

820761

LEGAL DESCRIPTION:

8

LAKE COUNTY
FILED FOR RECORD



First American Title
Insurance Company

PROPERTY ADDRESS:

2004 046595

2004 JUN 30 10:00 AM

ESTATE AFFIDAVIT

MORE INFORMATION
RECORD

Jerry D. Reach, Affiant, states that:

1. Patricia A Reach, deceased, died on the 5 day
of October, 1999;

2. Affiant is: the surviving spouse of the deceased,
 the Personal Representative/Executor-trix of the
estate of the deceased;

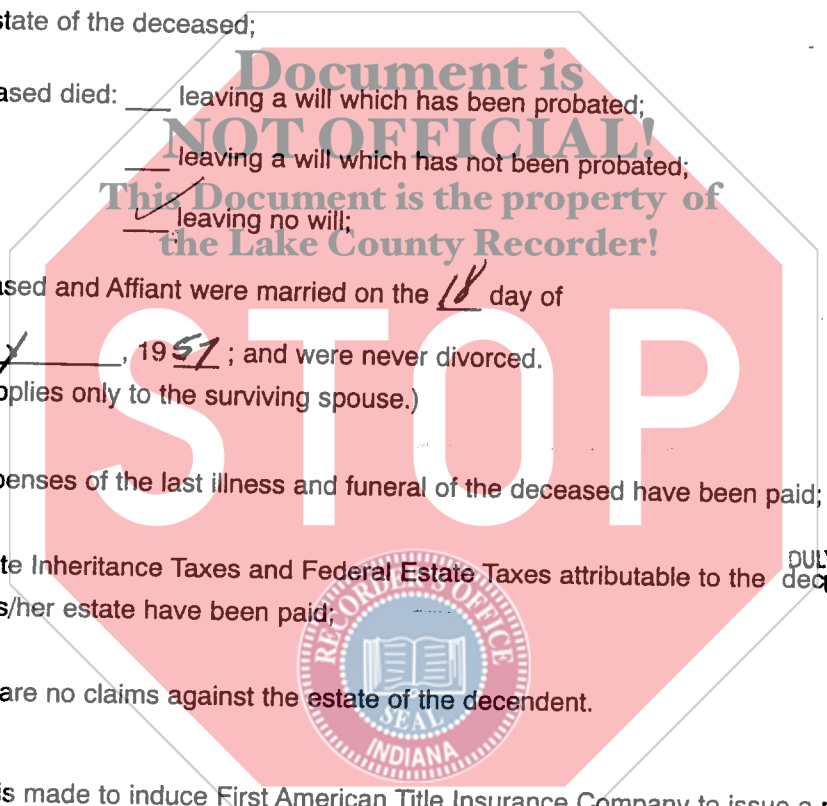
3. The deceased died: leaving a will which has been probated;
 leaving a will which has not been probated;
 leaving no will;

4. The deceased and Affiant were married on the 18 day of
May, 1951; and were never divorced.
(This item applies only to the surviving spouse.)

5. All expenses of the last illness and funeral of the deceased have been paid;

6. All State Inheritance Taxes and Federal Estate Taxes attributable to the
and his/her estate have been paid;

7. There are no claims against the estate of the decedent.



DULY ENTERED FOR TAXATION SUBJECT TO
DECEASED ACCEPTANCE FOR TRANSFER

JUN 3 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

This Affidavit is made to induce First American Title Insurance Company to issue a policy of
title insurance on the above-described real estate.

6-1-04
Date

"NOTARY SEAL"
JENNIFER JERN, Notary Public
Porter County, State of Indiana
My Commission Expires 01/11/2012
State of Indiana, County of Lake

Jerry D. Reach
Signature of Affiant
Jerry D. Reach
Printed Name of Affiant

Subscribed and sworn to before me, this 1 day of June, 2004

Printed Name of Notary

Jennifer Jern
Signature of Notary

My Commission expires:

My County of Residence is:

000325

HOLD FOR FIRST AMERICAN TITLE

THIS INSTRUMENT WAS PREPARED BY:

820761

Handwritten initials and marks.

