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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 080535

2014 DEC 18 PM 12:35

MICHAEL B. BROWN  
RECORDER

AFFIDAVIT OF DEATH

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF Lake )

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant who, first being duly sworn upon his oath did state:

1. My name is WILLIAM M. HUTCHINS, I am over the age of eighteen years and am otherwise competent to make this Affidavit. I am familiar with the history of CATHERINE P. HUTCHINS (hereinafter referred to as "Decedent") as I am her surviving son.

2. Decedent, CATHERINE P. HUTCHINS died in <sup>Lake St</sup> ~~4-10-09~~ County, <sup>Indiana St</sup> ~~Lake~~ on April 10, 2009. I, WILLIAM M. HUTCHINS, her son, survived CATHERINE P. HUTCHINS.

3. The Decedent, CATHERINE P. HUTCHINS owned title to the following described real estate:

Said premises described as follows:

265 Polly Lane, Hobart, IN 46342 Parcel # 45-13-06-276-022.000-018

Legal Description:

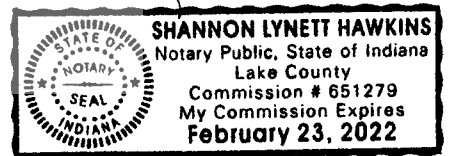
LOT 32, EXCEPT THE EAST 53.00 FEET THEREOF, LAURAWOOD II, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 89, PAGE 54, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Affiant makes this Affidavit with full knowledge that it will be relied upon by various entities as to the truth of the matters stated herein.

William M. Hutchins  
WILLIAM M. HUTCHINS

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF Lake )

ACKNOWLEDGEMENT



Before me, a Notary Public in and for said County and State, personally appeared William M Hutchins who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 18<sup>th</sup> day of December, 2014.

Resident of Lake County, Indiana.

Signature

Shannon Lynett Hawkins

Printed

This Instrument Prepared By: self-prepared

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

FILED

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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

# 13<sup>00</sup>  
OK 1554  
[Signature]

**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No. 1503-09 State No. \_\_\_\_\_

Decedent's Legal Name (First, Middle, Last) **HERINE P. HUTCHINS** 1a. Maiden Last Name (If Female) **MANLEY** 2. Sex **F** 3. Time Of Death **2:20 AM** 4. Date Of Death (Month/Day/Year) **APRIL 10, 2009**

5a. Social Security Number [Redacted] 5b. Age Yrs **83** 5c. Under 1 Year Months \_\_\_\_\_ 5d. Under 1 Month Days \_\_\_\_\_ 5e. Under 1 Day Hours \_\_\_\_\_ 5f. Under 1 Hour Minutes \_\_\_\_\_ 7. Date Of Birth (Month/Day/Year) **March 10, 1926** 8. Birthplace (City And State Or Foreign Country) **East Chicago, Indiana**

9. In U.S. Armed Forces?  No  Unknown  10. If Death Occurred In A Hospital:  Inpatient  Emergency Department Outpatient  Dead On Arrival 10a. If Death Occurred Somewhere Other Than A Hospital:  Hospice Facility  Decedent's Home  Nursing Home/Long-Term Care Facility  Other (Specify) \_\_\_\_\_

11. City Name (If Not Institution, Give Street And Number) **LAKESHORE HOSPITAL MEDICAL CENTER** 13. County Of Death **LAKE** 14. Marital Status At Time Of Death  Married  Married, But Separated  Divorced  Widowed  Never Married  Unknown

15. (If Wife) Give Maiden Last Name **NOT APPLICABLE** 16. Decedent's Usual Occupation **TEACHER** 17. Kind Of Business/Industry **EDUCATION**

18a. County **LAKE** 18b. City Or Town **HOBART** 18c. Apt. No. **N/A** 18d. Zip Code **46342** 18e. Inside City Limits?  Yes  No

19. Decedent's Education **MBA** 20. Decedent Of Hispanic Origin **No, not Spanish/Hispanic/Latino** 21. Decedent's Race **White**

22. Decedent's Name (First, Middle, Last) **IAEL MANLEY** 23. Mother's Name (First, Middle, Last) **DELLA MANLEY** 23a. Mother's Maiden Last Name **RYNNE**

24. Relationship To Decedent **SON** 24b. Mailing Address (Street And Number, City, State, Zip Code) **265 POLLY LANE HOBART, INDIANA 46342**

25. Place Of Disposition **OAKLAND MEMORY LANES** 25a. Location - City, Town, And State **DOLTON, ILLINOIS**

26. Name And Complete Address Of Funeral Facility **KUIPER FUNERAL HOME 9039 KLEINMAN RD, HIGHLAND, INDIANA 46322** 27a. Funeral Home License Number: **FH10300021**

Signature Of Indiana Funeral Service Licensee: *Jared R. Peter* 27b. License Number (Of Licensee) **FDO8601585**

**Cause Of Death (See Instructions And Examples)**

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 Each Line. Add Additional Lines If Necessary.

Immediate Cause (Final Disease Or Condition Resulting In Death) **A. SEPSIS 20 to Ischemic FELL** Approximate Interval: Onset To Death \_\_\_\_\_

Part II. List Conditions, If Any, Leading To The Cause Listed On Part I. Enter The Underlying Cause (Disease Or Injury That Initiated The Chain Of Events Resulting In Death) Last

29. Was An Autopsy Performed?  Yes  No 30. Were Autopsy Findings Available To Complete The Cause Of Death?  Yes  No

31. Tobacco Use Contribute To Death?  Probably  No  Unknown 32. If Female:  Not Pregnant Within Past Year  Pregnant At Time Of Death  Not Pregnant, But Pregnant Within 42 Days Of Death  Not Pregnant, But Pregnant 43 Days To 1 Year Before Death  Unknown If Pregnant Within The Past Year 33. Manner Of Death:  Natural  Homicide  Accident  Pending Investigation  Suicide  Could Not Be 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?  Yes  No

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 (Specify) \_\_\_\_\_

Signature Of Person Certifying Cause Of Death: *Milton Gasparis* 42. Certifier (Check Only One)  Certifying Physician  Coroner  Health Officer

Name, Address And Zip Code Of Person Certifying Cause Of Death: **DR. MILTON GASPARIS 20 S. W. Park Ave Suite 301 Hobart IN 46342** 44. License Number **01037515** 45. Date Certified **April 13 2009**

46. Signature Of Local Health Officer: *Susan J Butts* 49. For Registrar Only - Date Filed (Month/Day/Year): **April 13 2009**

