

2007 046557

2007 JUN -7 PM 3:14

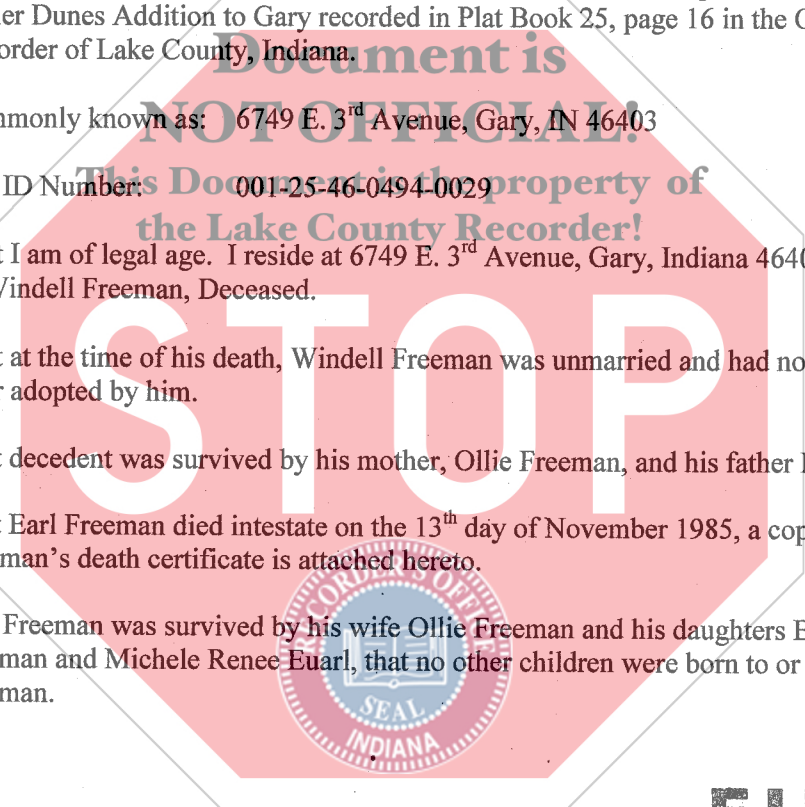
MICHAEL A. BROWN  
RECORDER

STATE OF INDIANA )  
                                  ) SS:  
COUNT OF LAKE    )

**AFFIDAVIT OF HEIRSHIP**

I, Bobbie Jean Freeman, this 31<sup>st</sup> day of May, 2007, being first duly sworn upon oath, states as follows:

1. That the decedent, Windell Freeman, passed away intestate on the 22<sup>nd</sup> day of September 1984. A copy of Windell Freeman's death certificate is attached hereto.
2. That Windell Freeman was the sole fee simple owner of the following real estate:  
  
Lot Numbered 29 (except the West 9 feet thereof by parallel lines) and the West 14 feet by parallel lines of Lot 28, Block "D" as shown on the recorded plat of resubdivision in Miller Dunes Addition to Gary recorded in Plat Book 25, page 16 in the Office of the Recorder of Lake County, Indiana.  
  
Commonly known as: 6749 E. 3<sup>rd</sup> Avenue, Gary, IN 46403  
  
Tax ID Number: 001-25-46-0494-0029
3. That I am of legal age. I reside at 6749 E. 3<sup>rd</sup> Avenue, Gary, Indiana 46403. I am a sister of Windell Freeman, Deceased.
4. That at the time of his death, Windell Freeman was unmarried and had no children born to or adopted by him.
5. That decedent was survived by his mother, Ollie Freeman, and his father Earl Freeman.
6. That Earl Freeman died intestate on the 13<sup>th</sup> day of November 1985, a copy of Earl Freeman's death certificate is attached hereto.
7. Earl Freeman was survived by his wife Ollie Freeman and his daughters Bobbie Jean Freeman and Michele Renee Euarl, that no other children were born to or adopted by Earl Freeman.



