have been paid;	AK ID: 31
6All State Inheritance Taxes and Federal Estate Taxes attributable to the decear and his/her estate have been paid; 7. There are no claims against the estate of the decendent.	sed
There are no claims against the estate of the decendent. STEPHEN R. STIGLIC This Affidavit is made to induce First American Title Insurance of the decendent. 1 2004 STEPHEN R. STIGLIC title insurance on the above-described real estate.	Hey of
Date My 7, 200+ Signature of Affiant	S by +3t
Printed Name of Affiant	by Wick Z0101
State of Indiana, County of Lake Subscribed and sworn to before me, this day of MA	₹ .
Dryane MBox	- Logosa,
Printed Name of Notary My Commission expires:	
	OTARY SEAL * M. Bocek Notary Public unty, State of Indiana ission Expires 8/28/06

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE

MMONd

34d DESCRIBE HOW INJURY OCCURRED

34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

32. DATE FILED (Month, Day, Year)

2002

oursue its statutor voluntary and there	v responsibility	 Disclosure 	is i	NDIANA S	TATE DEP	ARTME	NIOF	·HE	ALIH HAN	MOND HE.	ALTH DEPART	MENT. 900 jacobski ir sitis	
_ocal No?	89			, C	ERTIFICAT	re of [DEATH		unt3	2.2002	Sparan		
	THE RECOR	DS IN THIS SE	RIES AR	E CONFIDENTIAL PE	ER IC 16-37-1-10				Date	Issued	Hammond He	ealth Commissioner	
YPE/PRINT	1	NAME (First, Mi	ddle, Last)	_			2. SEX	3a. TIME OF DEATH			1		
IN		William L.			Grunewald Male Sb. UNDER 1 YEAR Sc. UNDER 1 DAY 6. DA			TE 05 0	9:52 A M December 28, 3			<u>.</u>	
ERMANENT	4. *SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Years)		5b. UNDER 1 YEAR 5c. UNDE Months Days Hours		10		7. BIRTHPLACE (City and State or Foreign Country)				
BLACK INK	317–14–7626		75 86 YEAR LAST SERVED IN U.S. ARMED FORCES? 1946]			PLACE OF DEATH (Check only one S			Lansing, Illinois		
	8a. WAS DECEDENT A U.S. VETERAN? Yes				,			1	THER: Nursing Home C Other				
					☐ ER/Outpatient ☐ DOA		Residence						
DECEDENT	9b. FACILITY NAME (If not institution, give street and number)							VN. OR LOCATION OF DEATH		9d. CQI	9d. COUNTY OF DEATH		
SECEDENT	St. Margaret Mercy Hospita				_			Hammond			Lake		
	10. MARITAL STA (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name) Helen Swineh			12a. DECEDEN done duri	DECEDENT'S USUAL OCCUP. Ione during most of working life		ION (Give kind of work o not use retired)	12b. KIND OF BUSINESS/INDUSTRY			
1		rried					pervisor		124 CTREET AND AU	Book Binding Company			
	13a. RESIDENCE- Indian		Lake 13c. CITY. TOWN, OF		Munste			1	13d. STREET AND NUMBER		arfield Ave.		
		13f. INSIDE CIT	1			15. WAS DECEDENT OF HISPANIC ORIG		16 BAC	IACE-American Indian,	17. DECEDENT'S EDUCATION			
	138 ZIF CODE		Yes	WHAT COUNTRY	∑	es (if yes,	specify Cuban.	Blac	sk, White, etc.	(Sp	ecify only highest g		
	46321	13g. ON A FARI	M?	U.S.A.	Mexican, Puerto F	lican, etc.)		(Sp	<i>₀cıfy)</i> White	Elementary/S	econdary (0-12)	College (1-4 or 5 +)	
		X No [<u> </u>						12		
PARENTS	18 FATHER'S NA	me (First Middle) .am Grur		đ					(First, Middle, Maiden Hayes	Surname)			
`	20s. INFORMANT			<u> </u>	20h MAH ING	ADDRESS (St	L	· · · · · · · · · · · · · · · · · · ·	Route Number, City or	Town State Zu	Code) 20c B	elationship	
NFORMANT	_	Grunev							ster, In.			Wife	
	21a. METHOD OF	DISPOSITION	☐ Ento	nbment	21b. DATE AND PLAC						N-City or Town, S	itate	
	🖾 Buriai	Cremation	☐ Reme	oval from State	other place)		mber 3	•					
	☐ Donation ☐ Other (Specify)				Elmwood Cemetery				Hammond, Indiana				
NOITIZOPZIC	228 EMBALMER'S NAME. Fdgar C. Gleim 22b. EMBALMER'S LICENSE NO. 23. WAS DEATH REPORTED TO CORONER? Yes												
	246 SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Rd. FDO 8601585 Highland, Indiana 46322 FH 19900008												
*	26. PART I	Enter the diseas	es, injuries,	or complications that car	used the death. Do not en	ter nonspecific to	erms, such as ca	rdiac or r	espiratory			Approximate	
		arrest, shock, or	heart failu	e. List only one cause or	each line.	Av Re	corde	271				Interval Between Onset and Death	
	IMMEDIATE CAUS		a	Pe,	nal Z	91148	2						
CAUSE OF	resulting in death)	"		DUE 10 (0	OR AS A CONSEQUENC	E OF)							
HTASC	Conditions if any, virise to the immediate		b	DUE TO (C	OR AS A CONSEQUENC	E OF)							
	stating the underlyst cause last		c	DUE TO (C	DR AS A CONSEQUENC	E OF)							
			d								T	· · · · · · · · · · · · · · · · · · ·	
×					out not previously stated in	Part I 2	7. WAS DECE		28a. WAS AN			OPSY FINDINGS	
	CAU.	S/P CA	B6-/	Avn -			PREGNANT OR POSTPARTUM?	JM?	DAYS PERFORI	T \	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	Multi	541+8	4 6	1991 to	g, 19re		(Yes of no)	/			OF DEATH	(Yes of no)	
Х	29a. CERTIFIER				est of my knowledge, dea	th occurred at th	e time, date, and	place, an	d due to the cause(s)	s stated			
	(Check only one)				examination and/or invest								
				On the basis of examine	tion and/or investigation,	in my opinion, de	eath occurred at	the time.	date, and place, and du	e to the cause(s)			
CERTIFIER	29b. SIGNATURE	AND TITLE OF C	ERTIFIÈR	3)_				290	MEDICAL LICENSE		29d. DATE SIGNE	ED (Month, Day, Year)	

34c INJURY AT WORK? (Yes or no)

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R5/1-99)

34g DATE PRONOUNCED DEAD (Month, Day, Year)

31 HEALTH OFFICER'S SIGNATURE

Natural Pending Investigation

Suicide Could not be

33. MANNER OF DEATH

IEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

34a. DATE OF INJURY (Month, Day, Year)

34b TIME OF INJURY

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)