2017 007100

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 FEB - 1 AM 10: 37

MICHAEL B. BROWN RECORDER

STATE OF INDIANA

COUNTY OF LAKE

)) SS:

AFFIDAVIT

I, Amy L. Johnson-Sobek, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

This Document is the property of

- 2. I am the niece of Theodore Domanski and Mary A. Domanski (aka Mary Anne Domanski).
- 3. Theodore Domanski and Mary A. Domanski (aka Mary Anne Domanski) are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The West 166.60 feet of the East 666.38 feet of the South 85 feet of the North Half of the South Half of the Northeast Quarter of the Southwest Quarter of Section 26, Township 36 North, Range 9 West of the Second Principal Meridian, containing 325 agrees more or less, all in the Town of Griffith, Lake County, Indiana.

Commonly known as 1125 N Fenseleer St. Griffith, IN Parcel Number: 45-07-26-331-011.000-006

- 4. Theodore Domanski and Mary A. Domanski (aka Mary Anne Domanski) acquired title to said real estate by deed of conveyance on the 15th day of May, 1975, and recorded in the Office of the Lake County Recorder on June 19, 1975, as Document No. 303882.
- 5. Theodore Domanski died on December 21, 2003, at which time Mary A. Domanski (aka Mary Anne Domanski) became the sole owner of the Troperty. See attached Death Certificate for Theodore Domanski.

FEB 0.1 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

\$ 1500 #859

100517

of Federal Estate Taxes was less that	of the decedent as determined for the purpose in the value required for the filing of a Federal dent's estate was not subject to Federal Estate
	Amy L. Johnson-Sobek, Affiant
STATE OF INDIANA)
COUNTY OF LAKE	ment is
personally appeared Amy L. Johnson-oath, stated that the facts alleged in the	
Signed and sealed this 18 day of Jan	uary, 2017.
My commission expires: 02/13/2018	Signature: Notary Public Comm. # 615439 NOTARY SEAL Lesa A. Potacki Resident of: Lake Courte
each Social Security number in this doc	y, that thave taken reasonable care to redact unions required by law."/s/Gary P. Bonk
This instrument prepared by: Gary P. & Schererville, IN 46375; (219) 864-7800	Parker Place, Suite A,

ATTENTION ESTATE: Disclosure of the 5# we need to pursue our responsibilities voluntary and there will be no penalty for fusal.