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 254-99

#200527

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | | | | | | |
|--|--|--|--|---|---|---|---|---|--|
| 1 DECEASED—NAME (First Middle Last) PATRICIA A. REACH | | | | 2 SEX FEMALE | | 3a TIME OF DEATH 6:45 P M | | 3b DATE OF DEATH (Month Day Yr) OCTOBER 5, 1999 | |
| 4 *SOCIAL SECURITY NUMBER 317-32-9691 | | 5a AGE—Last Birthday (Years) 64 | | 5b UNDER 1 YEAR Months Days | | 5c UNDER 1 DAY Hours Minutes | | 6 DATE OF BIRTH (Mo Day Yr) JAN. 13, 1935 | |
| 8a WAS DECEDENT A U.S. VETERAN? NO | | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? NONE | | 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) 1211 AZALEA DRIVE | | | | 9c CITY, TOWN OR LOCATION OF DEATH MUNSTER | | | 9d COUNTY OF DEATH LAKE | | |
| 10 MARITAL STATUS (Specify) MARRIED | | 11 SURVIVING SPOUSE (If wife, give maiden name) JERRY D. REACH | | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER | | | 12b KIND OF BUSINESS/INDUSTRY OWN HOME | | |
| 13a RESIDENCE—STATE INDIANA | | 13b COUNTY LAKE | | 13c CITY, TOWN OR LOCATION MUNSTER | | | 13d STREET AND NUMBER 1211 AZALEA DRIVE | | |
| 13e ZIP CODE 46321 | | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | 14 CITIZEN OF WHAT COUNTRY? USA | | 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 | |
| 13g ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes | | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1, 4 or 5 +) | | | 18 FATHER'S NAME (First, Middle, Last) ROY DRATWA | | | | |
| 19 MOTHER'S NAME (First, Middle, Maiden Surname) GLADYS CZLONKA | | | | | 20a INFORMANT'S NAME (Type/Print) JERRY D. REACH | | | | |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1211 AZALEA DRIVE, MUNSTER, IN 46321 | | | | | 20c Relationship HUSBAND | | | | |
| 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) OCTOBER 8, 1999 CHAPEL LAWN MEMORIAL GARDENS | | | 21c LOCATION—City or Town, State SCHERERVILLE, INDIANA | | |
| 22a EMBALMER'S NAME CHARLES WELLS | | | | 22b EMBALMER'S LICENSE NO. 01042372 | | 23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i> | | | | 24b LICENSE NUMBER (of Licensee) 01001447 | | 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ F.H. #83002916 9445 CALUMET AVE, MUNSTER, IN 46321 | | | |
| 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a Metastatic pancreatic cancer to liver Approximate Interval Between Onset and Death 3 months b _____ c _____ d _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. | | | | | | | | | |
| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Hypertension | | | | | | | | | |
| 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO | | | | 28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO | | 28b 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>[Signature]</i> | | | | | | 29c MEDICAL LICENSE NO. IN 01040137 | | 29d DATE SIGNED (Month Day Year) OCT 12 1999 | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ANDREJ J. ZAJAC, M.D., 901 MACARTHUR BLVD., MUNSTER, INDIANA 46321 | | | | | | | | | |
| 31 OFFICER'S SIGNATURE <i>[Signature]</i> | | | | | | | | | |
| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide | | 34a DATE OF INJURY (Month Day Year) | | 34b TIME OF INJURY | | 34c INJURY AT WORK? (Yes or no) | | 34d DESCRIPTION OF INJURY AND MECHANISM OF DEATH ON FILE WITH HEALTH DEPT. OCT 12 1999 0326 | |
| 34a 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. <i>[Signature]</i> LAKE COUNTY HEALTH COMMISSIONER | | | | | |