Chicago litle Insurance Company	20	2
AFFIDAVIT	9	9
On this 7-18-2019 before me personally appeared Vernon L. Moo	10	19-04397
1133 POLK ST. GARY, I.N. 46407	977	43.
to me personally known, who being duly sworn on oath did say that:		7
1. Affiant resides at the address given below affiants signature: 1-18-19 2. That estate interest in the following described land: CARY IN 46 40-15.	2019 JUL 18 PM	STATE OF INDI
LEGAL: GARY LAND CO'S 11 1/2 41/181.7 41/181.7 KEY# 45-08-09-178	Sig 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
died on SEE ATTREACY DEATH CORRE		
4. Is there Federal or State inheritance has liability by reason of the death of said		
decedent? Yes No		
If yes, then estimated taxes due are $\frac{N}{A}$		

FILED

unpaid..

or

paid

The taxes due are

JUL 18 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR

26662

5. Affiant's relationship to the deceased was
Similar P Maria
Signature: Venon J. Movel
Printed Name VERNON L. MOORE
Address: 1/33 Polk ST
GARY, IN 46407
Subscribed and sworn to before me by the affiant
Document is
This
Che This Document is the property of
Nehre Pulike County Recorder!
Printed Name Chery Burns
My County of Residence is: 0202 '21 IIIdy
Sept. * Sept. * W. Commission Expires
In the State of
My Commission Expires
TVIY COMMISSION EXPINES
Elitabeth of M.
This instrument prepared by Julian I ////
"I AFFIRM, UNDER THE PONADTIES FOR
PERJURY THAT I HAVE TAKEN REASON-
ARLE CARE TO REDACT EACH SOCIAL
SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY:



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 196146

Local No 901	835	ED	R No 0000				te No 0	24983	Of Death (Month/Day/Year)	
FREDDIE M MOORE 5. Social Security Number 6a. Age - Yrs 6	Sb. Under 1 Year	6c. Under 1 Monti	NELOMS	6e. Under 1 Hour		FEMALE th (Month/Day/Yea	20:10		05/16/2019	
	Months	Days	Hours	Minutes		06/1935	T T-	Birthplace (City and State or Foreign Country) MEMPHIS. TN		
	Occurred In A Hosp	pital:	= 11= = 11=	10a. If Death Occu	rred Somewhere	e Other Than A Ho	spital	-1111-		
☐ Yes ☑ No ☐ Unknown ☑ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify)										
11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC										
12. City Or Town, State, And Zip Code				13. County C	of Death		14. Marriad Status At Time Of Death Married Married, But Separated Divorced			
HOBART, IN, 46342 15. Surviving Spouse's Name 15a. Last Na			a. Last Name Before Fi	LAKE Name Before First Marriage 16. Decedent's Usual Occup				Dation Never Married Unknown 17. Kind Of Business/Industry		
HE ENGELIE ENGELIE EN					PRI	ESSER	TO STITE	CLEANERS		
18. Residence - State	18a.	County		18b. City Or Tov	The same of the same		ELET			
INDIANA 18c. Street And Number	LAK		112211221	GARY	E EILE	18d. Apt.	No.	18e. Zip Code	18f. Inside City Limits?	
1133 POLK STREET	1 - 11 - 1	11==11==	11111			104. 742.			✓ Yes □ No	
19. Decedent's Education	20	Decedent Of Hispa	nic Origin	ment	ecedent's Race			46407		
HIGH SCHOOL GRADUATE OF COMPLETED		OT HISPANIC		Black	or African		FILE	I E E E	TE ETTE ETTE E	
22. Parent's Name (First, Middle, Last)		NO	TOI	28. Parents Name (irst, Middle, La	st)	FIE	23a. Parent's Last	Name Before First Marriage	
FRED NELOMS 24. Informant's Name	/	243 Relationship	cument	ADDIE NELO	MS	imber Ofte State	Zin Code)	UNKNOWN		
VERNON MOORE		son-he I	1111	1133 BODK S	-			I GETTER	GERE	
25a, Method Of Disposition	25b. Pla			e Of Disposition		n - City, Town, And				
⊠ Burial	nbment									
Other (Specify):		GREEN MEN	MORIAL PARK	7-6	HOBAR	T, IN		27a Fu	neral Home License Number:	
□ Yes ⊠ No	ITE ETTER		THE REL		11-	The D	1 1 1 1 1			
27b. Signature Of Indiana Funeral Service Licens	ee:		AL HOME, 320	0 WEST 15TH	AVENUE	27c. License	Number (Of L	FH108	300011	
BONNIE E. TUGGLES , BY ELE		C	ause Of Death (See	The second secon	A	FD09200	1084		Approximate	
 Part I. Enter The <u>Chain Of Events</u> - Dis Such As Cardiac Arrest, Respiratory Arrest, A Line. Add Additional Lines If Necessary. 	or Ventricular Fil	r Complications - Torillation Without S	hat Directly Caused howing The Etiology.	The Death. Do Not I Do Not Abbreviate.	Enter Terminal Enter Only On	Events e Cause On			Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition	on Resulting In D	eath) A.	PNEUMONIA	ER'S					3 DAYS	
Due to (Or As A Consequence Of).						1 DAY				
Line A. Enter The Underlying Cause (Disea The Events Resulting In Death) Last	se Or Injury That	Initiated	2		Due to (Or As A Cor	nsequence Of)				
					Due to (Or As A Cor	nsequence Of):				
Part II. Enter Other Significant Conditions Contribu	uting to Death But I	Not Resulting In The	Underlying Cause Give	nin Park	29. Was An A	utopsy Performed	?	☐ Yes 🖾 No		
HYPERTENSION 31. Did Tobacco Use Contribute To Death?	32. If Fema			Mallinu	30. Were Aut		able To Comple	ete The Cause Of De		
Yes ☐ Probably ☒ No ☐ Unknown	Not Pregn	ant Within Past Year	Pregnant At Time Of Death			Death Natu	ural Homic	ide Accident [Pending Investigation	
34. Date Of Injury (Month/Day/Year)	35. Time C	ant, But Pregnant 43 Days T Of Injury	36. Place	PHINITY & A. PER	edent's Home, C	Construction Site F		Not Be Determined poded Area) 3	7. Injury At Work?	
38. Location Of Injury - State	38a. City O	Town	HE	RECORD ON	FILE WIT	U TUE	ITTHE		Yes No	
						T	GE	RUSSIE	F115 F115 F115	
39. Describe How Injury Occurred				MAY 2	3 2019	40. If T	ransportation I	njury, Specify:	D'UNLESS	
41. Signature, Of Person Certifying Cause Of De AMY COENE BALES, BY ELEC	TRONIC SI			1=1/2		42. Certifier (Check Signature		Coroner ,	Health Officer	
43. Name, Address And Zip Code Of Person Cer	Committee of the commit		III I AK	E COUNTY !!	ALTU		. License Nun		5. Date Certified	
AMY COENE BALES , 1400 S. LAKE PK. AVE. #400, HOBART, IN 46342 COUNTY HEALTH OFFICER 01053920A 05/20/2019 46. Additional Funeral Service Provider. 07. Akas:										
48. Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month/Day/Year);										
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE			NT TO CERTIFICAT	E OF DEATH (ENT			1 - 124 173 19	AY 22 2019		
							- 18		133	
	ELECTION OF THE PERSON OF THE	HE STEEL							-036	
THE SHEET HE THE THE	THEFT	22112211	CINCENC	THE THE	THETH	=======================================		EUSAKS		