12008			SURANCE			
On th	nis 11 /10 /08 (Insert date)	before me pers	sonally appeared_		2008 079	
to me persona	ally known, who be	1			<b>ပ</b> ာ ယ	
1. A	ffiant resides at the	address given	below affiant's si	gnature:	$\sim$	
2. A	ffiant is	OWNE ffiant in the above	premises as "owner"	'," son of owner",	etc.	ww.
3. Sa	aid premises were a	formerly owned	as joint tenants of	r as tenants by	the Holaires	
/	NO' aid This Doc fill in r the La	TOFF  ame of co-tenant	D 57. th 1. who died) 20/08 rder	aire	SAN SAN SAN TO	
		or "no"; if will le	ft, attach a copy	vill;		
LOT 15, PER PLAT	he legal description IN BLOCK 6, IN THEREOF, RECO	HAMMOND STE	EL CITY ADDIT 10, 1924, IN	PLAT BOOK 1	OND, AS L7 PAGE	1/
6. Is	there Federal or St	ate inheritance	tax liability by re	ason of the dea	ith of said	]k
de	ecedent?	Yes	louning	F	ILE	DC
If	yes, then estimated	l taxes due are	\$	NO	<del>)/ 20 00</del> 0	10
T	he taxes due are	paid or	unpaid	PEGGY H LAKE CO	OLINGA KA PUNTY AUG	o ATONA

017989

7.	Where this affidavit relates to a tenancy by the entireties, were the parties ever
	divorced?
	(If answer is "Yes", identify the divorce proceedings:
8.	Affiant's relationship to the deceased was
	Signature: Mary A St. Kilain
	Printed Name Mary A. St. Hilaire
	Address: 4026 S. Henry Ave.
	Document is Hammond, 1N 46327
Sul	bscribed and sworn to before me by the affiant
Thi	
	th insert date) County Recorder!  LUD-SE. H.V. FFDEROFF Poiler County V. Commission Expires October 24, 2016
Pri	nted Name Elizabeth V. Federati
Му	County of Residence is: forter
In t	the State of <u>Judiana</u>
Му	Commission Expires 10/24/15
	This instrument prepared by Mary A. St. Hlaire
	WOIANA HILL

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I affirm, under the penalties for parjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Vaun Federoff

