AFFIDAVIT

2019 064239

2019 ST 19 14 THE

STATE OF Indiana	File No.: FNW1902652	
COUNTY OF Lake	death Cent	20
On this August 30, 2019 befor duly sworn on oath did say that	e me personally appeared Micholas Malobiocki to the person	ally known, who being
1. Affiant resides at the addre	ess given below affiant's signature;	0
	ld a life estate interest in the following described land;	<u>⇒</u>
SEE EXHIBIT "A" ATT	TACHED HERETO AND MADE A PART HEREOF	ယ \
	ed on $\frac{5/18/2019}{}$	9 \
4. Is there Federal inheritance	e tax liability by reason of the death of said decedent? 🛚 Yes	☑ No
If yes, then estimated taxe	es due are \$	
The taxes due are ☐ paid	or □ unpaid	
5. Affiant's relationship to the	deceased was	Pos CO
IN WITNESS WHEREOF, the	undersigned have executed this document on August 30, 201	9.
•		
Richoras Mulch	Document is	
Nicholas Maloblocki	NOT OFFICIAL!	
State of Indiana	This Document is the property of	
County of Lake	the Lake County Recorder!	
Malablasis as Cumining Truc	a Notary Public, in and for said County and State, personally a tee under the Nicholas Maloblocki Trust dated February 13, 20 instrument, and who, having been duly sworn, stated that the	representations
Witness my hand and Notaria	Seal this 30th day of August, 2019	
Signature:	FILED	FILED
Printed: Lynn S. Hutts Resident of: LaPorte County State of: INDIANA My Commission expires: Nov	rember 13, 2024 JOHN EAPETALAS LAKE COUNTY AUDITOR	SEP 10 2019
	LAKE COMMITTANDITON	JOHN E. PETALAS LAKE COUNTY AUDITOR
This instrument propagated by	Timothy R. Kuiper	LANE COOKET MODITO
This instrument prepared by:	Austgen Kuiper Jasaitis P.C. 130 North Main Street, Crown Point, IN 46307	

Affidavit (Life Tenant)
IND1229.doc/Updated: 05.23.17
IND1219.doc/Updated: 05.23.17
IND1219.doc/Updated: 05.23.17 TITLE COMPANY IC FNW 1902152

CK#1820704179

AFFIDAVIT

(continued)

"I affirm, under the penalties for perjung that I have taken reasonable care to reduct each Social Security number in this document, unless required by tax."



Affidavit (Life Tenant)
IND1229.doc / Updated: 05.23.17

Page 2

Printed: 08.30.19 @ 01:45 PM by JAL IN-FT-FIDS-01040.246344-FNW1902652

EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): 45-10-12-131-004.000-034

LOT 29 IN SHEFFIELD ESTATES 2ND ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 49 PAGE 85 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