\$19  
CS  
CA

**FILED**

JUN 07 2007

**11967**

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

8. That Ollie Freeman died intestate on the 10<sup>th</sup> day of March 1992. A copy of Ollie Freeman's death certificate is attached hereto.
9. That Ollie Freeman was survived by her daughters Bobbie Jean Freeman and Michele Renee Euarl, that no other children were born to or adopted by Ollie Freeman.
10. Based on the foregoing, Windell Freeman left as his only surviving heirs at law the following:

BOBBIE JEAN FREEMAN  
MICHELE RENEE EUARL

FURTHER AFFIANT SAYETH NOT.

*Bobbie Jean Freeman*  
BOBBIE JEAN FREEMAN

STATE OF INDIANA

COUNT OF LAKE

) SS:

) This Document is the property of

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this  
31<sup>st</sup> day of May, 2007.

My commission expires:

3/22/2014

*Katrina C. Guggerty*  
Notary Public

KATRINA C. GUGGERTY

Resident of LAKE County

**KATRINA C. GUGGERTY**  
NOTARY PUBLIC - OFFICIAL SEAL  
State of Indiana, Lake County  
My Commission Expires Mar. 22, 2014

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.



This instrument prepared by:

Robert F. Tweedle, Atty No. 20411-45  
2834 - 45<sup>th</sup> Street, Suite B, Highland, IN 46322 / (219) 924-0770



INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 0600-92

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>OLLIE M. FREEMAN</b>				2. SEX <b>FEMALE</b>		3a. TIME OF DEATH <b>4:02A M</b>		3b. DATE OF DEATH (Month, Day, Yr) <b>MARCH 10 1992</b>	
4 SOCIAL SECURITY NUMBER <b>509-32-5366</b>		5a. AGE—Last Birthday (Years) <b>60</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) <b>JULY 7, 1931</b>	
8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? ----		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) <b>ST. MARY MEDICAL CENTER</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>HOBART</b>			9d. COUNTY OF DEATH <b>LAKE</b>		
10. MARITAL STATUS (Specify) <b>WIDOW</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>NONE</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>NURSE ASSISTANT</b>			12b. KIND OF BUSINESS/INDUSTRY <b>NURSING</b>		
13a. RESIDENCE—STATE <b>INDIANA</b>		13b. COUNTY <b>LAKE</b>		13c. CITY, TOWN, OR LOCATION <b>GARY</b>			13d. STREET AND NUMBER <b>343 CHASE ST.</b>		
13e. ZIP CODE <b>46402</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		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) <b>BLACK</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>10TH</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) <b>GEORGE WASHINGTON COLE</b>			19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>MILDRED PEARSON</b>		
20a. INFORMANT'S NAME (Type/Print) <b>KATHERINE DALE</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4804 E. 40TH., TERR. KANSAS CITY, MISSOURI 64110</b>				20c. Relationship <b>SISTER</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>MARCH 16, 1992 FERN OAK CEMETERY</b>			21c. LOCATION—City or Town, State <b>GRIFFITH, IN.</b>			
22a. EMBALMER'S NAME <b>REV. DIANE E. WEEMS</b>			22b. EMBALMER'S LICENSE NO. <b>0-100-151-0 FDE</b>			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Rev. Diane E. Weems</i>			24b. LICENSE NUMBER (of License) <b>0-100-151-0 FDE</b>			25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>ANDREW SMITH FUNERAL HOME, INC. 934E. 21ST. AVE. 83002550 GARY, INDIANA 46407</b>			
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, but only give cause on each line. IMMEDIATE CAUSE OF DEATH (any disease or condition resulting in death) <b>HEALTH DEPT. CARCINOMA OF COLON WITH METASTASES</b> DUE TO (OR AS A CONSEQUENCE OF): b. _____ c. <b>MAR 18 1992</b> DUE TO (OR AS A CONSEQUENCE OF): d. _____								Approximate Interval Between Onset and Death <b>1 YR.</b>	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Alexander Williams, MD</i> <b>LAKE COUNTY HEALTH COMMISSIONER</b>						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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>B.H. Barai</i>		29c. MEDICAL LICENSE NO. <b>01030107</b>		29d. DATE SIGNED (Month, Day, Year) <b>3/17/92</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>B.H. Barai 125 East 89th Ave. Merrillville, In. 46410</b>									
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams, MD</i>							32. DATE FILED (Month, Day, Year) <b>March 18, 1992</b>		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED			

