

1

**Affidavit of Title**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE )

2014 049061

2014 AUG 14 PM 4:17

MICHAEL D. BROWN  
RECORDER

1. The statements in this affidavit are true and correct to the best of my knowledge, information and belief.
2. I have never changed my name or used any other names. I am a citizen of the United States and at least 18 years old.
3. The parcel that is considered pursuant to the Affidavit of Title as commonly known as 1310 Lakeview Avenue, Hammond (Whiting PO), Indiana 46394 more thoroughly described as follows in the Deed recorded March 13, 1946 is as follows (attached as Exhibit A):

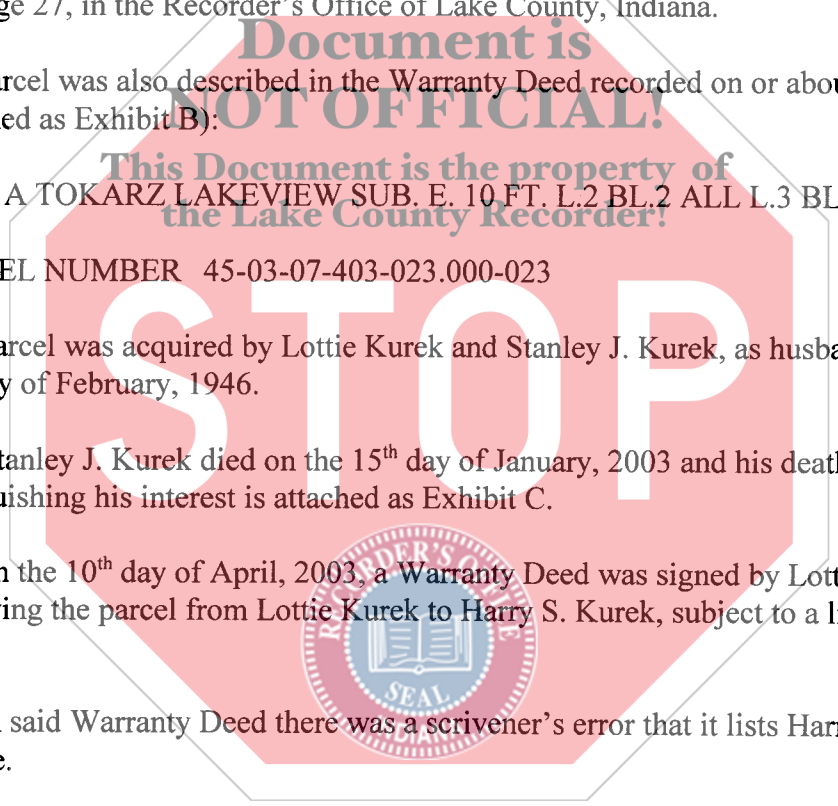
Lot No. Three (3) and the East 10 feet of Lot No. Two (2), in the Block No. Two (2), as marked and laid down on the recorded plat of John A. Tokarz Lakeview Subdivision, in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 19, Page 27, in the Recorder's Office of Lake County, Indiana.

4. The parcel was also described in the Warranty Deed recorded on or about May 19, 2003 (attached as Exhibit B):

JOHN A TOKARZ LAKEVIEW SUB. E. 10 FT. L.2 BL.2 ALL L.3 BL. 2

PARCEL NUMBER 45-03-07-403-023.000-023

5. This parcel was acquired by Lottie Kurek and Stanley J. Kurek, as husband and wife the 14<sup>th</sup> day of February, 1946.
6. That Stanley J. Kurek died on the 15<sup>th</sup> day of January, 2003 and his death certificate extinguishing his interest is attached as Exhibit C.
7. That on the 10<sup>th</sup> day of April, 2003, a Warranty Deed was signed by Lottie Kurek conveying the parcel from Lottie Kurek to Harry S. Kurek, subject to a life estate in Lottie Kurek.
8. That in said Warranty Deed there was a scrivener's error that it lists Harry S. Kurek as a Trustee.
9. That Harry S. Kurek was not a Trustee, and this word should be removed.
10. That on May 19, 2003, the Warranty Deed was recorded.