Deal No. 35-03

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No

1. DECEASED - NAME (First	Middle, Last)				2. SE	(3a. TIME OF DEAT	TH 3b. DATE	OF DEATH(Month, Day
THEODORE		E	DOMANSK	CI	Mal	e	1:30 PM	Dece	ember 21,
4. *SOCIAL SECURITY NUM	ABER 52.	. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1	DAY Minutes	1	RTH(Mo., Day, Yr.)	7. BIRTHPL CHICA Illin	ACE (City and State or F
6a. WAS DECEDENT	Bb. YEAR	88			PLACE	June 11,	1915 Check only one Se		
A U.S. VETERAN?	Ü.S.	ARMED FORCEST	HOSPITAL: Inpat	ient		OTHER	Nursing Home	Other (Spe-	city)
Yes		street and number)	ER/C	Outpatient	DOA CITY	TOWN, OR LOCA	Residence	[84 CO	UNTY OF DEATH
,									
St. Anthony I		l Center				m Point	The Part of the Pa	Lak	OF BUSINESS/INDUS
(Specify)	(If wife, p	ive maiden name)		done du	ring most o	L OCCUPATION(working life. Do t	Give kind of work not use relired.)	1	
Married 132. RESIDENCE - STATE	MARY	KOVECSI	13c. CITY, TOWN OR LO	EXECU	<u>rive</u>	1.2	I. STREET AND NUM		SURY DEPA
IL	COOK	'''	GLENVIEW	CATION		i i	505 GREE		מעס
13e. ZIP CODE 13f. INSIDE (14 CITIZEN OF	15.WAS DECEDENT OF	HISPANIC ORIG	IN?	10. RACE	- American Indian,		. DECEDENT'S EDUC
□ No	⊠ Yes	WHAT COUNTRY	⊠ No □	Yes (If yes, sp	ecify Cubar	, Black, V (Specif	White, etc.		tly only highest grade co
13g. ON A F	ARM7	Doct	Moricon, Puerte	Rican, Nicil				Elementary/S	secondary (0-12)
60025 No		USA		T A T	1.0	Whit		ida a Suura ara	12
18. FATHER'S NAME (FOR MICH.) ROMAN DOMAN		\mathbf{O}	FFIC	IAI	M o	HER'S NAME	(First, Middle, Ma	iden Surname,	,
ROMAN DOMAN		OCHMAN	nt is the	G ADDRESS (S	reel and N	TIE WE	JNA Ile Number, City or To	wd, State, Zip Co	ode) 20c. Relati
ROSE JØHNSON		Juniel				STREET,	GRIFFIT		Sist
21a. METHOD OF DISPOSITION		Lake C	P218 DATE AND PLACE	OF DISPOSITION	ON (Name	of cemetery, crema		,	N - City or Town, State
Burial Cremation		oval from State	December	23. 200) 3			1	
Donation , Other (Sp		or tross or are	Calumet P					Merril	lville,
22a. EMBALMER'S NAME			22b. EMBALMER		ne ce a		AS DEATH REPORT		
ON James F. Bury	25		FD 0100	9461			⊠ No □	res	
242. GIGNATURE OF FUNERAL				LICENSE NUMB	ER	25. NAME,	ADDRESS, AND LIC	ENSE NUMBER	OF FUNERAL HOME
())	7	1		(of Licensee)		BURN	S FUNERA	T HOWE	FH8
James	4	X LANN				1			
		19000	F	0010094	61_	1010	1 Broadwa	ay, Crow	n Point,
1 //			sed the death. Do not enter					ay,Crow	n Point,
1 //		r complications that cause on the cause of the cause on the cause of t	sed the death. Do not enter				ary		n Point,
arrest, shock,		List only one cause on	sed the death. Do not enter each line.	ronspecific term					n Point,
IMMEDIATE CAUSE (Final disease or condible) resulting in death)		a. — Que 100	sed the death. Do not entereach line.	OF):			ary		n Point,
IMMEDIATE CAUSE (Final disease or consider resulting in death)		a	sed the death. Do not enter each line.	rhonspecific term			ary		n Point,
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause		a. DUE TO (ed the death. Do not entered the control of the con	OF):			ary		n Point,
immediate Cause (Final disease or condition resulting in dealth) Conditions, if any, which gave		a. DUE TO (ed the death. Do not entered the control of the con	OF):			ary		n Point,
IMMEDIATE CAUSE (Final disease or consilien resulting in death). Conditions, if any, which gave rise to the Immediate cause stating the underlying		a. DUE TO (DR AS A CONSEQUENCE	OF):			ary		n Point,
IMMEDIATE CAUSE (Final disease or consilien resulting in death). Conditions, if any, which gave rise to the Immediate cause stating the underlying	or heart failure.	a. DUE TO (sed the death. Do not entered the control of the co	OF):	27. WAS	CA C	28a. WAS A	N AUTOPSY	28b. WERE AUTO
IMMEDIATE CAUSE (Final disease or condition resulting in dealth) Conditions, if any, which gave rise to the immediate cause starting the underlying cause last	or heart failure.	a	sed the death. Do not entered the control of the co	OF):	27. WAS PRE POS	DECEDENT GRANT OR 90 DA	28a. WAS A PERF	e	28b. WERE AUTO AVAILABL COMPLE
