## HEIRSHIP AFFIDAVIT

The	undersigned being first duly sworn upon his oath states:	
1.	undersigned being first duly sworn upon his oath states:  That your affiant is the owner of a 1/3 <sup>rd</sup> interest in and to the following described property:	
	Lot 5, Resubdivision of Lots 5, 6, 7 and 8 of Mott and Wiltsee's Calumet Avenue Addition to Hammond as shown in Plat Book 21 Page 5, in Lake County, Indiana. Commonly known as: 837 170 <sup>th</sup> Street, Hammond, Indiana. Key No. 26-35-0123-0005.	
2.	That the remaining 2/3 <sup>rd</sup> interest was owned by Alan S. Edwards who is the brother of your affiant.	
3.	That Alan S. Edwards died on the 29 <sup>th</sup> day of May 2006, a resident of Lake County, Indiana, and that he left no Will nor was there an Estate opened nor is there any Estate to be opened.	
4.	That on the date of death of Alan S. Edwards he was not survived by parents, spouse or any children nor did he have any children who predeceased him.	
5.	That on the date of death of Alan S. Edwards he was survived by your affiant Walter L. Edwards and the issue of Betty Ann Muha who previously died in May of 1977 and that issue was her son, Michael Muha.	
6.	That said Michael Muha and your affiant, Walter L. Edwards are therefore the sole and only heirs of Alan S. Edwards and your affiant makes this affidavit in order to induce the Lake County Auditor to transfer the 2/3 <sup>rd</sup> interest of Alan S. Edwards into the name of Walter L. Edwards and Michael Muha as to the undivided 2/3 <sup>rd</sup> interest of Alan S. Edwards.	
FUR	THER AFFIANT SAITH NOT. OFFICIAL!	
	This Document is the property of	
I AF	FIRM UNDER THE PENALTIES FOR PERJURY that the above and foregoing representations are ad correct to the best of my knowledge and belief.	1
	Walter L. Edwards	e
STAT	TE OF MINNESOTA ) DEC - 6 2007	
COU	NTY OF Clay ) SS:  PEGGY HOLINGA NATONA LAKE COUNTY AUDITOR	1,
2007,	ibed and sworn to before me, a Notary Public, in and for said County and State, this day of November, personally appeared Walter L. Edwards and acknowledged the execution of the above and foregoing Affidavit to voluntary act and deed.	/ Y
Witnes	s my hand and sealed this and day of November, 2007.	139
County	TODD MARVIN KJOS  MOTARY PUBLIC—MINNESOTA  MY Commission Expires JAN. 31, 2010  PERJURY TO AT I HAVE THEN REASONABLE  CARE TO REDACT FOR SOCIAL SECURITY  Frument Prepared By: Richard A. Zunica, Attorney at Law, 162 Washington Street, Lowell, IN 16358 (219) 696-0100  File No. 07-16602  REQUIRED BY AM.	_E
	Lice Capecto	ē

ITENTION ESTATE: The Social Security # is ig requested by this state agency in order to sue its statutory responsibility. Disclosure is intary, and there will be no penalty for refusal.

