STATE OF INDIANA

COUNTY OF LAKE

)SS: 2017)088010

) .

2017 DEC 27 PM 3: 23

IN RE: SIDNEY W. CONN, DECEASED)Parcel ID: 45-09-32-281-001.00 BROWN

<u>AFFIDAVIT OF HEIRSHIP TO REAL PROPERTY</u> IN EAKE COUNTY, INDIANA

Sidney A. Conn, being duly sworn upon his oath says:

- 1. Sidney W. Conn AKA Sidney Warren Conn AKA Sidney Conn, died testate on the 27th day of September, 2017, while domiciled in Lake County, Indiana.
- 2. No application or petition for appointment of a Personal Representative is pending or my administration contemplated. has been granted in any jurisdiction
- 3. On October 14th, Whisthe decedene's Last Will and Testarbent fated February 14, 2004, was probated in Lake County Superior Court, Probate Division, under cause number 45D02-1710-EM-00041. Copy of Court Order and Will are attached and marked as Exhibit A.
- 4. That pursuant to articles 4 & 5 of decedents Last Will and Testament, his Wife, Mildred Conn was given all of decedent's personal property and real property providing she survived her husband, Sidney W. Conn AKA Sidney Warren Conn. Mildred Conn, AKA Mildred I. Conn, did not survive her husband. She died February 14, 2002. Her certificate of death is attached and marked Exhibit B.

As a result of Mildred Conn predecessing Sidney W. Conn the real and personal property of the decedent was left Patricia L. Clark of 912 Coral Drive, Hobart, IN 46342 and Sidney A. Conn of 115 E. 13th Place, Hobart, IN 46342, in equal shares. See article 4 & 5 of decedent's Well which is attached hereto.

5. The real estate which is the subject of this affidavit is located at 501 S. Liberty Place, Hobart, Indiana 46342. The legal description is as follows:

Lot 140 in Stendahl; Wood-Dale addition to Hobart, as per plat thereof, recorded in Plat Book 31, page 16, in the Office of the Recorder of Lake County, Indiana.

6. That pursuant to I.C. 29-1-7-23, ownership of said real property passed automatically 46342, in equal shares as tenants in common. The purpose of this affidavit is to purpose of the same the real estate herein described. The common address of said real estate is 501 S. Liberty Place, Hobart, Indiana 46342 & the Parcel ID is 45-09-32-281 001 000 3 to the devisee named in the decedent's Will. That is Sidney A. Conn of 115 E. 13th Place, Hobart, Indiana 46342 and Patricia L. Clark of 2912 Coral Dr., Hobart, Indiana 46342, in equal shares as tenants in common. The purpose of this affidavit is to place Sidney A. Conn and Patricia L. Clark in the chain of title as now the sole owners of JOHN E. PETALAS

JOHN E. PETALAS

AUDITOR

LAKE COUNTY AUDITOR Liberty Place, Hobart, Indiana 46342 & the Parcel ID is 45-09-32-281-001.000-018.

029979

All future tax bills should be sent to Sidney A. Conn of 115 E. 13th Place, Hobart, IN 46342.

7. That no consideration was transferred to or by the Affiant in connection with the signing or giving of this Affidavit, and therefore this Affidavit is not a conveyance document as that term is described in I.C. 6-1.1-5-5-2.

Further Affiant sayeth not.

Sidney A. Conn

Affiant

Document is

STATE OF INDIANATOR OFFICIAL!

COUNTY OF LAKE Document is the property of the Lake County Recorder!

The undersigned, a notary public in and for the above county and state residing in Lake County, Indiana, certifies and witnesses that the above-signed Sidney A. Conn, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in this instrument this 26 day of 2017.

Witness my hand and notarial southis day of October, 2017.

My Commission Expires: 07-19-2025

Notary Public

Resident of Lake County

Ervin C. Carstensen Printed Signature

.

I affirm under the penalties of perjury, that I have taken reasonable care to redact each social security numbers in this document unless required by law.

Ervin C. Carstensen

Prepared By: Ervin C. Carstensen

Attorney at Law No. 3141-45

EXA

Filed in Good Court

STATE OF INDIANA

OCJS1 4 2017

IN THE LAKE SUPERIOR COURT

SITTING AT

COUNTY OF LAKE

EAST CHICAGO, INDIANA

IN THE MATTER OF THE ESTATE OF

)ESTATE NO. 45D02 17 10 EM 0 0 0 4 1

SIDNEY W. CONN, DECEASED

ORDER OF PROBATE OF WILL WITHOUT ADMINISTRATION (Will Spread of Record)

Comes now, Sidney A. Conn and Patricia L. Clark, having filed their verified Petition for the Probate of Decedent's Will Without Administration, which petition is on file with the Court and a part of its record.