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions.	or heart failure.	a. Que To (sed the death. Do not entered the control of the co	OF): OF): Pen4	27. WAS PRE POS (Ye	DECEDENT GNANT OR DO DA TPARTUM? S or no)	28a. WAS A PERF (Yes	N AUTOPSY FORMED7 or no)	280. WERE AUTO AVAILABL COMPLE OF DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death). Conditions, if any, which gave rise to the lumediate cause starting the underlying cause last. PART II Other significant conditions.	or heart failure.	a. Que To (sed the death. Do not entered the control of the co	OF): OF): Pen4	27. WAS PREPOSE	DECEDENT GNANT OR DO DA TPARTUM? S or no)	28a. WAS A PERF	N AUTOPSY FORMED7 or no)	28b. WERE AUTI AVAILABL COMPLE
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions of the Check only one)	or heart failure. Sitions - Condition Ent t Duri	a. Que To (b. Cue To (c. Cute	DR AS A CONSEQUENCE OR AS A C	OF): OF): OF): OF): And the occurred at the oc	27. WAS PRE POS (Ye No.	DECEDENT GRANT OR 90 DA TEARTUM? s or no)	28a. WAS A PERF (Yes NO	IN AUTOPSY FORMED? S or no)	28b. WERE AUTI AVAILABL COMPLE OF DEATH NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions of the Check only one)	or heart failure. If in the condition of the condition o	a. Que To () b. CLE TO () c. CUE TO () d. CLE TO () d. CL	DR AS A CONSEQUENCE OR AS A C	OF): OF): OF): OF): or): OF): OF): OF): OF): OF): OF): OF): OF	27. WAS PRE POS (Ye Window, date)	DECEDENT GRANT OR 90 DA TPARTUM? s or no) , and place, and d	28a. WAS A PERF (Yes No use to the cause(s) as a me, date, and place, a	IN AUTOPSY FORMED7 FOR no) Stated. Indidue to the case	28b. WERE AUTI AVAILABL COMPLE OF DEATH NO
immeDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions. 29a. CERTIFIER (Check only one)	or heart failure. If in the control of the control	a. Que To () b. CLE TO () c. CUE TO () d. CLE TO () d. CL	DR AS A CONSEQUENCE OR AS A C	OF): OF): OF): OF): or): OF): OF): OF): OF): OF): OF): OF): OF	27. WAS PRE POS (Ye Window, date)	DECEDENT GRANT OR 90 DA TEARTUM? S or no) J., and place, and d occurred at the time, date	28a. WAS A PERF (Yes NC ue to the cause(s) as : ne, date, and place, and due	IN AUTOPSY ORMED7 Sor no) Stated. Ind due to the cause (s) a	28b. WERE AUTO AVAILABL COMPLE OF DEATH NO sse(s) as stated. nd manner as stated.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions of the Check only one)	or heart failure.	a. Que To () b. Que To () c. Cute To () d. C	DR AS A CONSEQUENCE OR AS A C	OF): OF): OF): OF): or): OF): OF): OF): OF): OF): OF): OF): OF	27. WAS PRE POS (Ye Window, date)	DECEDENT GRANT OR 90 DA TEARTUR S or no) Journal at the time dat the time, date 29c	28a. WAS A PERF (Yes No one to the cause(s) as a perfect, and place, and place, and due to the Cause(s) LICENSE	IN AUTOPSY ORMED7 or no) Stated. Ind due to the cause (s) as in No.	28b. WERE AUTO AVAILABL COMPLE OF DEATH NO sse(s) as stated. nd manner as stated.
immediate Cause (Final disease or condition resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions. 29a. CERTIFIER (Check only one)	or heart failure. If in the condition of the condition o	a	DR AS A CONSEQUENCE OR AS A C	OF): OF): OF): OF): In my opinion, d	27. WAS PRE POS (Ye Window, date)	DECEDENT GRANT OR 90 DA TEARTUR S or no) Journal at the time dat the time, date 29c	28a. WAS A PERF (Yes NC ue to the cause(s) as : ne, date, and place, and due	IN AUTOPSY ORMED7 or no) Stated. Ind due to the cause (s) as in No.	28b. WERE AUTO AVAILABL COMPLE OF DEATH NO sse(s) as stated. nd manner as stated.
IMMEDIATE CAUSE (Final disease or consider resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions of the Condition of the United Stating the Uni	CERTIFYIN HEALTH OF CORONER OF CETTIFIER OF	a. OUE TO () b. DUE TO () c. DUE TO () d. C. DUE TO () d. C. C. DUE TO () d. C.	DR AS A CONSEQUENCE OR AS A C	OF):	27. WAS PRE POS (Ye Immediate date inlon, death occurr	DECEDENT GRANT OR 90 DA TPARTUM? S or no) , and place, and d occurred at the tire ed at the time, date	28a. WAS A PERR (Yes No ue to the cause(s) as a per and place, and place, and due to the Cause(s) (O'27 C	N AUTOPSY ORMEO7 or no) Slated. Ind due to the cause(s) at NO.	28b. WERE AUTO AVAILABL COMPLE OF DEATH NO ste(s) as stated. 29d. DATE SIGNED