Affidavit (Life Tenant) IND1229.doc / Updated: 05.23.17

Page 3

Printed: 08.30.19 @ 01:45 PM by JAL IN-FT-FIDS-01040.246344-FNW1902652

INDIANA STATE DEPARTMENT OF HEALTH

Tracking No. 195717

	1					ATE OF I			S	tate No	0243	16	A Mark Transport
Local No	01	795		ED	R No 000	orne (if female)	JU30	2. Sex		3, Time (Of Death		Death (Month/Day/Year)
dent's Logal Name (First, Middle	(Last)					OIZI		FEN	ALE		07 AM	1	05/18/2019 Fareign Country)
AN L MALOBLOCKI	72.	6b. Under 1 Ye	r 6c. Un	der 1 Monti	PIOTROW	Se. Under 1	Hour 7. D	ate of Birth (Mo	ntlyDay/	1			i, e we wight we will help?
al Security Number 6a. Age.	FF -				Hours	Minutes		11/16/1	928		HICAGO,	IL .	
90	if Deal	Months h Occurred In A I	Days ospital:		1.,,,,,	10a. If Death		omewhere Othe	r Than A ome	Hospital Nursing	Home/Long-ter	m Care Facili	ty
				nt Outpatier	nt Dead on Am		,						
Ity Name (If Not Institution, Gi			,										Ol Denth
ICISCAN HEALTH -	DYE	R	·	:		13, 0	County Of Dea	eth			14. Marital S		Divorce
y Or Town, State, And Zip Gode						LAK	Œ				☐ Widowet	I I MANA	of Business/Industry
R, IN, 46311			 	11	5a. Last Name Befo		<u> </u>	16. Dec	edent's U	sual Occupa	ition	17. Kild	U , U
rviving Spouse's Name			1					SUPE	RVISC	R		RAILR	OAD
- Ciata			8a. County			18b. Cit	y Or Town						
esidence - State			AKE			DYER			Y 404	Apt. No.	1 18a Z	ip Code	18f. Inside City Limits
ANA Street And Number	سنيني		ANC						180	Whit inn			⊠ Yes □ No
											4	6311	1
CAPRILANE		<u> </u>	20, Dece	dent Of His	panic Origin		21. Dece	dents Race					
H SCHOOL GRADU	ATE	OR GED	NOT H	IISPAN	IC	168.6	White	t, Middle, Last)		 	238	Parent's La	st Name Before First Marris
NPLETED arent's Name (First, Middle, Las)		<u> </u>			1					-	MBINSH	a.
						JOANN	E PIOTE	ROWSKI Street And Num	ber, City.	State, Zip C		TOPHICIPI	>t
ON PIOTROWSKI			24a	Relations	нр To Decedent			NE, DYE					
HOLAS MALOBLOC	KI		SO										
Method Of Disposition		2	b. Place Of	Disposition	(Name Of Camela	ry, Crematory, Ot	ner Place)	25c Location	City, Tox	vn, And Sta	(0		
turial 🖾 Cremation 🔲 Donat	ion 🗆	Entombrhent		. /					\				
Removal From State Other (Specify):		1	LMWO	OD EHI	APELCREM	ATORY	eni	CEDAR L	AKE,	IIN		27a. l	uneral Home License Nun
		15	PIALA ACA	JU/01:11								t t	
Was Coroner Contacted?	1	27. Name And C	omplete Add	mess Of Fur				T.A.J					9900052
Was Coroner Contacted?	- 1	27. Name And C	omplete Add	iress Of Fu		TH LN, SA	INT JOH	N, IN 463	73. 1 127c.	License Stu	nber (Of Licen	EH1	9900052
Was Coroner Contacted?] Yes ⊠ No	Sanda	27. Name And C	CHAPE	rade Of Fu	11300 W 97	TH LN, SA	INT JOH	N, IN 463	IFD0	920007	nber (Of Licent	EH1	Approximate
Was.Coroner Contacted?] Yes ⊠ No : Signature Of Indiana Funeral	Service	27. Name And C ELMVVOOD Licenses: ELECTRO	CHAPE	NATUI	11300 W 97	TH LN, SA	INT JOH	N, IN 463	FDC	920007		EH1	
Was Coroner Contacted?] Yes No Signature Of Indiana Funeral MES F BETKOWSKI 18, Part I. Enter The Chain Of	Service BY	27. Namis And C ELMVVOOD Licenses: ELECTRO - Diseases, Inj Arrest, Or Vertin	CHAPE	NATUI	11300 W 97	TH LN, SA	INT JOH	N, IN 463 Rampies) Conter Terminal Inter Only One	FDC	920007		EH1	Approximate Interval: Ons To Death
Was Coroner Contacted?] Yes No Signature Of Indiana Funeral MES F BETKOWSKI 18. Part I, Enter The Chain Of Such As Cardiéc Arrest, Respi A Line, Add Additional Lines It	Service BY Events ratory	ELMVVOCE Licenses: ELECTRO - Diseases, Inj Arrest, Or Ventra	CHAPE NIC SIC unes, Or Coular Fibrilla	SNATUI omplication With	1300 W 97 Cause of Deat S. Mal Directly Cours Showing Tie E	TH LN, SA	h. Do Nol Ei bbreviate E	nter Terminal I	FDC Events Cause	0920007 Of On		EH1	Approximate Interval: Ons