NOT OFFICIAL!

Further, there is now produced in open Court and submitted to the Court an instrument in writing purporting to be the Last Will and Testament of Sidney W. Conn. That said Last Will and Testament of the decedent was a Self-Exoved Will executed in all respects according to law with proper acknowledgement and testimony are now submitted to the Court and the Court having examined the same, having heard evidence and being duly advised now finds that:

- 1. That such decedent died on or about the 27th day of September, 2017, and at the time of such death was domiciled in Lake County, Indiana.
- 2. That such written instrument purporting to be such decedent's Last Will and Testament was duly executed in all respects according to law, has been duly proved, is the Last Will and Testament of such decedent, and is entitled to be admitted to probate in such County and that such will, written, testimony, and Petition are on file with the Court.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED by the Court that the written instrument purporting to be the Last Will and Testament of Sidney W. Conn be and it is hereby admitted to probate and spread of record as such.

All of which is ordered this ______ day of _______

2017

Judge of the Superior Court of Lake County

Lust Will and Testament of

SIDNEY W. CONN

I, Sidney W. Conn, domiciled in the City of Hobart, County of Lake, and State of Indiana, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all wills and codicils at any time heretofore made by me.

Document is

I am married to Mildred Conn. All references to my wife are to her. I have two (2) children, Patricia L. Clark and Sidney A. Conn. All references to my children are to them. I wish to acknowledge that I had a daughter, Cathy who is deceased.

ARTICLE 1

I direct that my personal representatives pay all expenses of my last illness and funeral, costs of administration, including ancillary, costs of safeguarding and delivering devises, and other proper charges against my estate.

I direct that all estate, inheritance, succession, death or similar taxes, assessed with respect to my estate herein disposed of, or any part thereof, or on any bequest or devise contained in this my last will, or on any insurance upon my life or on any property held jointly by me with another or on any transfer made by me during my lifetime or on any other property or interests in property included in my estate for such tax purposes be paid out of my residuary estate and shall not be charged to or against any recipient, beneficiary, transferee or owner of any such property or interests in property included in my estate for such tax purposes.

-Page One of Four-Page Will-

SS SWIC

LAST: WILL AND TESTAMENT OF "SIDNEY W. CONN

ARTICLE III

I nominate and appoint my wife, **Mildred Conn**, to be the personal representative of my estate. If she should resign or cease to act, then I appoint my daughter, **Patricia L. Clark** and my son, **Sidney A. Conn**, as CO-personal representatives and request that they be allowed to serve without bond. If one is unable to serve, the other may serve by his or herself.

I hereby give my personal representatives all powers permitted by applicable statutory provisions of the Indiana Probate code, including but not limited to the unsupervised administration provisions of Indiana Code 29-1-7.5-1 et seq., as amended or recodified from time to time, which powers are incorporated hereis as thoughest out the full of aid powers are to be exercised without the necessity of any netice to beneficiaries or petition or order from any court.

ARTICLE IV

I devise all my personal and household effects of every kind including but not limited to furniture, appliances, furnishings, pictures, silverware, china, glass, books, jewelry, wearing apparel, boats, automobiles, and other vehicles, and all policies of fire, baselary, property damage, and other insurance on or in connection with the use of his property, to my wife, Mildred Conn, if she shall survive me. If my wife shall not survive me, I devise all of this property to my laying children, Patricia L. Clark and Sidney A. Conn, or to the survivor of them, in equal shares, share and share alike.

ARTICLE V

I give, devise, and bequeath all of the rest and residue of my property of every kind and description, wherever situate and whether acquired before or after the execution of this will, absolutely in fee simple to my wife, **Mildred Conn**, if she survives me. If my wife shall not survive me,

-Page Two of a Four-Page Will-

SIS SINO

LAST WILL AND TESTAMENT SIDNEY W. CONN

then I give, devise, and bequeath all of said property to my children, Patricia L. Clark and Sidney A. Conn, in equal shares, share and share alike. If either of my children predecease me, the interest he or she would have received had they survived, shall go to the surviving child.

