

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)

) SS: 2015 068847

2015 OCT -7 AM 11:08

COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

BT 1500079

AFFIDAVIT OF DEATH

MARK J. GLASER, being first duly sworn upon his oath, states:

1. The affiant resides at 704 Wisborough Court, Hillsborough, NC 27278 and is the personal representative of the supervised estate of Jean A. Vuich, deceased, Estate No.: 45C01-1403-ES-00031 of the Lake County, Circuit Court, wherein on March 11, 2014, your affiant was appointed and qualified to be personal representative.
2. The affiant is the son-in-law of Emil J. Vuich, who died a resident of Griffith, Lake County, Indiana on February 16, 1998. Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Emil J. Vuich.
3. That the decedent, Emil J. Vuich and Jean A. Vuich were husband and wife at the time of acquiring title to the real property located at 329 North Elmer, Griffith, Lake County, Indiana (Property Number: 45-07-35-406-005.000-006), and they remained so until the decedent's death.

I affirm, under the penalties for perjury, that the foregoing representations are true.

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder

STATE OF NORTH CAROLINA)

) SS:

COUNTY OF ORANGE)

CATHERINE QUINTAS
Notary Public
Alamance County
North Carolina
My Commission Expires Jan 21, 2019

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared MARK J. GLASER, who acknowledged the execution of the foregoing Affidavit of Death this 12th day of August, 2015.

WITNESS my hand and Notarial Seal.

My Commission Expires: Jan 21, 2019

Notary Public
Printed: Catherine L. Quintas
Resident of Orange County
Alamance CO, NC

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.

KARL E. HAND

16-
NON-COM
CT
DN

THIS INSTRUMENT PREPARED BY:
KARL E. HAND, Attorney at Law
1000 Eagle Ridge Drive, Suite F, Schererville, Indiana 46375
(219) 924-2640

①

FILED

OCT 02 2015

22046 JOHN E. PETALAS
LAKE COUNTY AUDITOR

CHICAGO TITLE INSURANCE COMPANY

EXHIBIT "A"

LOTS 37 AND 38 IN BLOCK 7 IN THE ORIGINAL TOWN OF GRIFFITH, AS PER PLAT THEREOF,
RECORDED IN PLAT BOOK 2, PAGE 45, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY,
INDIANA.



ATTENTION ESTATE: The Social Security # is being reported by the decedent or family 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. 0360-98

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

45-07-35-406-005.000-006

256XS
TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Emil J. Vuich 2. SEX male 3a. TIME OF DEATH 11:34 A.M. 3b. DATE OF DEATH (Month, Day, Year) February 16, 1998

4. SOCIAL SECURITY NUMBER [REDACTED] 5a. AGE—Last Birthday (Years) 73 5b. UNDER 1 YEAR Months 5c. UNDER 1 DAY Hours 6. DATE OF BIRTH (Mo, Day, Yr) September 21, 1924 7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana

8a. WAS DECEDENT A U.S. VETERAN? yes 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946 8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL Inpatient OTHER Nursing Home Other (Specify) ER/Outpatient DQA Residence

DECEDENT'S WIFE

9a. FACILITY NAME (If not inpatient, give street and number) Community Hospital 9b. CITY, TOWN, OR LOCATION OF DEATH Munster 9c. COUNTY OF DEATH Lake

10. MARITAL STATUS (Specify) married 11. SURVIVING SPOUSE (If wife, give maiden name) Jean Marciniak 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Parts Department 12b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Postal Service

13a. RESIDENCE—STATE Indiana 13b. COUNTY Lake 13c. CITY, TOWN, OR LOCATION Griffith 13d. STREET AND NUMBER 329 North Elmer

13e. ZIP CODE 46319 13f. INSIDE CITY LIMITS No Yes 13g. ON A FARM? No Yes 14. CITIZEN OF WHAT COUNTRY? USA 15. WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. RACE—American Indian, Black, White, etc. (Specify) white 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Emergency/Secondary (10-12) College (1-4 or 5 +)

PARENTS

18. FATHER'S NAME (First, Middle, Last) Ivan Vuich 19. MOTHER'S NAME (First, Middle, Maiden Surname) Matilda Grcevic

INFORMANT

20a. INFORMANT'S NAME (Type/Print) Jean Vuich 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 329 North Elmer Griffith Indiana 46319 20c. Relationship wife

DISPOSITION

21a. METHOD OF DISPOSITION Burial Entombment Cremation Removal from State Donation Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 19, 1998 Chapel Lawn Memorial Gardens 21c. LOCATION—City or Town, State Schererville, Indiana

DISPOSITION

22a. EMBALMER'S NAME Timothy J. Hoel 22b. EMBALMER'S LICENSE NO. [REDACTED] 23. WAS DEATH REPORTED TO CORONER? No Yes

DISPOSITION

24a. SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b. LICENSE NUMBER (of License) FDO1010850 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kulper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH83007500

DISPOSITION

26. PART I Enter the disease, injury, or condition which caused or contributed to death. List only one cause on each line. Approximate Interval Between Onset and Death

CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE CARDIOPULMONARY ARREST m 2/16/98

CAUSE OF DEATH

CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last ARTERIO-SCLEROTIC HEART DISEASE

CAUSE OF DEATH

HYPERTENSION

CAUSE OF DEATH

ARTERIO-SCLEROTIC CARDIOVASCULAR DISEASE

CAUSE OF DEATH

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. HAL HAD CORONARY INSUFFICIENCY FOR YEARS

CAUSE OF DEATH

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) no 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) n/a

CERTIFIER

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, I am licensed at the time, date, and place, and due to the cause(s) as stated. 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. 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.

CERTIFIER

29b. SIGNATURE AND TITLE OF CERTIFIER [Signature] 29c. MEDICAL LICENSE NO. 01037034 29d. DATE SIGNED (Month, Day, Year) 2/18/98

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Other than 29b) (Type/Print) DR. CHERIAN R. MATHEWS 751 EAST 831ST AVE MERRILLVILLE IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE [Signature] THIS IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE DEPARTMENT OF HEALTH

HEALTH OFFICER

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide 34a. DATE OF INJURY (Month, Day, Year) 34b. TIME OF INJURY 34c. INJURY AT WORK? (Yes or no) 34d. DESCRIBE HOW INJURY OCCURRED (Department) 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) MAR 12 2014

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. SIGNATURE OF HEALTH OFFICER: Susan J. Butts, M.D. LAKE COUNTY HEALTH OFFICER

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.



12201 SD 06004 3/16/98 110 (R4/3-93) Deathcer/PD