Was Coroner Contacted?] Yes No Signature Of Indiana Funeral MES F BETKOWSKI 8. Part I, Enter The Chain Of Such As Cardiec Arrest, Respirat Lines It mmediate Cause (Final Disea	Events ratory Neces	27. Name And C ELMWOOD Licenses: ELECTRO : - Diseases, Inj Arrest, Or Ventri ssary. Condition Result	CHAPE NIC SIC	SNATUI omplication with	1300 W 97 RE Cause of Deal as -That Directly Course of Showing The E	TH LN, SA	h. Do Nol Ei bbreviate E	nter Terminal Inter Only Che	FDC Events Cause Cause	920007 of		EH1	Approximate Interval: Ons To Death
Was Coroner Contacted?] Yes No) Signature Of Indiana Funeral MES F BETKOWSKI 18. Part I. Enter The Chain Of Such As Cardiec Arrest, Respi A Line. Add Additional Lines It mmediate Cause (Final Disea	Service BY Events ratory Neces	ELMVOOD Ucense: **ELECTRO* - Diseases, Inj Arrest, Or Venin ssary. Condition Result	CHAPE NIC SIG	SNATUI Omplication Without	1300 W 97 Cause of Deat S. Mal Directly Cours Showing Tie E	TH LN, SA	h. Do Nol Ei bbreviate E	nter Terminal I	FDC Events Cause Cause	920007 of		EH1	Approximate Interval: Ons To Death
Was Coroner Contacted?] Yes ② No). Signature Of Indiana Funeral IMES F BETKOWSKI 8. Part I. Enter The Chain Of Such As Cardiec Arrest, Respiration. Add Additional Lines in mmediate Cause (Final Disease). Sequentially List Conditions.	Events atory Neces se Or C	ELMVVOCE License: 'ELECTRO 'Diseases, Inj Arrest, Or Venir ssary. Condition Result Leading To The (Disease Or Inj	CHAPE NIC SIG	SNATUI Omplication Without	1300 W 97 RE Cause of Deal as -That Directly Course of Showing The E	TH LN, SA	h. Do Nol Ei bbreviate E	nter Terminal Inter Only Che	FDC Events Cause Cause	920007 of		EH1	Approximate Interval: Ons To Death
Was Coroner Contacted? J Yes No Signature Of Indiana Funeral MES F BETKOWSKI 8. Part I, Enter The Chain Of Juch As Cardiec Arrest, Respiration, Add Additional Lines it mmediate Cause (Final Disease) Sequentially List Conditions, I ine A. Enter The Underlying The Events Resulting In Death	Service BY Events ratory Necesse Or (Any, Cause I) Last	ELMVOOD Ucense: **CECTRO **CECTRO **CECTRO **CONTROL **C	CHAPE NIC SIC unes, Or Coular Fibrille ng in Death Cause Lible Lib	GNATUI GNATUI omplication with the	TISON W 97 TE Cause of Death as This Directly Cause of Death as This Directly Cause of Death as The De	TH LN, SA	n. Do Not Ei	Due to 10: As A Com	FOO Events Cause of C	0920007 Of On		FH1	Approximate Intervat: Ons To Death YEARS
Was Coroner Contacted?] Yes No 3. Signature Of Indiana Funeral . MES F BETKOWSKI 18. Part I. Enter The Chain Of . Such As Cardiec Arrest, Respiral Lines. It mmediate Cause (Final Disease). Sequentially List Conditions. I . Line A. Enter The Underlying The Events Resulting In Death	Service BY Events ratory Necesse Or (Any, Cause I) Last	ELMVOOD Ucense: **CECTRO **CECTRO **CECTRO **CONTROL **C	CHAPE NIC SIC unes, Or Coular Fibrille ng in Death Cause Lible Lib	GNATUI GNATUI omplication with the	TISON W 97 TE Cause of Death as This Directly Cause of Death as This Directly Cause of Death as The De	TH LN, SA	n. Do Not Ei	Due to (Or As A Con	FOO Events Cause 1 Cau	of On		FH1	Approximate Interval: One To Death YEARS
Was Coroner Contacted?] Yes	Service BY Events ratory Neces se Or (Any Cause) Last	27. Name And C ELMWOOD Licenses: ELECTRO Licenses: Condition Result Leading To The (Disease Or Inji Contributing to D	CHAPE NIC SIC The side of the	ELTD, GNATUI CONTROL CONTRO	11300 W 97 Cause of Death Showing Tele A. ATHEROSC B. C. D. The Underlying C.	TH LN, SA	n. Oo Not Economic Services Ext DISEASE	Due to 10: As A Conductor to 10: As A Conductor to 10: As A Conductor to	Events Course Co	920007 Of On	a To Complete	FH1 Yes Market Cause C	Approximate Interval: Qns To Death YEARS No No To Death?