## INDIANA STATE DEPARTMENT OF HEALTH

**CERTIFICATE OF DEATH** 

• • • • • • • • • • • •	
	• • • • • • • • • • •

THE RECORDS	N THIS SERIE	S ARE CONFID	JEN HAL PER	R IC 16-37-1-10										
1 DECEASED-NAM	E (First, Middle.	Last)		<u></u>	-		2. SEX	**********	3a. TIME OF DEA	ATH	36. DATE OF E	DEATH (Month	Dey. Yr.J	
ALAN S.	EDWAR	DS					MALE		₿:08 A					
4. *SOCIAL SECURIT	NUMBER	Se AGE—Li	est Birthday	56 UNDER 1 YEA	_			ATE OF B	IRTH (Mo, Day, Yr)	7. 6	BIRTHPLACE (C	City and State	or Foreign Country)	
(Years) 55				Months Days Hours M					ER 1,1950			CHRIS	TI, TX	
8a. WAS DECEDENT A U.S. VETERAN?			BCES?				9e PLACE OF DEATH (Check only one							
	- 1		, CLS	HOSPITAL: Inpatient		_		OTHER	<del></del> _	. 🗆	Other (Specify)			
NO		NONE		LJ EF	I/Outpate	ent D		WN OR LO	CATION OF DEATH		9d. COUNTY	OF DEATH		
9b. FACILITY NAME (If not institution, give street and number)								c. CITY, TOWN, OR LOCATION OF DEATH				0. 55		
MUNSTER MED-INN  10 MARITAL STATUS  11 SURVIVING SPOUSE						MUNST		ION (Give kind of wor	, 1	LAKE 25. KIND OF B	BUSINESS/IN	DUSTRY		
10. MARETAL STATU (Specify)		(If wife, give men	den name)	done duri		done durin	NT'S USUAL OCCUPATION (Give kind of wor ing most of working life. Do not use retired)							
SINGLE		NONE	r	13c. CITY, TOWN C	91004		ORER		13d. STREET AND N	N IMBEI	STEEL	MILL		
13e. RESIDENCEST	1	COUNTY			m coca									
INDIANA		AKE	750.05	HAMMOND  15. WAS DECEDER	IT OF H	SDANK O	ARICIN?	16 BAC	837-170 E-American Indian.	JE n		ECEDENT'S E	DUCATION	
13e ZIP CODE 13f	□ No XQXY+		T COUNTRY?				pecify Cuban.	Ble	ck, White, etc.	L			rade completed)	
139	ON A FARM?			Mexican, Puert	o Rican, e	etc.)		(Sc	pecify)	Ele	mentary/Second	dery (0-12)	College (1-4 or 5	
46324	□10No □ Ye	. US	SA					WH	ITE	<u> </u>	12			
18 FATHERS NAME	First, Middle, Las						19. MOTH	RTS NAME	E (First, Middle, Maider	n Surna	me)			
WALTER	EDWARDS						HELE	N G	OMELL					
20s. INFORMANT'S N				1	-				Route Number, City of			(e) 20c A	elationship	
NICK WIR	OSTKO			8961	AI	NSWO	RTH RE	., H	OBART, IN	1 4	6342	FR	IEND	
21a. METHOD OF DIS	POSITION [	Entombment		216 DATE AND PL	CE OF	DISPOSITI	ON (Name of	cemetery.	cremetory, or	21c. l	LOCATIONC	city or Town, S	kate	
	Cremetion [	Removal from S	State	other place)	JU	NE 1	, 2006							
□ Buriel 🏋								10 17 27		1 1	ከ ለ ውጥ ለ ር ፤	C TN		
	Other (Specify) .		-/	Н	CRIT	AGE (	CREMAT	OKY			PORTAGI	E, IN		
24e SIGNATURE OF  28. PART I En art	FUNERAL DIRECT STATE OF THE STATE OF THE STATE STATE OF THE STATE OF T	njuries, or complete rt feiture List only	NO is Do	22b EMBALME 24b Cume FI seed the deeth Do not each line	LICENS (of Lice	SE NUMBE censes)	t is FIA Drop	25 NAMO LaHA 6955		PRIED YES RECENSE RAL	NUMBER OF F HOME, I RN AVE	FUNERAL HOI	FH194000 IOND, IN 4 Approximate Interval Between	