1. DECEASED—NAME: **Wendell Herman Trueman** LAST: **Trueman** SEX: **Male** DATE OF BIRTH: **9-12-28-49** COUNTY OF BIRTH: **Lake**

2. FACE: **Black** HAIR: **Black** EYES: **Blue** UNDER 1 YEAR: **34** MONTHS: **34** HOURS: **34** MINUTES: **34** DATE OF DEATH: **September 25, 1984**

3. CITY, TOWN OR LOCATION OF DEATH: **Lake**

4. HOSPITAL OR OTHER INSTITUTION: **None**

5. STATE OF BIRTH: **U.S.** CITIZEN OF WHAT COUNTRY: **U.S.**

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, SURVIVING SPOUSE OF: **Never Married**

7. SOCIAL SECURITY NUMBER: **307-52-2933**

8. RESIDENCE—STATE: **Delaware** COUNTY: **Lake** CITY, TOWN OR LOCATION: **Lake**

9. STREET AND NUMBER: **6749 E. 3rd**

10. IS DECEASED OF SPANISH DESCENT?  YES  NO

11. FATHER—NAME: **Carl Trueman** MOTHER—MAIDEN NAME: **Oliver**

12. INFORMANT—NAME: **Carl Trueman** RELATIONSHIP: **Brother** MAILING ADDRESS: **6749 E. 3rd** STREET OR P.O. NO. **6749 E. 3rd** CITY OR TOWN: **Lake**

13. BURIAL, CREMATION, REMOVAL, OTHER: **Burial** CEMETERY OR CREMATORIUM—FUNERAL HOME: **Funeral Home of Lake** LOCATION: **Lake**

14. DATE: **9-27-84** MONTH: **9** DAY: **27** YEAR: **84**

15. FUNERAL HOME—NAME AND ADDRESS: **Funeral Home of Lake** STREET OR P.O. NO.: **6749 E. 3rd** CITY OR TOWN: **Lake**

16. NAME AND ADDRESS OF CERTIFIER: **Dr. Daniel D. Thomas, M.D.** STREET OR P.O. NO.: **2283 N. Main St.** CITY OR TOWN: **Crown Point, IN**

17. DATE SIGNED: **9/25/84** PROFOUNDED DEAD:  YES  NO

18. HEALTH OFFICER'S SIGNATURE: **Daniel D. Thomas, M.D.**

19. MEDICAL CAUSE OF DEATH: **EXTENSIVE CARCINOMATOSIS**

20. DUE TO OR AS A CONSEQUENCE OF: **MARKED CONGESTION OF LUNGS WITH PLEURAL EFFUSION**

21. OTHER SIGNIFICANT CONDITIONS: **None**

22. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify): **NATURAL**

23. PLACE OF INJURY: **Home** DATE OF INJURY: **28** HOUR OF INJURY: **M**

24. INJURY AT WORK (Specify Time or Day): **None** PLACE OF INJURY: **Home** DATE OF INJURY: **28** HOUR OF INJURY: **M**

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS: **THIS IS A PERMANENT RECORD for State Office Use**

DECEASED: **Wendell Herman Trueman**

IF DEATH OCCURRED IN INSTITUTION, INDICATE INSTITUTION AND COMPLETE OF RESIDENCE (If true): **None**

PARENTS: **Carl Trueman, Oliver**

DISPOSITION: **Burial**

CERTIFIER: **Daniel D. Thomas, M.D.**

CAUSE: **EXTENSIVE CARCINOMATOSIS**

EMBALMERS NAME: **James E. Hill**

SIGNATURE: **James E. Hill**

FUNERAL DIRECTOR'S: **James E. Hill**

FUNERAL HOME: **Funeral Home of Lake**

EMBALMERS NAME: **James E. Hill**

PROVISIONAL PERMIT ISSUED:  YES  NO

PROVISIONAL CERTIFICATE:  YES  NO

343 Chase  
Gary 46404  
State  
No.

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

906153

85-0717

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD  
slow for State Office Use

Local No.