Was Coroner Contacted?] Yes ② No a. Signature Of Indiana Funeral MES F BETKOWSKI 8. Part I. Enter The Chain Of Such As Cardiec Arrest, Respi A Line. Add Additional Lines It Immediate Cause (Final Dises Sequentially List Conditions. I Line A. Enter The Underlying The Events Resulting In Death an II. Enter Other Significant Cor ESPIRATORY FAILURE 1. Did Tobacco Use Contribute	Eyents Eyents Eyents Tatory in Neces Any. Cause (f Any. Last Citions	27. Name And C ELMWOOD Licensee: ELECTRO - Diseases, Inj Arrest, Or Venin ssary. Condition Result Leading To The (Disease Or Inji Contributins to D	CHAPE NIC SIC unes, Or Co- cular Fibrille ng in Death Cause Libit ath But Not	ELTD, GNATUL Complication C	A. ATHEROSO B. C. Progrant At Time	TH LN, SA A (See Instruction Country of the No. 1) CLEROTIC HEAR CLEROTIC HEAR COLORED NO. 1	n. Do Not Entreviate E	Due to (Or As A Con	Events Course Co	of on erformed? ing Available 33. Mannul Sassid	e To Complete er of Desth il Homicole in Could No	Yes The Cause C	Approximate Interval: One To Death YEARS No Tobath?
Was Coroner Contacted?] Yes ⊠ No 3. Signature Of Indiana Funeral I. MES:F BETKOWSKI 18. Part I. Enter The Chain Of Such As Cardiec Arrest, Respiration. Add Additional Lines It mmediate Cause (Final Disease). Sequentially List Conditions. Line A. Enter The Underlying The Events Resulting In Death art II. Enter Other Significant Corespiration. Total Conditions. In the Events Resulting In Death art II. Enter Other Significant Corespirations. The Events Resulting In Death art II. Enter Other Significant Corespirations. The Events Resulting In Death II. Enter Other Significant Corespirations. The Events Resulting In Death II. Enter Other Significant Corespirations. The Events Resulting In Death II. Enter Other Significant Corespirations. The Events Resulting In Death II. Enter Other Significant Corespirations. The Events Resulting In Death II. Enter Other Significant Corespirations. The Events Respiration III. Enter Other Significant Corespiration III. Enter Other Significant III. E	Events artory Necesse Or (Any, Cause of Any, Cause of Ca	27. Name And C ELMWOOD Licensee: ELECTRO - Diseases, Inj Arrest, Or Venin ssary. Condition Result (Disease Or Inji Contributing to D Contributing to D	CHAPE NIC SIC unes, Or Co- cular Fibrille ng in Death Cause List uny That Init ath But Not tremate:] Not registed.	SATURE TO STATE OF THE STATE OF	TISON W 97 TE Cause of Death as This Directly Cause of Death as This Directly Cause of Death as The De	TH LN, SA A (See Instruction Country of the No. 1) LEROTIC HEAR CLEROTIC HEAR COLORED NO. 1	n. Do Not Entreviate E	Due to (Or As A Con	Events Course Co	of on erformed? ing Available 33. Mannul Sassid	e To Complete er of Desth il Homicole in Could No	Yes The Cause C	Approximate Interval: One To Death YEARS No Fi Death?