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last PART II Other significant conditions (Check only one)	Inions - Condition If Ent CERTIFYIN HEALTH O CORONER OF CETTIFIER PERSON WHO	a. OUE TO () b. DUE TO () c. DUE TO () d. C. DUE TO () d. C. C. DUE TO () d. C.	DR AS A CONSEQUENCE OR AS A C	OF):	27. WAS PRE POS (Ye Immediate date inlon, death occurr	DECEDENT GRANT OR 90 DA TPARTUM? S or no) , and place, and d occurred at the tire ed at the time, date	28a. WAS A PERF (Yes No one to the cause(s) as a perfect, and place, and place, and due to the Cause(s) LICENSE	N AUTOPSY ORMEO7 or no) Slated. Ind due to the cause(s) at NO.	28b. WERE AUTO AVAILABL COMPLE OF DEATO NO ste(s) as stated. 29d. DATE SIGNED
IMMEDIATE CAUSE (Final disease or consider resulting in death). Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions of the Condition of the United Stating the Un	Inions - Condition If Ent CERTIFYIN HEALTH O CORONER OF CETTIFIER PERSON WHO	a. OUE TO () b. DUE TO () c. DUE TO () d. C. DUE TO () d. C. C. DUE TO () d. C.	DR AS A CONSEQUENCE OR AS A C	OF):	27. WAS PRE POS (Ye Immediate date inlon, death occurr	DECEDENT GRANT OR 90 DA TPARTUM? S or no) , and place, and d occurred at the tire ed at the time, date	28a. WAS A PERR (Yes No ue to the cause(s) as a per and place, and place, and due to the Cause(s) (O'27 C	N AUTOPSY ORMEO7 or no) Slated. Ind due to the cause(s) at NO.	28b. WERE AUTICAL AVAILABL COMPLE OF DEATH NO Stee(s) as stated. No manner as stated. 29d. DATE SIGNEY
IMMEDIATE CAUSE (Final disease or consider resulting in death). Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions of the Condition of the United Stating the Un	Inions - Condition If Ent CERTIFYIN HEALTH O CORONER OF CETTIFIER PERSON WHO	a. OUE TO () b. DUE TO () c. DUE TO () d. C. DUE TO () d. C. C. DUE TO () d. C.	DR AS A CONSEQUENCE OR AS A C	OF): OF): OF): Part 4 Part 4 Part 4 OF): OF): OF): OF): OF): OF): OF): OF)	27. WAS PRE POS (Ye Immediate date inlon, death occurr	DECEDENT GRANT OR 90 DA TEARTUM? s or no) and place, and d occurred at the time d at the time, date T. CRC	28a, WAS A PERR (Yes No ue to the cause(s) as a me, date, and place, and due to MEDICAL LICENSE (CO '2 7 CO) WN POINT	N AUTOPSY FORMED? Or no) Stated. Ind due to the cause(s) a IN 4	28b. WERE AUTO AVAILABLE COMPLE OF DEATH NO sse(s) as stated. 29d. DATE SIGNED 4 6307 32 DATE FILED (
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE 30. NAME AND ADVRESS OF DR. JOSEPH 1 31. HEALTH OFFICER'S SIGN	Inions - Condition If Ent CERTIFYIN HEALTH O CORONER OF CETTIFIER PERSON WHO	a. Que To () b. Que To () c. Cult To () d. Que To () d. Q	DR AS A CONSEQUENCE OR AS A C	OF): OF): OF): OF): Pent I Attribute of the property of t	27. WAS PRE POS (Ye No e time, date inion, deat) eath occurr	DECEDENT GRANT OR 90 DA TEARTUM? s or no) and place, and d occurred at the time d at the time, date T. CRC	28a. WAS A PERF (Yes No Lot to the Cause(s) as a me, date, and place, and due to the Cause(s) as and place, and due to the Cause(s) (O 2 7 C) WN POINT	IN AUTOPSY FORMED? For no) Stated. Ind due to the cause(s) a NO. IN 4	28b. WERE AUTO AVAILABLE COMPLE OF DEATH NO side(s) as stated. and manner as stated. 29d. DATE SIGNET 29d. DATE FILED (CALLICA QUIRREDIE IS A 164.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE 30. NAME AND ADVRESS OF DR. JOSEPH 1 31. HEALTH OFFICER'S SIGN	inions - Condition I ELL CERTIFYIN HEALTH O CORONER OF CERTIFIER PERSON WHO A. KACN LATURE	D. DUE TO (D. DU	DR AS A CONSEQUENCE OR AS A C	OF): OF): OF): OF): Pent I Attribute of the property of t	27. WAS PRE POS (Ye window, death occurr	DECEDENT GRANT OR 90 DA TEARTUM? s or no) and place, and d occurred at the time d at the time, date T. CRC	28a. WAS A PERR (Yes No Lot to the cause(s) as a me, date, and place, and due to MEDICAL LICENSE (CO 2 7 CO) WN POINT	IN AUTOPSY FORMED? For no) Stated. Ind due to the cause(s) a NO. IN 4	28b. WERE AUTO AVAILABLE COMPLE OF DEATH NO ste(s) as stated. and manner as stated. 29d. DATE SIGNED 6 3.0 7 32 DATE FILED (
