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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 045088

2017 JUL 21 AM 8:46

MICHAEL B. BROWN
RECORDER

LAKE COUNTY RECORDER OF DEEDS

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STOP

3227 Eder Street
Highland, IN 46322
PIN# 45-07-22-104-028.000-026



RECORDER'S OFFICE
DATE
June 13, 2017
INDIANA

004097

FILED

JUL 19 2017.

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15000 S. Cicero Ave
Oak Forest, IL 60452

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

~~157~~

CASH _____ CHARGE _____
CHECK # 21403
OVERAGE _____
COPY _____
NON-COM _____
CLERK dm

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21502
RM

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. 16-27-0277-0006

Local No. 738-06

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) Richard Lidster				2. SEX Male		3a. TIME OF DEATH 1:26 PM		3b. DATE OF DEATH (Month, Day, Yr.) March 23, 2006									
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 78		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) September 20, 1927		7. BIRTHPLACE (City and State or Foreign Country) Gary, IN							
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1952		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				9b. FACILITY NAME (If not institution, give street and number) 3227 Eder Street				9c. CITY, TOWN, OR LOCATION OF DEATH Highland		9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Barbara Borowski			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Assistant Metallurgist				12b. KIND OF BUSINESS/INDUSTRY Inland Steel								
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland				13d. STREET AND NUMBER 3227 Eder Street									
13e. ZIP CODE 46322		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) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 2							
18. FATHER'S NAME (First, Middle, Last) Hobart Lidster						19. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Kozacic											
20a. INFORMANT'S NAME (Type/Print) Barbara Lidster				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3227 Eder Street, Highland, IN 46322				20c. Relationship Wife									
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) March 25, 2006 Northwest Indiana Cremation Service				21c. LOCATION—City or Town, State Crown Point, IN 46307									
22a. EMBALMER'S NAME Not Embalmed				22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes											
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sheldon Lewis</i>				24b. LICENSE NUMBER (of Licensee) FD 01006015		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Home Lic. # 1183003035 2828 Highway Avenue, Highland, Indiana, 46322											
26. PART I. Enter the disease, 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. <i>Metastatic Bladder Cancer</i> DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. c. d. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.										Approximate Interval Between Onset and 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) NO									
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 TITLE OF CERTIFIER <i>Sheldon Lewis</i>		29c. MEDICAL LICENSE NO. 01049688		29d. DATE SIGNED (Month, Day, Year) 3/29/06			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Sheldon Lewis 3641 Ridge Road Highland, IN 46322										31. HEALTH OFFICER'S SIGNATURE <i>Sheldon Lewis</i>		32. DATE FILED (Month, Day, Year) 3/29/06					
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) SEP 19 2006		34b. TIME OF INJURY (Specify) 19:00		34c. INJURY AT WORK? (Yes or no)		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 195022 RECCY HOLINGA KATONA LAKE COUNTY AUDITOR									
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



2006 SEP 19 082307

FILED

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL CERTIFICATE OF DEATH FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT ON 3/29/06

MAR 24 2006

11-11-06

FP

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