Was Coroner Contacted?] Yes ② No a. Signature Of Indiana Funeral MES: F BETKOWSKI iii. B. Part I. Enter The Chain Of Such As Cardiec Arrest, Respi a. Line. Add Additional Lines in mmediate Cause (Final Dises Sequentially List Conditions. I Line A. Enter The Underlying The Events Resulting In Death an II. Enter Other Significant Cor ESPIRATORY FAILURE 1. Did Tobacco Use Contribute	Events artory Necesse Or (Any, Cause of Any, Cause of Ca	27. Name And C ELMWOOD Licensee: ELECTRO - Diseases, Inj Arrest, Or Venin ssary. Condition Result (Disease Or Inji Contributing to D Contributing to D	CHAPE NIC SIC unes, Or Co- cular Fibrille ng in Death Cause Libit ath But Not	SATURE TO STATE OF THE STATE OF	A. ATHEROSO B. C. Progrant At Time	TH LN, SA A (See Instruction Country of the No. 1) LEROTIC HEAR CLEROTIC HEAR COLORED NO. 1	n. Do Not Entreviate E	Due to (Or As A Con	Events Course Co	of on erformed? ing Available 33. Mannul Sassid	e To Complete er of Deshi iii Homicke e Could No staurant, Wood	Yes Yes The Cause Co. Accide Al Be Determined Area)	Approximate Interval: Qns To Death YEARS No No Or Death? Yes ont Pending Investigate ned 37, Injury At Work? Yes N
Was Coroner Contacted? I Yes No Signature Of Indiana Funeral MES F BETKOWSKI B. Part I. Enter The Chain Of Such As Cardiec Arrest, Reepi A Line. Add Additional Lines it mmediate Cause (Final Disea Sequentially List Conditions. I Line A. Enter The Underlying The Events Resulting In Death art II. Enter Other Significant Cor ESPIRATORY FAILURE 1. Did Tobacco Use Contribute Yes Probably No 6 4. Date Of Injury (Montty/Day/Ye)	Events artory Necesse Or (Any, Cause of Any, Cause of Ca	27. Name And C ELMWOOD Licensee: ELECTRO - Diseases, Inj. Arrest, Or Venirin ssary. Condition Result (Disease Or Inji Contributing to D	CHAPE NIC SIC unes, Or Co- cular Fibrille ng in Death Cause List uny That Init ath But Not tremate:] Not registed.	SATURE TO STATE OF THE STATE OF	A. ATHEROSO B. C. Progrant At Time	TH LN, SA A (See Instruction Country of the No. 1) LEROTIC HEAR CLEROTIC HEAR COLORED NO. 1	n. Da. Nof Erbore date of Erbore dat	Due to (Or As A Con	Events Course Co	of on erformed? ing Available 33. Mannul Sassid	e To Complete er of Deshi iii Homicke e Could No staurant, Wood	Yes The Cause C	Approximate Interval: One To Death YEARS No Fi Death?
Was Coroner Contacted?] Yes ⊠ No 3. Signature Of Indiana Funeral I. MES:F BETKOWSKI 18. Part I. Enter The Chain Of Such As Cardiec Arrest, Respiration. Add Additional Lines It mmediate Cause (Final Disease). Sequentially List Conditions. Line A. Enter The Underlying The Events Resulting In Death art II. Enter Other Significant Corespiration. Total Conditions. In the Events Resulting In Death art II. Enter Other Significant Corespirations. The Events Resulting In Death art II. Enter Other Significant Corespirations. The Events Resulting In Death II. Enter Other Significant Corespirations. The Events Resulting In Death II. Enter Other Significant Corespirations. The Events Resulting In Death II. Enter Other Significant Corespirations. The Events Resulting In Death II. Enter Other Significant Corespirations. The Events Resulting In Death II. Enter Other Significant Corespirations. The Events Respiration III. Enter Other Significant Corespiration III. Enter Other Significant III. E	Events artory Necesse Or (Any, Cause of Any, Cause of Ca	27. Name And C ELMWOOD Licensee: ELECTRO - Diseases, Inj. Arrest, Or Venirin ssary. Condition Result (Disease Or Inji Contributing to D	CHAPE NIC SIGNATES OF CAME AND THE SIGNATES OF CAME AND THE SIGNATURE OF T	SATURE TO STATE OF THE STATE OF	A. ATHEROSO B. C. Progrant At Time	THEN, SA	I. Do. Not Extended to the Property and Prop	Due to for As A Con- Due to fo	FDC Events Cause C	of on serformed? Image: Available of the control o	e To Complete er of Desth. d Homicide E Could Ne staurant, Wood	Yes Market Marke	Approximate Interval: Qns To Death YEARS No No Of Death? Yes Int. Pending Investigate ned 37, Injury At Work? Yes N 38d. Zip Code