Donebon D  226 EMBALMER'S NA  246 SIGNATURE OF  COLUMN  26 PART I En	FUNERAL DIRECT STATE OF THE CHARACTER STATE O	njuries, or complete rt feiture List only	IS DO	22b EMBALME 24b Cume FI seed the deeth Do not each line	LICENS (OF LICE OF NICE OF	is in number of the second of	t is FIA Drop	25 NAMO LaHA 6955	XX No  E ADDRESS. AND LE YNE FUNEI Y SOUTHEAS	PRIED YES RECENSE RAL	NUMBER OF F HOME, I RN AVE	FUNERAL HOI	FH194000 IOND,IN 4	
Donebon Date of Donebon Date o	FUNERAL DIRECT B FUNERA	nyvries, or complied to the complete co	DUE TO (O	22b EMBALME 24b CUME FI Assad the deeth Do not each line AR AS A CONSEQUE AR AS A CONSEQUE	LICENS (OF LICE OF LIC	is in number of the second of	TIS IA	25 NAM LaHA 6955  Cardiac of	E ADDRESS. AND LI YNE FUNEI SOUTHEAS respiratory  288 WAS A	PAN AUTITION (P. no)	NUMBER OF F HOME, I RN AVE	FUNERAL HOI INC., ., HAMM	FH194000 IOND, IN 4 Approximate Interval Between	
Donebon 22e. EMBALMER'S N./ 24e. SIGNATURE OF  CAUCAL 26. PART I En ari  MMMEDIATE CAUSE (I disease or condition resulting in deeth)  Conditions: if any which rise to the immediate costating the underlying cause lest	FUNERAL DIRECT B FUNERA	b  c.  d  onditions contributions contributi	IS DO  Cations that cause y one cause on  If ANCE DUE TO (O)  DUE TO (O)  DUE TO (O)  AN To the bears of a	24b EMBALME 24b CUME FI padd the death Do not each line 22b AS A CONSEQUE 28b AS A CONSEQUE 26b AS A CONSEQUE 25b AS A C	LICENS (of Licens) 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	SE NUMBER CONSTRUCTION OF SECUTION SECU	TIS  TOPP  T	25 NAM LaHA 6955 cardiac or  EDENT IT OR 90 IT UM7 IT UM7 IO)	ANNO DE ADDRESS. AND LI YNE FUNE! SOUTHEA!  PERFO! (Yee or No and due to the cause(s) the time, date, and place	DATED YES CENSE RAL STE  WE  O  O  O  O  O  O  O  O  O  O  O  O  O	NUMBER OF F HOME, RN AVE	TUNERAL HOI INC., ., HAMM  TO A COMPLETE OF DEATH NO	FH194000 IOND, IN 4 Approximate interval Betwee Onset and Deat Open and Deat (OPSY FINDINGS E PROT TO ON OF CAUSE 7 (Ves or no)	
Donebon   22a. EMBALMER'S N/  24a. SIGNATURE OF  COLUMN  26. PART I. En art  MMMEDIATE CAUSE (I disease or condition resulting in death)  Conditions, if any whice rise to the immediate customing the underlying cause last  PART II. Other signific  29a. CERTIFIER (Check only one)	FUNERAL DIRECT B FUNERA	b  c. d  IFYING PHYSICI.  TH OFFICER O  ONNER On the bit	IS DO  Cations that cause y one cause on  If ANCE DUE TO (O)  DUE TO (O)  DUE TO (O)  AN To the bears of a	24b EMBALME 24b CUME FI padd the death Do not each line 22b AS A CONSEQUE 28b AS A CONSEQUE 26b AS A CONSEQUE 25b AS A C	LICENS (of Licens) 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	SE NUMBER CONSTRUCTION OF SECUTION SECU	TIS  TOPP  T	25 NAM LaHA 6955 cardiac or  FEDENT IT OR 90 ITTUM?  Ind place a courred at the time at the time	E ADDRESS. AND LI YNE FUNE! SOUTHEA!  PERFORMANCE OF THE PERFORMANCE O	AN AUT  AN AUT  FRANCO  O  O  O  O  O  O  O  O  O  O  O  O	NUMBER OF F HOME, I RN AVE TOPSY 28	TUNERAL HOI INC., ., HAMM  TO AVAILABL COMPLICATION OF DEATH NO	FH194000 IOND, IN 4 Approximate interval Betwee Onset and Deat TOPSY FINDINGS E PROOT TO ON OF CAUSE 7 (Yes or no)	