**FILED**  
 AUG 14 2014  
 PEGGY HOLINGA KATONA  
 LAKE COUNTY AUDITOR

25778

24-  
non con  
6113  
RM



104  
-1527

After Recording Return to  
Bank of Whiting, Whiting, Ind.

206985

# Warranty Deed

STATE OF INDIANA | S. S. NO.  
LAKE COUNTY  
FILED FOR RECORD

This Indenture Witnesseth, That PAUL P. HRICZ AND ELEANOR L.

1946 MAR 6 AM 11 05

**COPIES ENTERED  
FOR TAXATION**

HRICZ, HIS WIFE

BOOK 742 PAGE 139

MAR 13 1946

PAUL P. KOZACIK, RECORDER

*Walter S. Olszewski*  
Attorney and

Lake County, in the State of Indiana

Warrant to STANLEY J. KUREK AND LOTTIE KUREK, HIS WIFE

of Lake County, in the State of Indiana, for and in consideration  
of One Dollar and other good and valuable considerations ~~Dollars~~,  
the receipt whereof is hereby acknowledged, the following described Real Estate  
in Lake County, in the State of Indiana, to-wit:

Document is  
**NOT OFFICIAL!**

Lot No. Three (3) and the East 10 feet of Lot  
No. Two (2), in Block No. Two (2), as marked and  
laid down on the recorded plat of John A. Tokarz  
Lakeview Subdivision, in the City of Hammond,  
Lake County, Indiana, as the same appears of record  
in Plat Book 19, Page 27, in the Recorder's Office  
of Lake County, Indiana.

This deed is given subject to the taxes for 1946,  
payable in 1947 and assessments and taxes which  
may be due or levied after the date of this deed.

This deed is further given subject to any  
restrictions, limitations and conditions, if any,  
shown in any deed of record.

This deed is also given subject to a mortgage by  
Paul P. Hricz and Eleanor L. Hricz, husband and wife,  
to Bank of Whiting, dated August 8, 1944, recorded  
August 22, 1944 in Book 616, Page 556. The said  
mortgage was given to Bank of Whiting in the original  
amount of \$3500.00, the remaining unpaid balance at  
this time being \$3000.00

In Witness Whereof, The said PAUL P. HRICZ AND ELEANOR L. HRICZ,  
HIS WIFE

has hereunto set their hands and seals, this 14th day of February 1946

(Seal)	<i>Paul P. Hricz</i>	(Seal)
(Seal)	Paul P. Hricz	(Seal)
(Seal)	<i>Eleanor L. Hricz</i>	(Seal)
(Seal)	Eleanor L. Hricz	(Seal)

**EXHIBIT**  
A

STATE OF INDIANA, Lake COUNTY, ss:

Before me, the undersigned, a Notary Public, in and for said County and State, this 2nd day of March, A. D., 1946, personally appeared the within named

Paul P. Hricz and Eleanor L. Hricz, his wife

Grantor...S. in the above conveyance, and acknowledged the execution of the same to be their voluntary act and deed, for the uses and purposes herein mentioned.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission expires Lake County, State of Indiana  
My Commission Expires July 5, 1949

