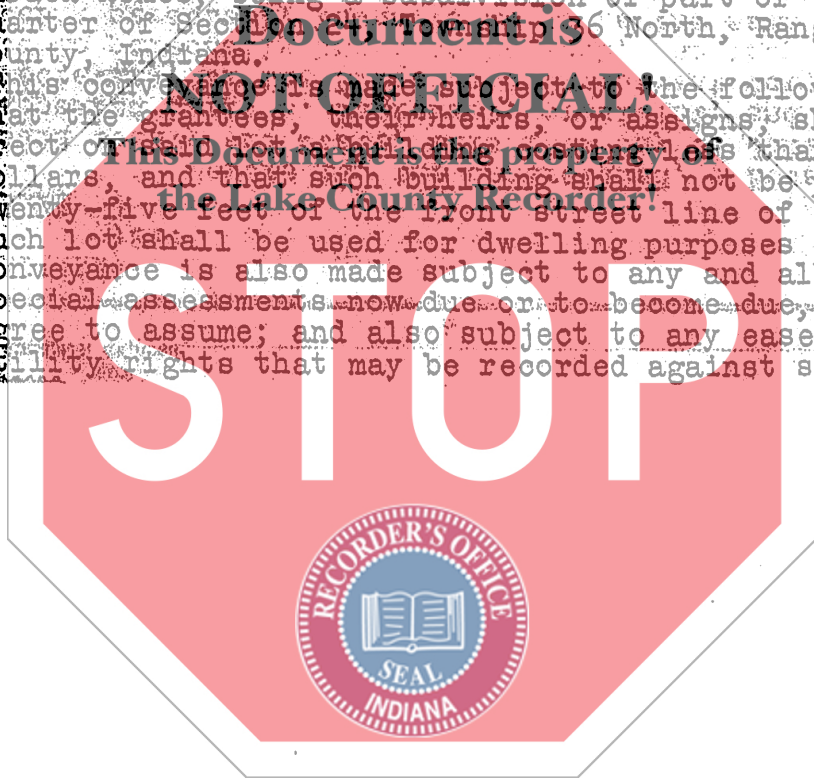


Lot number Two (2), Block number Five (5), in Resubdivision of Garden Homes, being a subdivision of part of the Southwest Quarter of Section 21, Township 36 North, Range 8 West, in Lake County, Indiana.

This conveyance is made subject to the following restrictions: That the grantees, their heirs, or assigns shall not place or erect on said lot any building of less than One Thousand Dollars, and that such building shall not be placed within twenty-five feet of the front street line of said lot and that such lot shall be used for dwelling purposes only. This conveyance is also made subject to any and all liens, taxes and special assessments now due or to become due, which the grantees agree to assume; and also subject to any easements for public utility rights that may be recorded against said lot.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 07776

Local No 000278

EDR No 00000366035

State No 003420

1. Decedent's Legal Name (First, Middle, Last) **EUGENE WINEINGER** 1a. Maiden Name (If female) 2. Sex **MALE** 3. Time Of Death **05:30 AM** 4. Date Of Death (Month/Day/Year) **01/22/2014**

5. Social Security Number 6a. Age - Yrs **96** 6b. Under 1 Year 6c. Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date of Birth (Month/Day/Year) **04/29/1917** 8. Birthplace (City and State or Foreign Country) **CUZCO IN**

9. Ever in U.S. Armed Forces? 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. Facility Name (If Not Institution, Give Street and Number) **3215 EAST 36TH AVENUE** 12. City Or Town, State, And Zip Code **LAKE STATION, IN, 46405** 13. County Of Death **LAKE** 14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name **ELIZABETH WINEINGER** 15a. (If Wife) Give Maiden Last Name **HASZA** 16. Decedent's Usual Occupation **PIPEFITTER** 17. Kind Of Business/Industry **STEEL**

18. Residence State **INDIANA** 18a. County **LAKE** 18b. City Or Town **LAKE STATION** 18d. Apt. No. 18e. Zip Code **46405** 18f. Inside City Limits Yes No

18c. Street And Number **3215 EAST 36TH AVENUE** 19. Decedent's Education **HIGH SCHOOL GRADUATE OR GED COMPLETED** 20. Decedent Of Hispanic Origin **NOT HISPANIC** 21. Decedent's Race **White**

22. Father's Name (First, Middle, Last) **LEVI WINEINGER** 23. Mother's Maiden Last Name **WININGER**

24. Informant's Name **JOAN WINEINGER** 24a. Relationship To Decedent **DAUGHTER** 24b. Mailing Address (Street And Number, City, State, Zip Code) **3215 EAST 36TH AVENUE, LAKE STATION, IN 46405** 24c. Mother's Maiden Last Name **WININGER**

25a. Method Of Disposition Burial Cremation Donation Entombment Removal From State Other (Specify) 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **EVERGREEN MEMORIAL PARK CEMETERY, HOBART, IN** 25c. Location - City, Town, And State

26. Was Coroner Contacted? Yes No 27. Name And Complete Address Of Funeral Facility **REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD HOBART, IN 46342** 27a. Funeral Home License Number **FH83003069**

27b. Signature Of Indiana Funeral Service Licensee **JAMES J. KRAUSE BY ELECTRONIC SIGNATURE** 27c. License Number (Of Licensee) **FD01006463**

28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. 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. PARKINSON DISEASE** Due to (Or As A Consequence Of) **CHRONIC** B. PERICARDIAL EFFUSION Due to (Or As A Consequence Of) **1 MONTH** C. ASPIRATION PNEUMONIA Due to (Or As A Consequence Of) **1 MONTH** D. **HEART FAILURE** Due to (Or As A Consequence Of) **1 MONTH**

28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. 29. Was An Autopsy Performed? Yes No 30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown 32. If Female: Not Pregnant Within Past Year Pregnant At Time 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

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: Driver/Operator Passenger Pedestrian Other (Specify) **NOT VALID UNLESS**

41. Signature, Of Person Certifying Cause Of Death **JOHN E. CARTER, BY ELECTRONIC SIGNATURE** 42. Certifier (Check Only One): Certifying Physician Coroner Health Officer 43. Name, Address And Zip Code Of Person Certifying Cause Of Death **JOHN E. CARTER, 164 BRACKEN PKWY, HOBART, IN 46342** 44. License Number **01039453A** 45. Date Certified **01/24/2014**

46. Additional Funeral Service Provider: 47. Hxas 48. Signature Of Local Health Officer **SUSAN W. BEST, VIA ELECTRONIC SIGNATURE** 49. For Registrar Only - Date Filed (Month/Day/Year) **JAN 27 2014**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION: ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and RAISED SEAL APPLIED



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

MICHAEL B. BROWN
Recorder



PHONE (219) 755-3730
FAX (219) 755-3257

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It may not meet with ~~State of Indiana~~ Recordation requirements.



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CUSTOMER INITIALS: MC DATE: 12, 14, 17

EMPLOYEE INITIALS: MB DATE: 12, 14, 17