## INDIANA STATE DEI CERTIFICA

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (Fi		$\mathcal{L}_{1000}$	<u></u>	1a. Maiden Last N	ame (If Female	,		2. Sex   3. 7	State No.	I 4 Data Of	Death (Month/Day/Year)			
		ima		TO. WISIGEN LOSE IN	ame (n'i emale	,								
5. Social Security Number	Mark D. St. Hilaire  5. Social Security Number   6a. Age - Yrs   6b. Under		6c. Under 1 Month 6d. Under 1 Day		6e. Under 1 Hour 7. Dal		7. Date Of 6	Male 7: Birth (Month/Day/Year)	01 A M Angust 20 2008 8. Birthplace (City And State Of Foreign Country)					
<b>6</b> 10 895	52	Months	Days	Hours	Minutes					Chicago, IL.				
9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital:				Oct. 18,1955 Chicago, IL.										
11. Facility Name (If Not Insti			epartment Outpatient 🔲 I	Dead On Arrival	Hospice	Facility 🔯 De	ecedent's Hom	e 🗌 Nursing Home/Lor	ng-Term Care Fa	cility   Other (Spe	ecify)			
4026 Henry	Ave.													
12. City Or Town, State, And Zip Code						13. County Of Death				14. Marital Status At Time Of Death				
Hammond, IN. 46327					Lake									
Hammond, IN 15. Surviving Spouse's Name	P	15a. (If Wife)Give Maiden Last Name			16. Decedent's Usual Occupation			17. Kind Of Business/Industry						
Mary A St.	Hilair	Kraft			Security Guard			Security Dynamics						
18. Residence – State		a. County	-	_										
Indiana 18c. Street And Number			Lake Hammo					18d. Apt. No.	18e	18e. Zip Code 18f. Inside City Limits?				
4026 Henry	Δινο								_   .	46327	<b>X</b> Yes □ Ho			
19. Decedent's Education	7100.	T	20. Decedent Of Hispan	ic Origin		21. Deced	ent's Race	l						
14	14					1	White							
22. Father's Name (First, Mid	22. Father's Name (First, Middle, Last)			23. N			Mother's Name (First, Middle, Last)			23a. Mother's Maiden Last Name				
Arthur St.	Arthur St. Hilaire 24. Relationship to Decedent					a St.	Hila	ire er, City, State, Zip Code)		Szymanski				
Mary A. St.	Uilain	^	Wife					Hammond,		327				
	. IIII			25, -Pl	ace Of Dispo	sition	0	-	111. 40.	<i>321</i>				
25a. Method Of Disposition.  Burial G-Cremation	Donation   Entomi		Of Disposition (Name Of	Gemetery, Crematory	, Other Place)	25	c. Location -	City, Town, And State						
☐ Removal From State ☐ Other (Specify)  26. Was Coroner Contacted?		Re	egional Cr		3131		AMun	ster, IN.		1.07				
Yes I No		1 mr road (1	This Day napel 1130	ument	is th	e pro	peri	<b>y</b> 46373		1	al Home License Number:			
27b. Signatura Of Indiana Ful			the La	ake Co	unty			27c. License Number	er (Of Licensee)	1				
Jun	1-B	thon			•			FD09200						
	~~-			e Of Death (See					0077	***************************************				
28. Part I. Enter The Ch Such As Cardiac Arrest, I A Line. Add Additional Li	Respiratory Arres	it, Or Ven <mark>tricular</mark> Fi	or Complications—In	wing The Etiology	Do Not Ab	breviate. En	ter ferminal ter Only On	e Cause On			Approximate Interval: Onset			
Immediate Cause (Final I	•		eath A.	Land	LOV	asci	ules	1180	use		To Death			
Sequentially List Condition	ons, If Any, Leadi	ng To The Cause L	isted On B.	Dia	bet		Mil	lino	-					
Line A. Enter The Under	Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last													
			D.	min	-610	1 2	) Or As A Con	sequence on:						
Part II. Enter Other Significant	t Conditions Contribu	iting To Death But Not	Resulting In The Underly	ing Cause Given In Pa	FR'C	29.	Was An Auto	psy Performed? y Findings Available 10	∐Yes 🔽	No ause Of Death?				
31. Did Tobacco Use Contribu	ite To Death?	32 If Femal	<b>a</b> '	Zi ÖRL	Ews 6			33. Manner Of			Yes XXIVo			
☐ Yes ☐ Probably ☐ No 🌠 Uni		☐ Mot Progna	ant Within Past Year  Pregr ant, But Pregnant 43 Days To 1	ant At Time Of Death	l Nol Pregnant, Bu Unknown if Pregn	t Pregnant Within	42 Days Of Deat	h Kis Natural 🗀 Hor	micide 🗀 Acciden	Pending Investigati	ion			
34. Date Of injury (Month/Day	/Year)	35. Time O		36. Pla	ce Of Injury (E.	G., Decedent's	Home, Const	Suicide Co	uld Not Be Determin Wooded Area)	ned // 10// 1 <b>37</b> 7./	INJURY AT WORK			
				E TO	SEAL	ريخ		COPY J. 144 And College	Oranderya Orandaria	Cerana da Si	□ Yes W □ No III			
38. Location Of Injury - State		38a. City Or	Town	(C)NL	reet & Number	1112			38c Ap	t. No. 38d. 2	ip Code			
39 Describe How Injury Occur	red							40. If Transpo	ortation Injury, S					
1	_	^						☐ Driver/Opera		Podestrian Ot	ner (Specify)			
41. Signature Of Person Cert	tifying Guse Of Dea	160	nin	m	)			ertifier (Check Only One	•	alth Officer				
43. Name, Address And Zip Opde Of Person Certifying Cause Of Death:  \$\int \text{Clustrage} \int \text{Clustrage} \tag{\text{Clustrage}} \tag{\text{Volumber}} \tag{\text{45. Date Certified}}														
GERRIC. DROWNING MO 1313 W. Chiralgo ave 01033136 8/21/08-														
48. Signature of Local Health (							1 70 =	or Registrar Only – Dat		lau/Vazzi	i			
40. Signature or Local Health C			But 1	١,٥			73. 5	rivigratial Only - Dat	r i nea (MOUIU)[	ogriedi).	_			
1	- coc	on and e		، ت			1 7		3 1 C	$\setminus ( \cap r$	$\sim 0$			
							1 +	これりのりか	<del>`</del> + <del>`</del>	21 di	)UB			