Eileen Roth Notary Public

BOOK 742 PAGE 139

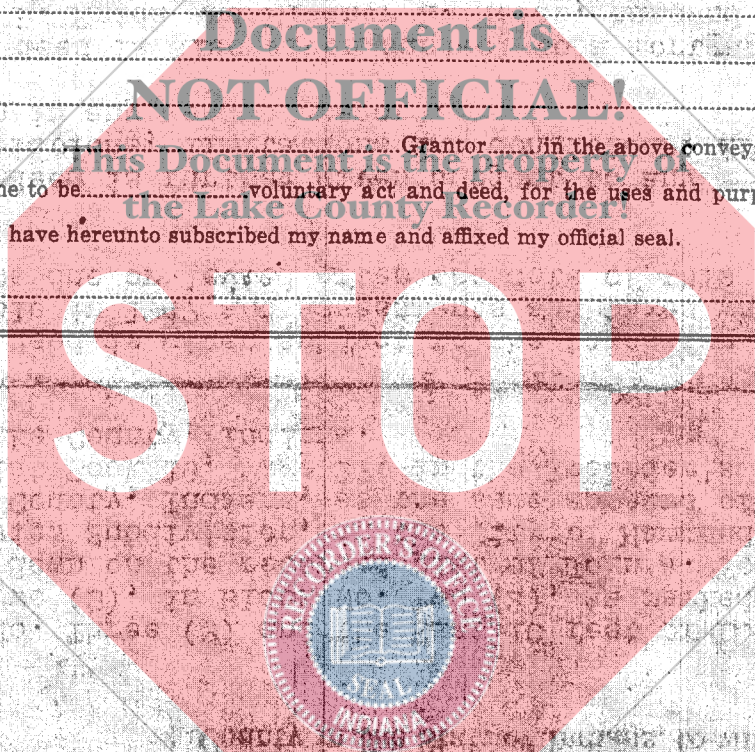
STATE OF INDIANA, \_\_\_\_\_ COUNTY, ss:

Before me, the undersigned, a Notary Public, in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, A. D., 19\_\_\_\_, personally appeared the within named \_\_\_\_\_

Grantor... \_\_\_\_\_ in the above conveyance, and acknowledged the execution of the same to be \_\_\_\_\_ voluntary act and deed, for the uses and purposes herein mentioned.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission expires \_\_\_\_\_ Notary Public



Bank of Whiting, Whiting, Ind.

WARRANTY DEED

FROM

TO

Received for record this \_\_\_\_\_ day of \_\_\_\_\_

at STATE OF INDIANA, S. NO. LAKE COUNTY, Ind. and recorded in \_\_\_\_\_

Recorded in \_\_\_\_\_

PAID MAR 6 AM 11 05

Recorder \_\_\_\_\_ County \_\_\_\_\_

Duly entered for taxation this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Auditor's fee \$ \_\_\_\_\_

Auditor \_\_\_\_\_ County \_\_\_\_\_

GUARANTEED WITH PHOTOSTAT

KEEFE PRINTING COMPANY, FORT WAYNE, IND.

Form No. 101

20

130  
r-c

2003 050658

2003 MAY 15 12:43

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

# WARRANTY DEED

Mail tax bills to: **Lottie Kurek**  
1310 Lakeview Ave.  
Whiting, IN 46394

THIS INDENTURE WITNESSETH, That **LOTTIE KUREK**, a Widow who has not remarried,  
("Grantor")

of LAKE County in the State of INDIANA

CONVEYS AND WARRANTS TO **HARRY S. KUREK**, as Trustee, SUBJECT TO: The Life Estate hereinafter reserved  
("Grantee")

of LAKE County in the State of INDIANA

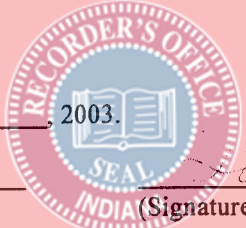
in consideration of One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged in the following described real estate in LAKE County, in the State of Indiana:

**JOHN A. TOKARZ LAKEVIEW SUB. E. 10 FT. L.2 BL.2 ALL L.3 BL. 2**

More commonly known and referred to as:  
1310 Lakeview Ave., Hammond (Whiting PO), IN 46394

SUBJECT TO: A Life Estate reserved in the Grantor herein to the entire parcel of improved real estate hereinabove described and conveyed, and it is expressly agreed and understood by all of the parties named in this instrument that Title and to such Life Estate is to remain solely and totally in the within Grantor during the term of her natural life.

Dated this 10<sup>th</sup> day of April, 2003.



