82676/

LEGAL DESCRIPTION:

PROPERTY ADDRESS:



First American Title Insurance Company

2004 046595

	ESTATE AFFIDAVIT MORES	en e
Jerry D. Rea	Affiant, states that:	
1. Patricia Al	Zeo, deceased, died on the	- dav
of October	, 19	,
2. Affiant is: the surviving spouse of the	ne deceased,	
the Personal Representat	ive/Executor-trix of the	
leaving a	a will which has been probated; which has not	
4. The deceased and Affiant were m		
44		
(This item applies only to the surviv	d were never divorced.	
6 All State Inheritance Taxes an	s and funeral of the deceased have be	
and his/her estate have been	paid;	JUN 3 2004
7 There are no claims against the	ne estate of the decendent.	
	WDIANA, LILIA	STEPHEN R. STIGLIGH LAKE COUNTY AUDITOR
This Affidavit is made to induce First	American Title Insurance Company to	issue a policy of
title insurance on the above-describe	•	_
6-1-04	_ X lessy	D. Reach
Date "NOTARY SEAL" JENNIFER JERN, Notary Public	Signature of Affiaint	D. Reach
Porter County, State of Indiana My Commission Expires 01/11/2012	Printed Name of Affiant	
State of Indiana, County of Lake		
Subscribed and sworn to before me, t	his 1 day of June	2004
Printed Name of Notary	Signature of Notary	
My Commission expires:	7.3. Marie of Hybridia	V_{V}
My County of Residence is:	HOLD FOR TIPET	000325

THIS INSTRUMENT WAS PREPARED BY:

OLD FOR FIRST AMERICAN TITLE

ATTENTION ESTATE: The Social Security # is to high 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

#200527	THE RECORDS IN THIS S		FER IO 16-1-19-3								
TYPE/PRINT	T DECEASED—NAME (First N PATRICIA				2. SEX	1	IME OF DEAT	, , , , , , , , , ,	EATH (Mone)	(Day, Yr)	
IN			1 + 40		FEMA		45 P ,	M OCTOBER 5, 1999			
PERMANEN BLACK INK		Se AGE-Last Birthda (Years)	5b UNDER 1 YEAR		Minutes	ATE OF BIRTH (Mo.	Day, Yr)	7 BIRTHPLACE (C	ity and State	or Foreign Country)	
DLACK INK		64		, rours	J.	AN. 13,	1935	CALUMET		, ILLINO	
	8a WAS DECEDENT A U.S. VETERAN?	86 YEAR LAST SERVED IN US ARMED FORCES?			9a Pt	ACE OF DEATH (C	heck only one	See instructions)		, INDINO	
	NO NONE		HOSPITAL Inpatient			OTHER N	ursing Home	e Other (Specify)			
25052515	96 FACILITY NAME (If not institu		L ER/	Outpatient [] [XX A	eidence	· ·			
DECEDENT	1211 AZALEA D					N. OR LOCATION	OF DEATH	9d COUNTY	OF DEATH		
	10. MARITAL STATUS 11. SURVIVING SPOUSE		MUI					LAKE			
	(Specify) MARRIED (If write, give malder name) JERRY D. REA		done d		DENT'S USUAL OCCUPATION (Give kind of worduring most of working life. Do not use retired)		kind of work etired)	12b. KIND OF BUSINESS/INDUSTRY			
				MAKER			OWN HOME				
	INDIANA	LAKE	13c. CITY, TOWN OR	LOCATION		ı	ET AND NU				
	13e ZIP CODE 13f INSIDE CIT		MUNSTER					EA DRIVE			
	□ No X		15 WAS DECEDENT		PRIGIN?	16 RACE—Americ Black, White, et		17 DEC	EDENT'S EL	DUCATION	
	13g. ON A FAR	M ⁷	Mexican Puerto I				-	(Specify only highest grade of Elementary/Secondary (0-12) Coll			
	46321 DXNo C					WHITE		1	1	College (1-4 or 5 +	
PARENTS	18 FATHER'S NAME (First Middle				19 MOTHER	S NAME (First Mide	dle. Maiden Si		1		
	ROY DRAT				_		CZLONK				
INFORMANT	20s. INFORMANT'S NAME (Type/i		20b MAILING	ADDRESS (Stre	et and Number	or Rural Route Numi	ber. City or Ti	own State Zip Code)	20c Rei	lationship	
	JERRY D. REAC		1211	AZALEA	DRIVE,	MUNSTER	R, IN	46321	1	BAND	
	21a METHOD OF DISPOSITION	Entombment	216 DATE AND PLACE	E OF DISPOSITION	ON (Name of ce	metery, crematory, o		c LOCATION—City			
DISPOSITION	XX Burial Cremation Donation Other (Specif	Removal from State	other place) OC				1	- ,			
		y)	CHAPEL	LAWN ME	EMORIAL	GARDENS	3	SCHERERV	LLE.	INDIANA	
	220 EMBALMER'S NAME		226 EMBALMER'S	LICENSE NO		23 WAS DEA		D TO CORONER?			
	CHARLES WELLS		010423	$\frac{72}{1}$	S	□ No	X Yes				
	24. SIGNATURE OF FUNERAL DIF	RECTOR	24b LI	CENSE NUMBER	25	NAME ADDRESS	AND LICEN	SE NUMBER OF FUN	ERAL HOME		
	Laury 1/6	intu	COFE	of Licensee)	ATI	ANTHONY	& DZI	ADOWICZ E	Г.Н. ∄	[‡] 8300291 <i>6</i>	
	/			100144/	·	9445 CAL	UMET	AVE, MUNS	TER,	IN 46321	
	26 PART I Enter the disease	s injuries or complications that consent failure. List only one cause of	aused the death Do not ent	er nonspecific terr	monte	Tec Of					
	arroat, priocity of t			TIC DI	na such as care	and of Lappin story					
		tand of List only one cause (on each line							Approximate Interval Between	
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CAUSE OF	IMMEDIATE CAUSE (Final	Metastati	on each line	y Range					_3,	Interval Between	
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