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STATE OF INDIANA  
LAKE COUNTY  
FIELD RECORDER

2008 045405

2008 JUN 23 AM 8:43

MICHAEL A. BROWN  
RECORDER

**RECORDING COVER SHEET**

TYPE OF DOCUMENT: Deceased Joint Tenancy Affidavit

PIN # 10-01-0074-0003

O'CONNOR TITLE SERVICES # 8171-0171

Property: 17722 Parrish Avenue, Lowell, Indiana 46353 County: Lake (IN)

**Legal Description:** A part of the West half of the Southwest quarter of Section 32, Township 33 North, Range 9 West of the Second Principal Meridian, described as follows: Commencing at the Northwest corner of said above described tract: thence East of the North line of said West half of said Southwest quarter 265 feet; thence South 350 feet; thence West 265 feet to a point on the West line of said West half of the Southwest quarter 550 feet South of the place of beginning, thence North 350 feet to the place of beginning, in Lake County, Indiana.

Permanent Index Number(s): 10-01-0074-0003

prepared by Hester for:

15<sup>00</sup>  
V# 35282  
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 822 08

State No.

Decedent's Legal Name (First, Middle, Last): John M. Kubeck
1a. Maiden Last Name (If Female):
2. Sex: Male
3. Time Of Death: 11:30 AM
4. Date Of Death (Month/Day/Year): March 6, 2008

6a. Age - Yrs: 69
6b. Under 1 Year:
6c. Under 1 Month:
6d. Under 1 Day:
6e. Under 1 Hour:
7. Date Of Birth (Month/Day/Year): October 9, 1938
8. Birthplace (City And State Or Foreign Country): West Monroe, LA

9. Ever In U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital: Hospice Facility, Decedent's Home

11. Facility Name (If Not Institution, Give Street And Number): 17722 Parrish Ave.

12. City Or Town, State, And Zip Code: Lowell, Indiana
13. County Of Death: Lake
14. Marital Status At Time Of Death: Married

15. Surviving Spouse's Name: Pamela J. Kubeck
15a. (If Wife) Give Maiden Last Name: O'Malley
16. Decedent's Usual Occupation: Instrument Technician
17. Kind Of Business/Industry: Steel Industry

18. Residence - State: Indiana
18a. County: Lake
18b. City Or Town: Lowell

18c. Street And Number: 17722 Parrish Ave.
18d. Apt. No.
18e. Zip Code: 46356
18f. Inside City Limits? No

19. Decedent's Education: Some College, no degree
20. Decedent Of Hispanic Origin: No
21. Decedent's Race: White

22. Father's Name (First, Middle, Last): Francis B. Kubeck
23. Mother's Name (First, Middle, Last): Mary Kubeck
23a. Mother's Maiden Last Name: Turk

24. Informant's Name: Pamela J. Kubeck
24a. Relationship To Decedent: Wife
24b. Mailing Address (Street And Number, City, State, Zip Code): 17722 Parrish Ave., Lowell, In 46356

25a. Method Of Disposition: Burial, Cremation, Donation, Entombment
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): Heritage Crematory
25c. Location - City, Town, And State: Portage IN

26. Was Coroner Contacted? No
27. Name And Complete Address Of Funeral Facility: Sheets Funeral Home, 604 E. Commercial Ave., Lowell, IN 46356
27a. Funeral Home License Number: FH83004277

27b. Signature Of Indiana Funeral Service Licensee: [Signature]
27c. License Number (Of Licensee): FD09200061

28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Cause Of Death: Clostridium
Approximate Interval: Onset To Death: 3 weeks

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: Low Kemia, Hypertension
29. Was An Autopsy Performed? No
30. Were Autopsy Findings Available To Complete The Cause Of Death? No

31. Did Tobacco Use Contribute To Death? No
32. If Female:
33. Manner Of Death: Natural

34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work? No

38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code

39. Describe How Injury Occurred
40. If Transportation Injury, Specify: Driver/Operator, Passenger, Pedestrian, Other

41. Signature Of Person Certifying Cause Of Death: Joseph A. Kacmar M.D.
42. Certifier (Check Only One): Certifying Physician

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Joseph Kacmar 123 N. Court, Crown Point, IN 46307
44. License Number: 01027088
45. Date Certified: 3/7/08

46. Additional Funeral Service Provider
47. \*Akas:
48. Signature of Local Health Officer: Susan W. Best D.O.
49. For Registrar Only - Date Filed (Month/Day/Year): March 10, 2008