Was Coroner Contacted?] Yes ② No a. Signature Of Indiana Funeral MES F BETKOWSKI 18. Part I. Enter The Chain Of Souch As Cardiec Arrest, Respi A Line. Add Additional Lines It mmediate Cause (Final Dises Sequentially List Conditions. I Line A. Enter The Underlying The Events Resulting In Destr art II. Enter Other Significant Cor ESPIRATORY PAILURE 1. Did Tobacco Use Contribute 2 Yes ☐ Probably ☐ No ② 4. Date Of Injury (Montty/Day/Ye) 18. Location Of Injury - State	Events artory in Necesia artor	27. Name And C ELMWOOD Licensee: ELECTRO - Diseases, Inj Arrest, Or Venir ssary. Condition Result (Disease Or Inji Contributing to D Contributing to D Contributing to D	CHAPE NIC SIGNATES OF CAME AND THE SIGNATES OF CAME AND THE SIGNATURE OF T	SATURE TO STATE OF THE STATE OF	C. Progrant Al-Time St. Done 1d 1 year Before D.	TH LN, SA Cod instruct Couped The Deat Cology Da Not Cology Da	In Da Not Extracted to the Property and Prop	Due to for As A Con- Due to fo	FDC Events Cause C	of on serformed? Image: Available of the control o	e Yo Complete er of Death: Homicke Could Maturant, Wood Sabrana Homicke Sabrana Homicke Could Maturant, Wood Sabrana Homicke S	Yes Market Marke	Approximate Interval: Qns To Death YEARS No No Of Death? Yes Int. Pending Investigate ned 37, Injury At Work? Yes N 38d. Zip Code
Was Coroner Contacted?] Yes ⊠ No 3. Signature Of Indiana Funeral I. MES F BETKOWSKI 18. Part I. Enter The Chain Of Such As Cardiec Arrest, Respirate Actine. Add Additional Lines It mmediate Cause (Final Disease). Sequentially List Conditions. I. Line A. Enter The Underlying The Events Resulting In Death art II. Enter Other Significant Corespiratory FAILURE 1. Did Tobacco Use Constitute 1. Did Tobacco Use Constitute 1. Ves ☐ Probably ☐ No ☑ 4. Date Of Injury (Montty/Day/Yes 18. Location Of Injury - State	Eyenta Eyenta Any. Cause (Any. Cause (Any. Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (Cause (C	27. Name And C ELMVOOD Licensee: ELECTRO - Diseases, Inj Arrest, Or Venir ssary. Condition Result (Disease Or Inji Contributing to D Contributing to D 3	CHAPE NIC SIGNATES OF CAME AND THE SIGNATES OF CAME AND THE SIGNATURE OF T	SATURE TO STATE OF THE STATE OF	C. Progrant Al-Time St. Done 1d 1 year Before D.	THEN, SA Color of the Deat Col	In Da Not Extracted to the Property and Prop	Due to for As A Con- Due to fo	FDC Events Course Cours	on n. erformed? ling Available 33. Mann. Natural Suicidion Site, Re	a To Complete or Of Desth. al Homicold is Could Ne staurant, Wood ansportation in persite Persit	Yes Market Marke	Approximate Interval: Ons To Death YEARS NO OY Death? Yes ont Pending Investigate and 37, Injury At Work? Yes N 38d. Zip Code
Was Coroner Contacted? I Yes No Signature Of Indiana Funeral MES F BETKOWSKI B. Part I. Enter The Chain Of Such As Cardiec Arrest, Respiration. Add Additional Lines in mmediate Cause (Final Diseaumediate Cause Contribute Cause Contribute Cause Cause (Final Diseaumediate Cause Ca	Events BY Events Service BY Events Service FAny, Cause Go (Cause G	27. Name And C ELMWOOD Ucensee: ELECTRO Licensee: Diseases, In Arrest, Or Venirinssery. Condition Result Leading To The (Disease Or Injury) Contributing to D Contributing to D Contributing to D Section Result Leading To The (Disease Or Injury) Contributing to D Contributing to D Section Result Leading To The (Disease Or Injury) Contributing to D	CHAPE NIC SIE whee, Or Coular Fibrille right in Death Cause Liste	Resulting I	C. Progrant Al-Time St. Done 1d 1 year Before D.	COUNTY Case of the Deat Cologo De No. CLEROTIC HEAR COLOGO DE NO. CLEROTIC HEAR COLOGO DE NO. CLEROTIC HEAR CLEROTIC H	n. Do. Nof Echapter Visit of the Control of the Con	Due to for As A Con- Due to fo	FDC Events Course Cours	of On	a To Complete or Of Desth. al Homicold is Could Ne staurant, Wood ansportation in persite Persit	Yes Market Marke	Approximate Interval: Qna To Death YEARS No No Of Death? Yes Int Pending Investigatined 37, Injury At Work? Yes Ave 38d. Zip Code