(Signature)

(Signature)

(Printed Name)

**LOTTIE KUREK**  
(Printed Name)

COUNTY OF LAKE STATE OF INDIANA SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 10<sup>th</sup> day of April, 2003 personally appeared: **LOTTIE KUREK** and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 10/06/08

Signature Benedict R. Danko

Resident of LAKE County

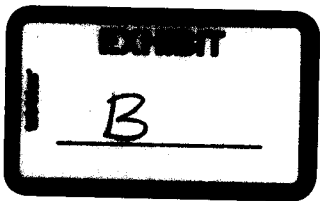
Printed Benedict R. Danko, Notary Public

This instrument prepared by Benedict R. Danko, Attorney at Law

MAIL TO: **DANKO, GOLDSMITH & RITZI, P. O. BOX 510, WHITING, IN 46394**

001145

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER



MAY 15 2003

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

121.00  
CR# 4345  
CP

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 14

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>STANLEY J. KUREK</b>				2. SEX <b>MALE</b>		3a. TIME OF DEATH <b>4:45A</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>JANUARY 15, 2003</b>	
4. SOCIAL SECURITY NUMBER <b>6329</b>		5a. AGE—Last Birthday (Years) <b>88</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) <b>MAY 1, 1914</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO, ILLINOIS</b>		8a. WAS DECEDENT A U.S. VETERAN? <b>YES</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1938</b>		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. CATHERINE HOSPITAL</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>EAST CHICAGO</b>			9d. COUNTY OF DEATH <b>LAKE</b>		
10. MARITAL STATUS (Specify) <b>MARRIED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>LOTTIE R. WOCHADLO</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>STILLMAN</b>			12b. KIND OF BUSINESS/INDUSTRY <b>AMOCO OIL COMPANY</b>		
13a. RESIDENCE—STATE <b>INDIANA</b>		13b. COUNTY <b>LAKE</b>		13c. CITY, TOWN, OR LOCATION <b>HAMMOND (WHITING P.O.)</b>			13d. STREET AND NUMBER <b>1310 LAKEVIEW STREET</b>		
13e. ZIP CODE <b>46394</b>		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</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>WHITE</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>9</b> College (11-4 or 5+) <b></b>		18. FATHER'S NAME (First, Middle, Last) <b>JAN KUREK</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>MARIA KALETA</b>			
20a. INFORMANT'S NAME (Type/Print) <b>MRS. LOTTIE R. KUREK</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1310 LAKEVIEW, WHITING, IN 46394</b>				20c. Relationship <b>WIFE</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>JANUARY 18, 2003 CALUMET PARK CEMETERY</b>				21c. LOCATION—City or Town, State <b>MERRILLVILLE, IND.</b>	
22a. EMBALMER'S NAME <b>HENRY J. BLAKE</b>				22b. EMBALMER'S LICENSE NO. <b>FDE01019406</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (Of Licensee) <b>FDE01019456</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>BARAN &amp; SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394</b>			
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) <b>RENAL FAILURE</b> DUE TO (OR AS A CONSEQUENCE OF): <b>CONGESTIVE HEART FAILURE</b> Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last 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) <b>N/A</b>						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) <b>N/A</b>	
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 TYPE OF CERTIFIER <i>[Signature]</i>						29c. MEDICAL LICENSE NO. <b>AG 6908375</b>		29d. DATE SIGNED (Month, Day, Year) <b>JAN. 16, 2003</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>MIGUEL A. GAMBETTA, M.D., 4320 FIR, EAST CHICAGO, INDIANA 46312</b>									
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>							32. DATE FILED (Month, Day, Year) <b>1/16/03</b>		
33. MANNER OF DEATH <input 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		
34a. 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)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