DECEASED—NAME FIRST: EARL MIDDLE: FREEMAN LAST: FREEMAN		SEX: MALE	DATE OF DEATH (MONTH DAY YEAR): NOVEMBER 13, 1985
RACE: (1) White, Black, American Indian or Alaskan, (2) Spanish, (3) Other		DATE OF BIRTH (MO DAY YR): 12-17-28	COUNTY OF DEATH: LAKE
4. BLACK		5a. 56	7a. LAKE
CITY, TOWN OR LOCATION OF DEATH: GARY		HOSPITAL OR OTHER INSTITUTION—Name of institution, per street and number: GARY METHODIST	
7b. GARY		7c. GARY METHODIST	
STATE OF BIRTH (per art. 16, U.S.A.): OKLAHOMA		CITIZENSHIP (What country): US	
8. OKLAHOMA		9. US	
SOCIAL SECURITY NUMBER: 443-30-6214		10. 443-30-6214	
RESIDENCE—STATE: INDIANA		11. INDIANA	
15a. INDIANA		15b. LAKE	
STREET AND NUMBER: 6749 E. 3RD AVENUE		15d. 6749 E. 3RD AVENUE	
15c. 6749 E. 3RD AVENUE		15e. 6749 E. 3RD AVENUE	
15d. 6749 E. 3RD AVENUE		15e. 6749 E. 3RD AVENUE	
15f. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			
15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME: BUDDY		MOTHER—MAIDEN NAME: MARY	
16. BUDDY		17. MARY	
INFORMANT—NAME (Type or print): OLLIE FREEMAN-WIFE		RELATIONSHIP: WIFE	
18a. OLLIE FREEMAN-WIFE		18b. OLLIE FREEMAN-WIFE	
BURIAL, CREMATION, REMOVAL, OTHER (Specify): BURIAL		19a. BURIAL	
DATE (MONTH, DAY, YEAR): NOVEMBER 18, 1985		20a. NOVEMBER 18, 1985	
20b. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20c. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20d. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20e. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20f. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20g. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20h. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20i. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20j. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20k. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20l. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20m. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20n. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20o. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20p. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20q. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20r. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20s. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20t. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20u. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20v. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20w. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20x. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20y. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
20z. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA			
21. ALLAN L. ABRAMSON, M.D.			
21a. ALLAN L. ABRAMSON, M.D.			
21b. ALLAN L. ABRAMSON, M.D.			
21c. ALLAN L. ABRAMSON, M.D.			
21d. ALLAN L. ABRAMSON, M.D.			
21e. ALLAN L. ABRAMSON, M.D.			
21f. ALLAN L. ABRAMSON, M.D.			
21g. ALLAN L. ABRAMSON, M.D.			
21h. ALLAN L. ABRAMSON, M.D.			