Donebon   22e. EMBALMER'S N./  24a. SIGNATURE OF  CALL CONTROL	FUNERAL DIRECT B FUNERA	b  c. d  IFYING PHYSICI.  TH OFFICER O  ONNER On the bit	IS DO  Cations that cause y one cause on  If ANCE DUE TO (O)  DUE TO (O)  DUE TO (O)  AN To the bears of a	24b EMBALME 24b CUITE FI posed the deeth Do not each line AR AS A CONSEQUE	LICEN! (of Lic ) 0 1 0  every no  ev	SE NUMBER CONSTRUCTION OF SECUTION SECU	TIS  TOPP  T	25 NAM LaHA 6955 cardiac or  FOR THE CONTROL OF THE	E ADDRESS. AND LI YNE FUNEI SOUTHEAS  respiratory  28a. WAS A PERFO (Yee or No nd due to the cause(a) the time. date, and place, and clack date, and place, and clack date, and place and clack date. MEDICAL LICENS	AN AUT  AN AUT  FRANCO  O  O  O  O  O  O  O  O  O  O  O  O	NUMBER OF F HOME, I RN AVE TOPSY 28	TUNERAL HOI INC., ., HAMM  TO AVAILABL COMPLICATION OF DEATH NO	FH194000 IOND, IN 4  Approximate Interval Betwee Onset and Death TOPSY FINDINGS E PRIOR TO ON OF CAUSE 7 (Yes or no)	
Donebon   22e. EMBALMER'S N/  24e. SIGNATURE OF  26. PART I. En arr  MMMEDIATE CAUSE (I disease or condition resulting in deeth)  Conditions: if any whice rise to the immediate costating the underlying cause lest  PART II. Other signific  29e. CERTIFIER (Check only one)  29b. SIGNATURE ANI	FUNERAL DIRECT STATE OF CERT CONTINUE.	b	DUE TO (O)	22b EMBALME 24b CUME FI 124b CU	LICENS (of Licens) O 1 0  enter no  NCE OF  NCE OF	SE NUMBER CONSPORTED TO THE PROPERTY OF THE PR	TIS  TOPP  T	25 NAM LaHA 6955 cardiac or  FOR THE CONTROL OF THE	E ADDRESS. AND LI YNE FUNE! SOUTHEA!  PERFORMANCE OF THE PERFORMANCE O	AN AUT  AN AUT  FRANCO  O  O  O  O  O  O  O  O  O  O  O  O	NUMBER OF F HOME, I RN AVE TOPSY 28	TUNERAL HOI INC., ., HAMM  TO AVAILABL COMPLICATION OF DEATH NO	FH194000 IOND, IN 4 Approximate interval Betwee Onset and Deat TOPSY FINDINGS E PROOT TO ON OF CAUSE 7 (Yes or no)	
Donebon   22e. EMBALMER'S N/  24e. SIGNATURE OF  26. PART I En arri  MMMEDIATE CAUSE (I disease or condition resulting in deeth)  Conditions, if any whice rise to the immediate of stating the underfying cause lisst  PART II. Other signific  29e. CERTIFIER (Check only one)  29b. SIGNATURE ANI  30. NAME AND ADDI	FUNERAL DIRECT PUNERAL DIRECT PUNERA	b  c. d onditions contribute Distribute Dist	DUE TO (O	24b EMBALME 24b CUME FI 24b CUME FI 24b CUME FI 24b CUME FI 25c 26b 26b 27c	LICENS (of Licens)	SE NUMBER CONSTRUCTION OF THE CONSTRUCTION OF THE CONTROL OF THE C	TIS  TA  TOP  TOP  TOP  TOP  TOP  TOP  TOP	25 NAM LaHA 6955 cardiac or  IT OR 90 ITUM7 ind place a scurred at 1 at the time	DAYS  28e WAS A PERFORMANCE OF THE CONTROL OF THE C	PATED YES CENSE RAL STE  OF THE PROPERTY OF TH	TO CORONER?  NUMBER OF F HOME, I RN AVE  TOPSY 28  Topsy 28  Topsy 28  Topsy 28  Topsy 28  Topsy 28	SO. WERE AU AVAILABL COMPLETI OF DEATH NO Imanner as stated I manner as stated Y 30	FH194000 IOND, IN 4  Approximate Interval Betwee Onset and Death TOPSY FINDINGS E PRIOR TO ON OF CAUSE 7 (Yes or no)	