Was Coroner Contacted?] Yes ☑ No a. Signature Of Indiana Funeral MES F BETKOWSKI 8. Part I. Enter The Chain Of Such As Cardiec Arrest, Respi A Line. Add Additional Lines It mmediate Cause (Final Dises Sequentially List Conditions. I Line A. Enter The Underlying The Events Resulting In Death an II. Enter Other Significant Cor ESPIRATORY FAILURE 1. Did Tobacco Use Contribute 2. Yes ☐ Probably ☐ No ☑ 4. Date Of Injury (MonttvDay/Ye 38. Location Of Injury - State 39. Describe How Injury Occurre 41. Signature, Of Person Certiff JAY C L PAIK , BY El 43. Name, Address And Zip Coc	Events Ev	27. Name And C ELMWOOD Licensee: ELECTRO Licensee: ELECTRO Loading To The (Disease Or Injunional Contributing to D Loading To The Contributing To The Contrib	CHAPE NIC SIC unes, Or Co coular Fibrille ng in Death Cause Link int Female: I Not Preparal I No	ompticistion with the control of the	The Underlying C. S. Dave 1a 1 year Before D. L. A. L.	COUNTY	n. Do. Nof Echapter Visit of the Control of the Con	Due to for As A Con- Due to fo	FDC Events Course Cours	920007 On arlomed? Iing Availabl Si Naturi Suicidion Site, Re 40. II/Tri December Chicago China Physical Addition Site Checo China Physical Addition Site Re	a Yo Complete er of Death: I Homicke E Could No staurant, Wood staurant Possible k, Orly Orle Licanise, Note	Yes Market Marke	Approximate Interval: Qns To Death YEARS No No Of Death? Yes Int Pending Investigatined 37, Injury At Work? Yes N 38d. Zip Code Health Officer 45, Deis Cartified
Was Coroner Contacted?] Yes ☑ No 3. Signature Of Indiana Funeral MES F BETKOWSKI 18. Part I. Enter The Chain Of Such As Cardiéc Arrest, Respi A Line. Add Additional Lines It mmediate Cause (Final Dises Sequentially List Conditions. Line A. Enter The Underlying The Events Resulting In Death ant II. Enter Other Significant Cor ESPIRATORY FAILURE 1. Did Tobacco Use Contribute 2. Yes ☐ Probably ☐ No ☑ 4. Date Of Injury (Montt/Day/Ye 39. Describe How Injury Occurre 41. Signature, Of Person Certiff JAY C L PAIK BY El 43. Neme, Address And Zip Cou	Events	27. Name And C ELMWOOD Licensee: ELECTRO Licensee: ELECTRO Condition Result Leading To The (Disease Or Inji Contributins to D Contributins to D ARTHUR B	CHAPE NIC SIC unes, Or Co coular Fibrille ng in Death Cause Link int Female: I Not Preparal I No	ompticistion with the control of the	The Underlying C. S. Dave 1a 1 year Before D. L. A. L.	COUNTY	n. Do. Nof Echapter Visit of the Control of the Con	Due to for As A Con- Due to fo	FDC Events Course Cours	920007 on serformed? ling Available A0. If Yric Subscidion Site, Re A0. If Yric At the Check of Hying Physic A4. O1	e To Complete er of Desth: il Homicide e Could Me staurant, Wood staurant Posite k, Ortiv Ortel ician'	Yes Market Marke	Approximate interval: Qna To Death YEARS No No Of Death? Yes Int Pending investigatined 37, Injury At Work? Yes No 38d. Zip Code