21i. ALLAN L. ABRAMSON, M.D.			
21j. ALLAN L. ABRAMSON, M.D.			
21k. ALLAN L. ABRAMSON, M.D.			
21l. ALLAN L. ABRAMSON, M.D.			
21m. ALLAN L. ABRAMSON, M.D.			
21n. ALLAN L. ABRAMSON, M.D.			
21o. ALLAN L. ABRAMSON, M.D.			
21p. ALLAN L. ABRAMSON, M.D.			
21q. ALLAN L. ABRAMSON, M.D.			
21r. ALLAN L. ABRAMSON, M.D.			
21s. ALLAN L. ABRAMSON, M.D.			
21t. ALLAN L. ABRAMSON, M.D.			
21u. ALLAN L. ABRAMSON, M.D.			
21v. ALLAN L. ABRAMSON, M.D.			
21w. ALLAN L. ABRAMSON, M.D.			
21x. ALLAN L. ABRAMSON, M.D.			
21y. ALLAN L. ABRAMSON, M.D.			
21z. ALLAN L. ABRAMSON, M.D.			
22. 3290 GRANT STREET GARY, INDIANA 46408			
22a. 3290 GRANT STREET GARY, INDIANA 46408			
22b. 3290 GRANT STREET GARY, INDIANA 46408			
22c. 3290 GRANT STREET GARY, INDIANA 46408			
22d. 3290 GRANT STREET GARY, INDIANA 46408			
22e. 3290 GRANT STREET GARY, INDIANA 46408			
22f. 3290 GRANT STREET GARY, INDIANA 46408			
22g. 3290 GRANT STREET GARY, INDIANA 46408			
22h. 3290 GRANT STREET GARY, INDIANA 46408			
22i. 3290 GRANT STREET GARY, INDIANA 46408			
22j. 3290 GRANT STREET GARY, INDIANA 46408			
22k. 3290 GRANT STREET GARY, INDIANA 46408			
22l. 3290 GRANT STREET GARY, INDIANA 46408			
22m. 3290 GRANT STREET GARY, INDIANA 46408			
22n. 3290 GRANT STREET GARY, INDIANA 46408			
22o. 3290 GRANT STREET GARY, INDIANA 46408			
22p. 3290 GRANT STREET GARY, INDIANA 46408			
22q. 3290 GRANT STREET GARY, INDIANA 46408			
22r. 3290 GRANT STREET GARY, INDIANA 46408			
22s. 3290 GRANT STREET GARY, INDIANA 46408			
22t. 3290 GRANT STREET GARY, INDIANA 46408			
22u. 3290 GRANT STREET GARY, INDIANA 46408			
22v. 3290 GRANT STREET GARY, INDIANA 46408			
22w. 3290 GRANT STREET GARY, INDIANA 46408			
22x. 3290 GRANT STREET GARY, INDIANA 46408			
22y. 3290 GRANT STREET GARY, INDIANA 46408			
22z. 3290 GRANT STREET GARY, INDIANA 46408			
23. NOV 14 1985			
23a. NOV 14 1985			
23b. NOV 14 1985			
23c. NOV 14 1985			
23d. NOV 14 1985			
23e. NOV 14 1985			
23f. NOV 14 1985			
23g. NOV 14 1985			
23h. NOV 14 1985			
23i. NOV 14 1985			
23j. NOV 14 1985			
23k. NOV 14 1985			
23l. NOV 14 1985			
23m. NOV 14 1985			
23n. NOV 14 1985			
23o. NOV 14 1985			
23p. NOV 14 1985			
23q. NOV 14 1985			
23r. NOV 14 1985			
23s. NOV 14 1985			
23t. NOV 14 1985			
23u. NOV 14 1985			
23v. NOV 14 1985			
23w. NOV 14 1985			
23x. NOV 14 1985			
23y. NOV 14 1985			
23z. NOV 14 1985			

FUNERAL HOME: [Signature]  
LICENSE NO. 1285  
FUNERAL DIRECTORS: [Signature]  
LICENSE NO. 1285

A [Signature]  
B [Signature]  
C [Signature]  
D [Signature]  
E [Signature]  
F [Signature]  
G [Signature]  
H [Signature]  
I [Signature]  
J [Signature]  
K [Signature]  
L [Signature]  
1 [Signature]  
2 [Signature]  
3 [Signature]  
4 [Signature]  
5 [Signature]  
6 [Signature]  
7 [Signature]



STATE OF INDIANA  
COUNTY OF LAKE  
FILE NO. 217  
RECORDED  
MAR 27 1985  
FRANSON

DATE RECEIVED BY LOCAL HEALTH OFFICER: NOV 14 1985  
INTERVAL BETWEEN ONSET AND DEATH: 4-18-85