ARTICLE VI

I recognize and intend that all property, (real, personal and mixed), which I may now or hereafter, own as a tenant by the entirety or as a joint tenant with right of survivorship shall pass by operation of law and not be affected by the provisions of this will. Is further recognize and intend that any insurance proceeds payable as a contract shall pass by operation of the controlling document of any such policy, unless the proceeds are payable to my estate. Finally, I understand I may change this will at any time, and nothing contained in this will should be construed as a contract with any person not to change it or not to make other disposition of my property by subsequent will or gift.

ARTICLE VII

Any assets of my estate that is encurabered by lien or mortgage shall be distributed by my personal representative subject to said lien or mortgage.

ARTICLE VIII

Although it is my understanding that my wife is or may be executing her Last Will and Testament at or about the time of the execution of this my Last Will and Testament, it is not my nor our intention that the freedom of testation of myself and my wife be in any way limited or that the freedom to transfer property during the life of either of us be in any way limited. My will and that of my wife are separate and independent of each other and are not joint mutual wills.

-Page Three of a Four-Page Will-

SS S V.V.C

LAST WILL AND TESTAMENT OF SIDNEY W. CONN

IN WITNESS WHEREOF, I have subscribed my name to this my Last Will and Testament, consisting of four (4) typewritten pages, affixing my initials to each of the pages for better identification all in the presence of the persons witnessing it at my request on this ///day of Jelouany, 2001.

DOBNEY W. CONN, TESTATOR NOT OFFICIAL!

This Document is the property of
The foregoing instrument, consisting of this and four (4) typewritten
pages, was signed, published, and declared by SIDNEY W. CONN,
Testatrix, to be his Last Will and Testament, in our presence. We then at his
request and in his presence and in the presence of each other, signed our
names as witnesses to the same this // day of Lehman, 2001.

501 Main Street

Cobart Indiana 46342

Witness

63/3Wham Street

ERVIN C. CARSTENSEN

SONDRAIS SARVER

Hobart, Indiana 46342

Witness

-Page Four of a Four-Page Will-

SS S WIC

ATTESTATION FOR SELF-PROVED LAST WILL AND TESTAMENT OF SIDNEY W. CONN

Comes now, SIDNEY W. CONN, the Testator, and SONDRA L. SARVER and ERVIN C. CARSTENSEN, the subscribing witnesses herein, who hereby declare under the penalties of perjury, that we have signed and executed the foregoing instrument designated as the Last Will and Testament of SIDNEY W. CONN.

- 1. That the Testator executed the instrument as his Will;
- 2. That, in the presence of both witnesses, the Testator signed and acknowledged his Thristipe, cument is the property of the Lake County Recorder!
- 3. That the Testator executed the Will as his free and voluntary act for the purpose expressed in it;
- 4. That each of the witnesses, in the presence of the Testator, and of each other, signed the Will as witnesses;
 - 5. That the Testator was of sound mind; and
- 6. That to the best of their knowledge, the Testator was at the time eighteen (18) years or more of age.

All of which is attested to this day of Allswary 2001.