Donebon   22e. EMBALMER'S No.  24e. SIGNATURE OF  26. PART I En ari  MMMEDIATE CAUSE (I) desease or condition resulting in deeth)  Conditions if any whice rise to the immediate containing the underlying cause lest  PART II. Other significations (Check only one)  29b. SIGNATURE ANI  30. NAME AND ADDI  R. MAJET	FUNERAL DIRECT STATE OF CERT O	b  c. d onditions contribute Distribute Dist	DUE TO (O	22b EMBALME 24b CUME FI 124b CU	LICENS (of Licens)	SE NUMBER CONSTRUCTION OF THE CONSTRUCTION OF THE CONTROL OF THE C	TIS  TOPP  T	25 NAM LaHA 6955 cardiac or  IT OR 90 ITUM7 ind place a scurred at 1 at the time	ANNO DE ADDRESS. AND LI YNE FUNE! SOUTHEA!  PERFO! (Yee or No do due to the cause(s) the time. date, and place, and place	AN AUTOMOTOR OF THE PROPERTY O	TO CORONER?  NUMBER OF F HOME, RN AVE  TOPSY 28  Topsy 28  Todd due to the cause the cause(s) and MA	Bb. WERE AU AVAILABL COMPLETI OF DEATH NO   B(S) as stated I manner as stated I manner as stated I manner as stated	FH194000 IOND, IN 4 Approximate interval Betwee Onset and Death OPSY FINDINGS E PRIOR TO ON OF CAUSE 7 (Yes or no)  sted ED (Month. Dey. Yes)	
Donebon   22e. EMBALMER'S N/  24e. SIGNATURE OF  26. PART I En arri  MMMEDIATE CAUSE (I disease or condition resulting in deeth)  Conditions, if any whice rise to the immediate of stating the underfying cause lisst  PART II. Other signific  29e. CERTIFIER (Check only one)  29b. SIGNATURE ANI  30. NAME AND ADDI	FUNERAL DIRECT STATE OF CERT O	b  c. d onditions contribute Distribute Dist	DUE TO (O	24b EMBALME 24b CUME FI 24b CUME FI 24b CUME FI 24b CUME FI 25c 26b 26b 27c	LICENS (of Licens)	SE NUMBER CONSTRUCTION OF THE CONSTRUCTION OF THE CONTROL OF THE C	TIS  TOPP  T	25 NAM LaHA 6955 cardiac or  IT OR 90 ITUM7 ind place a scurred at 1 at the time	DAYS  28e WAS A PERFORMANCE OF THE CONTROL OF THE C	AN AUTOMOTOR OF THE PROPERTY O	TO CORONER?  NUMBER OF F HOME, RN AVE  TOPSY 28  Topsy 28  Todd due to the cause the cause(s) and MA	Bb. WERE AU AVAILABL COMPLETI OF DEATH NO   B(S) as stated I manner as stated I manner as stated I DATE SIGN	FH194000 IOND, IN 4  Approximate interval Betwee Onset and Death TOPSY FINDINGS E PROT TO ON OF CAUSE 7 (Yes or no)  Ited  ED (Month Day, Yes)  (Month Day, Yes)	