DECEDENT

PARENTS

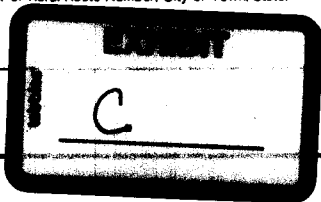
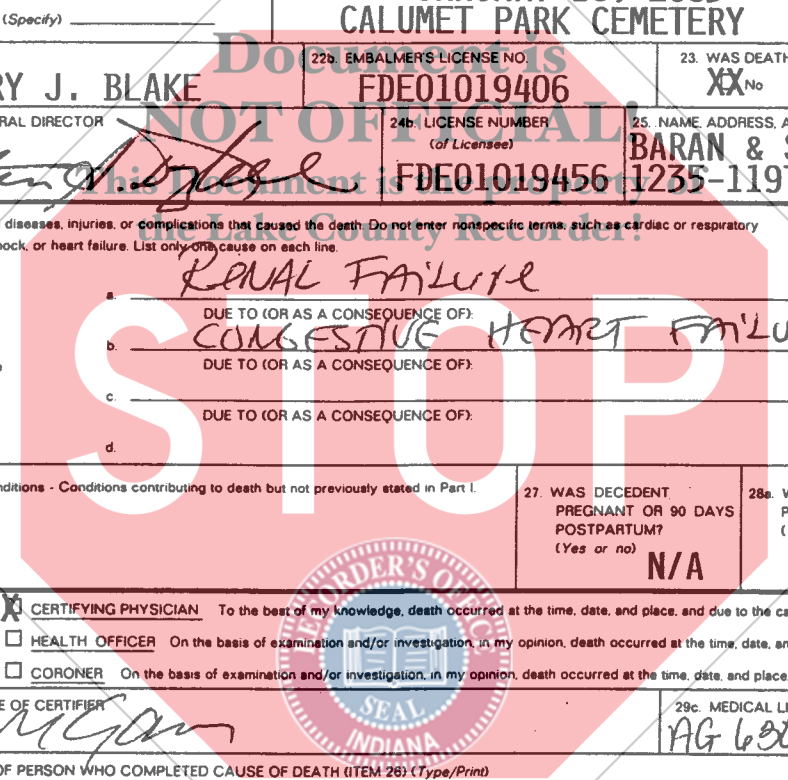
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 16907

Local No 001338

EDR No 00000382583

State No 019338

1. Decedent's Name (First, Middle, Last) <b>LOTTIE KUREK</b>				1a. Maiden Name (If female) <b>WOCHADLO</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>05:49 PM</b>	4. Date Of Death (Month/Day/Year) <b>04/29/2014</b>					
5. Social Security Number <b>██████████-2713</b>		6a. Age - Yrs <b>97</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>11/28/1916</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>				
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				11. Facility Name (If Not Institution, Give Street and Number) <b>COMMUNITY HOSPITAL</b>				12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>			
13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>HOMEMAKER</b>	17. Kind Of Business/Industry <b>OWN HOME</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>WHITING</b>		18c. Street And Number <b>1310 LAKEVIEW STREET</b>		18d. Apt. No.	18e. Zip Code <b>46394</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>9TH - 12TH GRADE, NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22. Father's Name (First, Middle, Last) <b>FRANCISZEK WOCHADLO</b>		23. Mother's Name (First, Middle, Last) <b>ANNA WOCHADLO</b>		23a. Mother's Maiden Last Name <b>CZUBAK</b>			
24. Informant's Name <b>MR HARRY S. KUREK</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>707 241TH STREET, DYER, IN 46311</b>		25. Place Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>CALUMET PARK CEMETERY</b>		25c. Location - City, Town, And State <b>MERRILLVILLE, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BARANI &amp; SON INC, 11235 119TH STREET, WHITING, IN 46394</b>				27a. Funeral Home License Number <b>FH83007267</b>		27b. Signature Of Indiana Funeral Service Licensee <b>MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FO01019430</b>			
28. Part I. Enter The Chain Of Events, Diseases, Injuries, Or Complications, That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease, Or Condition Resulting In Death) A. <b>INTRACEREBRAL HEMORRHAGE</b> Due to (Or As A Consequence Of): B. <b>CEREBRAL VASCULAR ACCIDENT</b> Due to (Or As A Consequence Of): C. <b>ESSENTIAL HYPERTENSION</b> Due to (Or As A Consequence Of): D. 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		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Child Not Bb Determined			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature, Of Person Certifying Cause Of Death <b>FRED ADLER, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>FRED ADLER, 800 MAC ARTHUR BLVD STE 2, MUNSTER, IN 46321</b>		44. License Number <b>01019261 A</b>	45. Date Certified <b>04/30/2014</b>	46. Additional Funeral Service Provider	47. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)
48. Signature of Local Health Officer <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Birth Date (Month/Day/Year) <b>MAY 01 2014</b>		50. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		51. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		52. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		53. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		54. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	55. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

**EXHIBIT**  
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**RAISED SEAL AFFIXED**