Slower W Com SIDNEY W. CONN, TESTATOR

SONDRA L. SARVER, WITNESS

ERVIN C. CARSTENSEN, WITNESS

45 5 WC

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 136413

Local No 0033	314	EDR N	o 0000	0060083	30	•	State	No 0473	32			
Decedent's Legal Name (First, Middle, Last)			a. Maiden Nam	e (If female)		2. Sex	3. To	me Of Death		Date Of Death (Month/Day/Year)		
SIDNEY WARREN CONN			_ , <i>'</i>	,′4' 	<u> </u>	MAĹ		1:27 AM		09/27/2017		
5. Social Security Number 6a. Age - Yrs 6	b. Under 1 Year 6c. Un	der 1 Month 6d.	Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mont	h/Day/Year)	8. Birthplace (Ci	ty and State	or Foreign Country)		
-	lonths Days	Hou	ırs	Minutes		06/14/19		SALT LICK	, ΚΥ <u></u>			
	Occurred In A Hospital:			10a. If Death Occur Hospice Facility		where Other T ecedent's Hom		l ng Home/Long-ten	m Care Fac	ility		
· · · · · · · · · · · · · · · · · · ·	Emergency Departmen	nt Outpatient	Dead on Arrival	Other (Specify)			_			· ·		
11. Facility Name (If Not Institution, Give Street a ST MARY MEDICAL CENTER IN												
12. City Or Town, State, And Zip Code				13. County C	f Death			14. Marital St	_			
HOBART, IN, 46342				LAKE				☐ Married ☐ ☑ Widowed		But Separated Divorced rer Married Unknown		
15. Surviving Spouse's Name		15a. Last	Name Before F			16. Deceder	nt's Usual Occi	pation	17. Kind	1 Of Business/Industry		
						CRANE (OPERATO)R	STEEL	MILL		
18. Residence - State	18a. County			18b. City Or Tow		OIU II II C	<u> </u>		JOILL			
INDIANA	LAKE			HOBART								
18c. Street And Number	,			-			18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?		
501 SOUTH LIBERTY PLACE				1.				46	342	⊠ Yes 🖸 No		
19. Decedent's Education	20. Deced	ent Of Hispanic On	igin	21. D	ecedents	Race		,		,		
8TH GRADE OR LESS	NOT HJ	SPANIC	ocu	White	12							
22. Parent's Name (First, Middle, Last)		NO	roi	23. Parents Name (F	irst, Middl	e, Last)		23a. F	Parent's Las	t Name Before First Marriage		
LEVI CONN		110.		MARTHA CO	NN			FLA	NNERY	,		
24. Informant's Name	24	eletionship To Dec	iment	2415 Mailing Andress	rop	in Mathper, C	tate, Zip (Code)				
PATRICIA CLARK	DAU	GHITER	ke Co	2912 CORAL	DRIVE	HOBAF	RT, IN 463	342				
25a. Method Of Disposition		sposition (Name C	25. Place of Cemetery, Cre	ce Of Disposition omatory, Other Place)	25c, Lo	ocation - City,	Town, And Sta	te		·,		
⊠ Burial	nbment											
Other (Specify):	MCCOOL				POR	TAGE, IN						
l- I	ame And Complete Address		-	DETAGE OUT	251 00	044 OFN	TD 01 014	- NI I I	27a. Fu	meral Home License Number.		
POR	IONDS & EVANS TAGE, IN 46368	PUNERAL	HOME, PC	OR TAGE CHAI	7EL, 6	941 CEN	IRAL AVI	ENUE,	FH19	700013		
27b. Signature Of Indiana Funeral Service Licens JENNIFER LYNN HORTON, BY		IGNATURE					2160004	nber (Of Licensee)	:			
		Cause (Of Death (See	Instructions And E		;)			, <u></u>	Approximate		
 Part I. Enter The <u>Chain Of Events</u> - Dise Such As Cardiac Arrest, Respiratory Arrest, 	Or Ventricular Fibrillation	Without Showing	g The Etiology.	Do Not Abbreviate.	inter Terr Enter On	ninal Events. ly One Cause	BAS A TE	UE COPY (チ	Interval: Onset To Death		
A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition	on Resulting In Death)	A BAYO	CARDIAL	APOHONIO	100	THE R	ECORD D	N FILE WITH	H THE RTMEN	T		
miniculate Galase (i and Discuss of Condition	an industry in Deadily	re <u>mro</u>	TIGR	ON CASE	Due to (Or A	s A Consequence	20)	- MANTEN	Select .	- <u>i</u>		
Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disea					Due to (Or A	s A Consequençe C	on: 5 - 50 - /	29 2017	2			
The Events Resulting In Death) Last	to many (nat master	C	~		22.70		in 2 6	2 2011	ì			
		0		Sp. 1	Due to (Of A	s A Consequence	Mirrefamilian.	PULLSHARE				
Part II. Enter Other Significant Conditions Contribu	ting to Death But Not Resu	Ning In The Under	lying Cause Giy	an in Part !	29. Was	An Autopsy P	Performed?	☐ Yes	No			
			To the	MANIM	30. VVen	e Autopsyl Fine	fing-Available	ro Complete The				
31. Did Tobacco Use Contribute To Death?	32: If Female: Not Pregnant Within F	asi Year Promai	nt At Time Of Beath	Not Pregnant, But Pregn	ens William 42	Daves Of Beatle	33. Manner		Accident	Pending Investigation		
Yes Probably No W Unknown	Not Pregnant, But Pre		Boloro Death	Unknown If Prognant Wil	hin The Post	Year	Suicide	Could Not Be I	Determined			
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Plac	e Of Injury (E.G., Dec	edent's Ho	me, Construct	ion Sile, Resta	urant, Wooded Ar	ea) 3	37. Injury At Work?		
38. Location Of Injury - State	38a. City Or Town		38b. S	reet & Number				38c. Apt.	No.	38d. Zip Code		
39. Describe How Injury Occurred	<u> </u>					·	40. If Trans	portation Injury, Specific Passenger,	ecify:	· ·		
							Oriver/Opers	tor Passenger	WAL	ID UNLESS		
41. Signature, Of Person Certifying Cause Of De MILTON STANLEY GASPARIS,		C SIGNATU	IRE			42. Cert ⊠ Cert	ifier (Check Oi lifying Physicia	nty-One) nt ☐ Coron	er	Health Officer		
43. Name, Address And Zip Code Of Person Cert								ense Number	7 V 2 V	45. Date Certified		
MILTON STANLEY GASPARIS	, 1352 SOUTH L	KE PARK	AVE, HOB	ART, IN 46342	!		0103	7515A		09/28/2017		
46. Additional Funeral Service Provider.				· · ·			47. */	Akas:		The second secon		
48. Signature of Local Health Officer:	ECTRONIC CION	ATURE				49. For Reg	gistrar Only -	Date Filed (Monti	en rimitar in a			
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EXB