Donebon   22e. EMBALMER'S N/  24a. SIGNATURE OF  COCC.  26. PART I. En arr  MMMEDIATE CAUSE (I disease or condition resulting in deeth)  Conditions, if any whice rise to the immediate cistating the underlying cause lest  PART II. Other signific  29a. CERTIFIER (Check only one)  29b. SIGNATURE ANI  30. NAME AND ADDI  R. MAJET  31. HEALTH OFFICER	FUNERAL DIRECT B FUNERAL D FUNERAL DIRECT B FUNERAL DIRECT B FUNERAL DIRECT B FUNERAL D FUN	DIFFING PHYSICI TH OFFICER ODNER On the bushess  S454 Ho	DUE TO (O  DUE TO (O	22b EMBALME  24b  CUME FI  12sed the deeth Do not each line  ED HA  PR AS A CONSEQUE  PR AS A CONSEQUE  PR AS A CONSEQUE  UI not previously state  uit not previously state  assemination and/or investigation  DF DEATH (ITEM 26)  AVE. HAI	HIS LICENS (of Licens)  O 1 0  Enter no  NCE OF  NCE OF  NCE OF  NCE OF  NCE OF  NCE OF	SE NUMBER CONTROL TO THE PROPERTY OF THE PROPE	WAS DECEMBER (Yes or NO No both occurred N 463.	25 NAM LaHA 6955 cardiac of	DAYS  280 WAS A PERFO (Yee or N)  10 MEDICAL LICENS	AN AUTED  AN AUT	TO CORONER?  NUMBER OF F HOME, RN AVE  TOPSY  28  TOPSY  28  TOPSY  28  TOPSY  28  TOPSY  28  TOPSY  32  32	Bb. WERE AU AVAILABLE COMPLETI OF DEATH NO  Wanner as stated To manner as stated To DATE SIGN Y 30.	FH194000 IOND, IN 4 Approximate interval Betwee Onset and Death OPSY FINDINGS E PRIOR TO ON OF CAUSE 7 (Yes or no)  sted ED (Month. Dey. Yes)	
Donebon   22e. EMBALMER'S No.  24e. SIGNATURE OF  26. PART I En ari  MMMEDIATE CAUSE (I) desease or condition resulting in deeth)  Conditions if any whice rise to the immediate containing the underlying cause lest  PART II. Other significations (Check only one)  29b. SIGNATURE ANI  30. NAME AND ADDI  R. MAJET	FUNERAL DIRECT B FUNERAL D FUNERAL DIRECT B FUNERAL DIRECT B FUNERAL DIRECT B FUNERAL D FUN	THEY ING PHYSICI.  TH OFFICER ON THE BILLIER  S445 4 HG  34e DA	DUE TO (O	22b EMBALME 24b CUITE FI Sed the deeth Do not each kne ED HA RAS A CONSEQUE WAS A	LICENS (of Licens)  O 1 0  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN	SE NUMBER CONTROL OF THE PROPERTY OF THE PROPE	TIS  TOPP  T	25 NAM LaHA 6955 cardiac of	ANNO DE ADDRESS. AND LI YNE FUNE! SOUTHEA!  PERFO! (Yee or No do due to the cause(s) the time. date, and place, and place	AN AUTED  AN AUT	TO CORONER?  NUMBER OF F HOME, RN AVE  TOPSY  28  TOPSY  28  TOPSY  28  TOPSY  28  TOPSY  28  TOPSY  32  32	Bb. WERE AU AVAILABLE COMPLETI OF DEATH NO  Wanner as stated To manner as stated To DATE SIGN Y 30.	FH194000 IOND, IN 4  Approximate interval Betwee Onset and Death TOPSY FINDINGS E PROT TO ON OF CAUSE 7 (Yes or no)  Ited  ED (Month Day, Yes)  (Month Day, Yes)	
