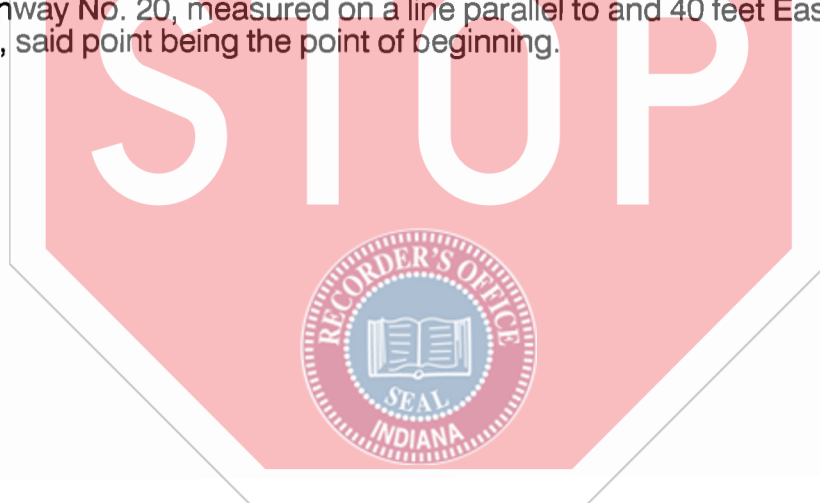


No: 92F102448

LEGAL DESCRIPTION

Part of Block 3 in Miller Station, a subdivision of the South 1/2 of Section 6, Township 36 North, Range 7 West of the 2nd Principal Meridian, in the City of Gary, as per plat thereof, recorded in Plat Book 1 page 11, and in Plat Book 5 page 45, in the Office of the Recorder of Lake County, Indiana, described as follows:

Commencing at a point on the North 50 foot right-of-way line of Relief Road No. 20, 40 feet East of the West line of Section 6 aforesaid, measured at right angles thereto; thence North on a line 40 feet East of and parallel to said Section line 125 feet to the point of beginning; thence continuing on said 40-foot parallel line 98.93 feet to the South line of 80-foot wide Dunes Highway No. 12; thence Northeasterly on said South line of Dunes Highway No. 12 a distance of 212.64 feet to the East property line of property conveyed to James Caglantas and Calliopi S. Cagiantas, as tenants in common, in Deed Record 1143 page 584, in the Recorder's Office, Lake County, Indiana; thence Southerly along said East property line 113.22 feet; thence Southwesterly 4 feet parallel to the South line of said Dunes Highway No. 12; thence Southerly 2.54 feet, more or less, on said East line of property previously conveyed by said Deed Record 1143 page 584, to a point 125 feet, more or less, North of the North line of 110-foot wide U.S. Highway No. 20; thence Southwesterly along a line parallel to and concentric with said North line of U.S. Highway No. 20 a distance of 207 feet, more or less, to a point which is 40 feet East of the West line of said Section 6, measured perpendicularly thereto, and 125 feet North of the North line of said U.S. Highway No. 20, measured on a line parallel to and 40 feet East of said West line of Section 6, said point being the point of beginning.



INDIANA STATE DEPARTMENT OF HEALTH

Local No.1220-92.....

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CORONER
USE ONLY

1 DECEASED—NAME (First, Middle, Last) James Russell McDonald				2. SEX Male		3a. TIME OF DEATH 9:37 P		3b. DATE OF DEATH (Month, Day, Yr) May 29, 1992							
4 SOCIAL SECURITY NUMBER 803-64-7400		5a. AGE—Last Birthday (Years) 38		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) July 12, 1953		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" 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) Community Hospital						9c. CITY, TOWN, OR LOCATION OF DEATH Munster			9d. COUNTY OF DEATH Lake						
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) JoAnne Landrum		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher				12b. KIND OF BUSINESS/INDUSTRY Gary Community Schools							
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Gary			13d. STREET AND NUMBER 6516 East 3rd Place								
13e. ZIP CODE 46403		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5 College (1-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) Jesse McDonald						19. MOTHER'S NAME (First, Middle, Maiden Surname) Mildred Milan									
20a. INFORMANT'S NAME (Type/Print) JoAnne McDonald				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6516 East 3rd Place, Gary, IN 46403				20c. Relationship Wife							
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) June 4, 1992 Fern Oak Cemetery				21c. LOCATION—City or Town, State Griffith, Indiana							
22a. EMBALMER'S NAME Roosevelt Allen Sr.				22b. EMBALMER'S LICENSE NO. 01051696		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert J. Allen</i>				24b. LICENSE NUMBER (of License) 08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors, Inc. 2959 W. 11th Ave., Gary, IN 46404									
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Hypertrophy of heart DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. THIS CERTIFIES THAT ABOVE IS A COMPLETE COPY OF THE DEATH ON FILE WITH THE CLERK OF THE COUNTY RECORDER. c.										Approximate Interval Between Onset and Death Unknown					
PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I.										27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a. CERTIFIER (Check only one) <input 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 checked="" 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>Daniel D. Thomas</i>								29c. MEDICAL LICENSE NO. 16120		29d. DATE SIGNED (Month, Day, Year) December 3, 1992					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307															
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Tolikona, M.D.</i>										31. DATE FILED (Month, Day, Year) December 14, 1992					
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide				34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED					
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
34g. DATE PRONOUNCED DEAD (Month, Day, Year) May 29, 1992						34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.									