N ESTATE: The Social Security # is asted by this state agency in order to a statutory responsibility. Disclosure is y and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.													

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ļ	James J.	_	FOTOR		FD01006		150	No No ves								
(240 STONATURE OF FUNERAL DIRECTOR 240 LICENSE NUMBER (of Licensee) FDO 1006463 FDO 1006463 25. NAME ACCRES. AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-04															
			e inpries, or compl heart failure. List on	ly one cause on			terms, such as	CAN OM	Approximate Interval Between Onset and Death							
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	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(e) as stated HEALTH OFFICER On the basis of examination end/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(e) as stated															
		□ <u>co</u>	RONER On the b	esis of exeminati	on apo/og/investigation.	п му оргнол, о	leath occurred	at the time, date	e, and place, and due	to the	cause(s) ond manner se sti	164				
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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 136413

	al No 00		•	EDI	R No 000	00060	0083	30)473		
1. Decedent's Legal Name (First, Middle, Las	st)			18. Maiden Na	ame (iffemale)			2. Sex	3. 70	ne Of D	eath	4. Date C	Of Death (Month/Day/Year)
SIDNEY WARREN									MAL		1:27			09/27/2017
5. Social Security Number	6a. Age - Yrs	6b. Under	1 Year 6c. 1	Under 1 Month	6d. Under 1 Day	6e. Unde	r 1 Hour	7. Date	of Birth (Month	/Day/Year)	8. Birth	nplace (City	and State	or Foreign Country)
	93_	Months	Days		Hours	Minutes			06/14/192		SAL	T LICK,	KY	
Ever in U.S. Armed Force	es? 10. If De	eath Occurred In	n A Hospital:			10a. If De		_	where Other Ti ecedent's Home		na Hom	e/Long-term	Care Facil	itv
☑ Yes ☐ No ☐ Unkn	nown 🖾 Inpa	tient 🗌 Emerg	gency Departm	ent Outpatient	Dead on Arriv		-				•			
11. Facility Name (If Not Ins			n)	_										
12. City Or Town, State, And		· IIIO				13.	County O	f Death			14.	Marital Stat	us At Time	Of Death
LIODADT IN 460.4						. ,	VE					Married Widowed		ut Separated Divorced
HOBART, IN, 4634 15. Surviving Spouse's Nam				15a	. Last Name Before		KE		16. Deceden	rs Usual Occi				Of Business/Industry
													07551	
18. Residence - State		_	18a, Count	<u> </u>		18b. C	ity Or Tow		CRANE C	PERATO	<u>)K</u>		STEEL	MILL
				-										1
INDIANA 18c. Street And Number			LAKE_			HOBA	AKI			18d. Apt. No.		18e. Zip C	code	18f. Inside City Limits?
501 SOUTH LIBER		=												Yes □ No
19. Decedent's Education	VII FLACE	-	20. Dec	edent Of Hispa	ntc Origin	1400.0	21. De	eceden.'s	Race			463	342	
	ECC				DOCU	me		15						
8TH GRADE OR L 22. Parent's Name (First, Mi			NOTE	MSPANIC		23. Parent	White		le, Last)			23a. Pa	arent's Last	Name Before First Marriage
				110				LA	L					
LEVI CONN 24, Informant's Name			7240	Relationship I	Cesten en	MARTH			Ond Number, C	State 2ho	Code)	FLAN	INERY	
PATRICIA CLARK			DA	LICHTER			1	1	2					
PATRICIA CLARK			JUA	ugnæ 1	100770	Place Of Dispos		POPE	TO POW	11, 114 403	144			