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE 30. NAME AND ADVRESS OF DR. JOSEPH 1 31. HEALTH OFFICER'S SIGN 33. MANNER OF DEATH	inions - Condition I ELL CERTIFYIN HEALTH O CORONER OF CERTIFIER PERSON WHO A. KACN LATURE	D. DUE TO () D.	DR AS A CONSEQUENCE OR AS A C	OF):	27. WAS PRE POS (Ye Injury AT (95 or no)	DECEDENT GRANT OR 90 DA TOR ON 100 , and place, and d occurred at the time d at the time, date T. CRC WORK?	28a. WAS A PERR (Yes No Local License Medical	IN AUTOPSY CORMED? So or no) Stated. Ind due to the cause(s) a into the cause(s) a i	28b. WERE AUTO AVAILABLE COMPLE OF DEATH NO ste(s) as stated. 28d. DATE SIGNED 4 6 3.0 7 32 BATE FILED (4 GURREDIE IS A 144 IF THE CERTIF (IT THE CERTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (IT THE CARTIF (
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last PART II Other significant conditions (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF DR. JOSEPH 2 31. HEALTH OFFICER'S SIGN 33. MANNER OF DEATH Natural Pend Invest	Or heart failure. Or heart failure. Or heart failure. Or certifying HEALTH O CORONER OF CERTIFIER PERSON WHO A. KACM ATURE	D. DUE TO () D.	DR AS A CONSEQUENCE OR AS A C	OF):	27. WAS PRE POS (Ye Injury AT (95 or no)	DECEDENT GRANT OR 90 DA TOR ON 100 , and place, and d occurred at the time d at the time, date T. CRC WORK?	28a. WAS A PERR (Yes No Lot to the cause(s) as a me, date, and place, and due to MEDICAL LICENSE (CO 2 7 CO) WN POINT	ow AUTOPSY FORMED7 FORMED7 FOR no) Stated. Ind due to the cause(s) at NO. IN 4 OW INTURY OF IT OF	28b. WERE AUTO AVAILABLE COMPLE OF DEATO NO ste(s) as stated. 29d. DATE SIGNED 6 3.0 7 32 DATE FILED (CACUAC GURREDIE IS A 16c THE CERTIF 11 THE CERTIF 11 THE CERTIF 11
IMMEDIATE CAUSE (Final disease or consilhan resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last PART II Other significant conditions and conditions of the underlying cause last PART II Other significant conditions of the underlying cause last 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF DR. JOSEPH 1 31. HEALTH OFFICER'S SIGN 33. MANNER OF DEATH Natural Pend Invest	CERTIFYIN HEALTH O CORONER OF CERTIFIER FERSON WHO A. KACN LATURE	a. OUE TO (b. DUE TO (c. DUE TO (d. DUE TO (DR AS A CONSEQUENCE OR AS A C	OF):	27. WAS PRE POS (Ye Injury AT (95 or no)	DECEDENT GRANT OR 90 DA TOR ON 100 , and place, and d occurred at the time d at the time, date T. CRC WORK?	28a. WAS A PERR (Yes No Local License Medical	ow AUTOPSY FORMED7 FORMED7 FOR no) Stated. Ind due to the cause(s) at NO. IN 4 OW INTURY OF IT OF	28b. WERE AUTI AVAILABL COMPLE OF DEATH NO sele(s) as stated. administration of manner as stated. 28d. DATE SIGNED GURREDIE IS A Tax THE CERTIFE. THE CERTIFE. THE CERTIFE.
IMMEDIATE CAUSE (Final disease or consilien resulting in death) Conditions, if any, which gave rise to the Immediate cause stating the underlying cause last PART II Other significant conditions (Check only one) 290. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF DR. JOSEPH 2 31. HEALTH OFFICER'S SIGN 33. MANNER OF DEATH Natural Pend Invest Accorded Could	OF heart failure. Ifficins - Condition If Ent to the continuous of the continuous	D. DUE TO () D.	DR AS A CONSEQUENCE OR AS A C	OF): Street, factory,	27. WAS PRE POS (Ye No e time, date inlon, death ealth occurr INJURY AT (95 or no) office	DECEDENT GRANT OR 90 DA TPARTUM? S or no) O., and place, and d occurred at the tire ed at the time, date T. CRC D.C. WORK?	28a. WAS A PERR (Yes No Local License to the cause(s) as and place, and due MEDICAL LICENSE (CO. 2.7 CO. W.N. POINT (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ow AUTOPSY FORMED7 FORMED7 FOR no) Stated. Ind due to the cause(s) at NO. IN 4 OW INTURY OF IT OF	28b. WERE AUTHER AVAILABLE COMPLE OF DEATH NO See(s) as stated. 28d. DATE SIGNED AVAILABLE OF DEATH STATE OF DEATH AVAILABLE OF DEATH STATE OF THE CERTIFICATION OF THE CERTIFIC