Donebon   22e. EMBALMER'S N/  24a. SIGNATURE OF  COCCU.  26. PART I En arr  MMMEDIATE CAUSE (I disease or condition resulting in deeth)  Conditions, if any whice rise to the immediate cistating the underlying cause lest  PART H. Other aignific  29a. CERTIFIER (Check only one)  29b. SIGNATURE ANI  30. NAME AND ADDI  R. MAJET  31. HEALTH OFFICER	FUNERAL DIRECT B FUNERAL D FUNERAL DIRECT B FUNERAL DIRECT B FUNERAL DIRECT B FUNERAL D FUN	THEY ING PHYSICI.  TH OFFICER ON THE BILLIER  S445 4 HG  34e DA	DUE TO (O  DUE TO (O	22b EMBALME 24b CUITE FI Sed the deeth Do not each kne ED HA RAS A CONSEQUE WAS A	LICENS (of Licens)  O 1 0  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVENT TO 10  EVEN	SE NUMBER CONTROL OF THE PROPERTY OF THE PROPE	TAND  TOP  TOP  TOP  TOP  TOP  TOP  TOP  TO	25 NAM LaHA 6955 cardiac of	DAYS  280 WAS A PERFO (Yee or N)  10 MEDICAL LICENS	AN AUTED  AN AUT	TO CORONER?  NUMBER OF F HOME, RN AVE  TOPSY  28  TOPSY  28  TOPSY  28  TOPSY  28  TOPSY  28  TOPSY  32  32	Bb. WERE AU AVAILABLE COMPLETI OF DEATH NO  Wanner as stated To manner as stated To DATE SIGN Y 30.	FH194000 IOND, IN 4  Approximate interval Betwee Onset and Death TOPSY FINDINGS E PROT TO ON OF CAUSE 7 (Yes or no)  Ited  ED (Month Day, Yes)  (Month Day, Yes)	
Donebon	FUNERAL DIRECT B FUNERAL D FUNERAL DIRECT B FUNERAL DIRECT B FUNERAL DIRECT B FUNERAL D FUN	DEFINIS PHYSICI  TH OFFICER OD ONER ON THE BERNELLER  144 A DAY ON THE BERNELLER  145 A DAY ON THE BERNELLER  145 A DAY ON THE BERNELLER  146	DUE TO (O  DUE TO (O	24b EMBALME 24b CUME FI 24b CUME FI 24b CUME FI 24b CUME FI 25c 26b 26b 27c	LICENS (of Licens)  O 1 0  enter no  enter no  NCE OF	SE NUMBER CONSTRUCTION OF THE PROPERTY OF THE	TAND  TOP  TOP  TOP  TOP  TOP  TOP  TOP  TO	25 NAM LaHA 6955 Cardiac or  CEDENT IT OR 90 ITUM7 IT OR 90	DAYS  28e WAS A PERFORMANCE AND LITERATURE AND LITE	DATED YES CENSE RAL STE  AN AUT BMED? O  D as stand due to the selection of the selection o	TO CORONER?  NUMBER OF F HOME, RN AVE  TOPSY 28  Topsy 28  Topsy 28  Topsy 28  Topsy 28  Topsy 28  Topsy 32  JURY OCCURR	TUNERAL HOI INC., ., HAMM B. WERE AU AVAILABL COMPLETI OF DEATH NO B(S) as stated I manner as stated	FH194000 IOND, IN 4  Approximate interval Betwee Onset and Death  (OPSY FINDINGS E PRIOR TO ON OF CAUSE 7 (Yes or no)  Med  ED (Month, Dey, Year)  31, 2-00 (	
Donebon	FUNERAL DIRECT PUNERAL DIRECT PUNERA	DIFFING PHYSICI TH OFFICER ON THE BOTH OF	DUE TO (O  DUE TO (O	24b EMBALME  24b  CUME FI  24c  CUME FI  24c	LICENS (of Licens)  O 1 0  enter no  enter no  NCE OF	SE NUMBER CONSTRUCTION OF THE PROPERTY OF THE	TAND  TOP  TOP  TOP  TOP  TOP  TOP  TOP  TO	25 NAM LaHA 6955 Cardiac or  CEDENT IT OR 90 ITUM7 IT OR 90	DAYS  280 WAS A PERFO (Yee or N)  10 MEDICAL LICENS	DATED YES CENSE RAL STE  AN AUT BMED? O  D as stand due to the selection of the selection o	TO CORONER?  NUMBER OF F HOME, RN AVE  TOPSY 28  Topsy 28  Topsy 28  Topsy 28  Topsy 28  Topsy 28  Topsy 32  JURY OCCURR	TUNERAL HOI INC., ., HAMM B. WERE AU AVAILABL COMPLETI OF DEATH NO B(S) as stated I manner as stated	FH194000 IOND, IN 4  Approximate interval Betwee Onset and Death  (OPSY FINDINGS E PRIOR TO ON OF CAUSE 7 (Yes or no)  Med  ED (Month, Dey, Year)  31, 2-00 (	