25a. Method Of Disposition ⊠ Burial ☐ Cremation ☐			25b. Place Of	Disposition (Na	ame Of Cemetery,	Crematory, Oth	ner Place)	25c, Lo	ocation - City, 1	Town, And Sta	te			
Removal From State		C I I I I I I I I I I I I I I I I I I I												
Other (Specify): 28. Was Coroner Contacted	2 - 7	7. Name And C		CEMETE				POR	TAGE, IN				27a Eur	neral Home License Number.
					AL HOME, F	PORTAGE	E CHAP	PEL 6	941 CFN	TRAI AV	FNIJ	=	Zia. Fu	ierai nome ocenso nomber.
☐ Yes ☒ No	P	ORTAGE											FH197	00013
27b. Signature Of Indiana F JENNIFER LYNN			TRONIC	SIGNATL	JRE					License Nun 2160004		Licensee):		
28 Part Enter The Ch	oin Of Events	Disposes Ini	urion Or Con		use Of Death (S					THE BOLASAPA.	EAP-15			Approximate Interval: Onset
28. Part I. Enter The Ch Such As Cardiac Arrest			cular Fibrillati	on Without Sh	nowing The Etiolog	gy. Do Not Ab	breviate.	Enter On	ly One Cause	ig _n is a tr Ecord c	RUE	COPY O	F	To Death
A Line. Add Additional I Immediate Cause (Final		·	ing in Death)	Α	MYOCARDIAN	VEARCTION	Un.		LAKE CO	UNTY HE	ALTH	DEPAR	TMENT	r :
minodiale Oddae (i mai	Discuso Oi Ou	1200111123220	ing in bodan	· · ·	EO.	Commence of			A Consequence C	10:	/=		i	_
Sequentially List Condition						M=\=m	NG.	Due to (Or A	la A Consequence O	In CED	, 9 û -	2017	<u> </u>	_ [
Line A. Enter The Unde The Events Resulting In		Disease Or Inju	ry (nat initial	C.	~	(E)			UILX E	. 3 2511			_ [
						SELL	/ 3	Due to (Cr A	As A Consequente C	10			-	_
Part II. Enter Other Significa	ent Conditions Co	intributing to De	ath But Not Re	D.	Underlying Cause (Given In Pari I	.55	29. Was	s An Autopsy P	erformed?				
				100	100	MANIE	111	H.	re Autopsy Find		ia Gall	Pleto Filo C	⊠ No	ath? ☐ Yes ☐ No
31. Did Tobacco Use Contr	ibute To Death?		If Female:							33. Manner				
Yes Probably	No 🛭 Unknow	n =	Not Pregnant With Not Pregnant, But	_	Pregnant Al Time Of Dea o 1 year Before Death	th Not Pregn. Unknown			-	Matural Suicide				Pending Investigation
34. Date Of Injury (Month/D	ay/Year)		. Time Of Inju			Place Of Injury (7. Injury At Work?
						-								Yes No
38. Location Of Injury - Stat	te .	38a	L City Or Town	n	386.	Street & Num	ber					38c. Apt N	io. 3	8d. Zip Code
20 Passiballantina Os										40. 14 7	4-1-	- Inione Cod		
39. Describe How Injury Oc	zanea									40. If Trans		NO.	WX-H	ີ່ກໍໃຫ້ FSS
41. Signature, Of Person C							_			ifier (Check O				
MILTON STANLE 43. Name, Address And Zip				VIC SIGN	<u>ATURE</u>				⊠ Cert	ifying Physicia 44. Lie	rl Senso N	Corone		Health Officer 5. Date Certified
				LAKE DAI		DADT IN	. 400 40				<u> </u>		-].	00/09/2017
MILTON STANLES 48. Additional Funeral Serv		ແຮ່, 1352	SOUTH	LAKE PA	KK AVE, HO	BAKI, IN	40342			0103		γA . <u>(.</u>		09/28/2017
48. Signature of Local Heal									49 For Box	ilstrar Only -	[·· ·	led (Month)	Day/Year\-	
CHANDANA VAVI		ELECTRO	ONIC SIG	NATURE					-o. For Reg	, Only -	:	SEP 28		
					NT TO CERTIFIC	CATE OF DEA	ATH (ENT	RY OR C	ORIGINAL)		1 :			
											1			
											-	•		
											1	- ","		- e '' '.