Was Coroner Contacted?] Yes ② No 3. Signature Of Indiana Funeral I. MES F BETKOWSKI 18. Part I. Enter The Chain Of Such As Cardiec Arrest, Respiration Additional Lines It mediate Cause (Final Disease) Sequentially List Conditions. I Line A. Enter The Underlying The Events Resulting In Death art II. Enter Other Significant Coresponding The Events Resulting In Death A. Did Tobacco Use Contribute 1. Did Tobacco Use Contribute 1. Probably No ② 14. Date Of Injury (Month/Day/Yes) 15. Location Of Injury - State 16. Did Tobacribe How Injury Occurred 17. Signature, Of Person Certificant Contributes 18. Location Of Injury - State 19. Describe How Injury Occurred	Events	27. Name And C ELMWOOD Licensee: ELECTRO Licensee: ELECTRO Condition Result Leading To The (Disease Or Inji Contributins to D Contributins to D ARTHUR B	CHAPE NIC SIC unes, Or Co coular Fibrille ng in Death Cause Link int Female: I Not Preparal I No	ompticistion with the control of the	The Underlying C. S. Dave 1a 1 year Before D. L. A. L.	COUNTY	n. Do. Nof Echapter Visit of the Control of the Con	Due to (or As A Con Due to	FDC Course Cours	920007 On serformed? ling Available Subscription Site, Re 40. If Yr Subscription Site, Re 40. If Yr Check the Check of Hying Physical Site (Check of Hy	e To Complete er of Desth. d	Yes Market Cause Control of the Cause C	Approximate Interval: Qns To Death YEARS No YEARS I Yeas I No Y
Was Coroner Contacted?] Yes ☑ No 3. Signature Of Indiana Funeral MES F BETKOWSKI 18. Part I. Enter The Chain Of Such As Cardiéc Arrest, Respi A Line. Add Additional Lines It mmediate Cause (Final Dises Sequentially List Conditions, I Line A. Enter The Underlying The Events Resulting In Death ant II. Enter Other Significant Cor ESPIRATORY FAILURE 1. Did Tobacco Use Contribute 2. Yes ☐ Probably ☐ No ☑ 4. Date Of Injury (Montt/Day/Ye 39. Describe How Injury Occurre 41. Signature, Of Person Certiff JAY C L PAIK BY El 43. Neme, Address And Zip Cou JAY C L PAIK 800 ☐ 46. Additional Funeral Service F	Events artory in Nepel Sections (1 Any. Cause of 1 Any. Cause	27. Name And C ELMWOOD Licensee: ELECTRO Licensee: ELECTRO Condition Result Leading To The (Disease Or Inji Contributins to D Contributins to D ARTHUR B	CHAPE NIC SIGNATURE OF THE INTERPOLATION OF THE INT	Resulting I	A ATHEROSC B. Progrant At Time B. D. Progrant	COUNTY	opart and fragment with Property of TRUE CO.	Due to (Or As A Con Due to	FOC COURSE COURSE OF COURS	920007 On serformed? ling Available Subscription Site, Re 40. If Yr Subscription Site, Re 40. If Yr Check the Check of Hying Physical Site (Check of Hy	e To Complete er of Desth. d	Yes Market Cause Control of the Cause C	Approximate Interval: Qns To Death YEARS No YEARS I Yeas I No Y
Was Coroner Contacted? I Yes ⊠ No Signature Of Indiana Funeral I. MES F BETKOWSKI B. Part I. Enter The Chain Of Such As Cardiec Arrest, Respiration. Add Additional Lines It mediate Cause (Final Disease) Sequentially List Conditions. I Line A. Enter The Underlying The Events Resulting In Deatr and II. Enter Other Significant Coroner II. Enter Other Significant Coroner II. Did Tobacco Use Contribute Yes ☐ Probably ☐ No ☑ A. Date Of Injury (Month/Day/Yes) B. Location Of Injury - State The Signature, Of Person Certiff JAY C L PAIK BY El A. Neme, Address And Zip Cool JAY C L PAIK 800 ☐	Events artory in Nepel Sections (1 Any. Cause of 1 Any. Cause	27. Name And C ELMWOOD Licensee: ELECTRO Licensee: ELECTRO Condition Result Leading To The (Disease Or Inji Contributins to D Contributins to D ARTHUR B	CHAPE NIC SIGNATURE OF THE INTERPOLATION OF THE INT	Resulting I	The Underlying C. De Pregnant A. Time Underlying C. D. Pregnant A. Time S. Deve for 1 year Before D. LAK	COUNTY	opart and fragment with Property of TRUE CO.	Due to (Or As A Con Due to	FOC COURSE COURSE OF COURS	920007 On serformed? ling Available Subscription Site, Re 40. If Yr Subscription Site, Re 40. If Yr Check the Check of Hying Physical Site (Check of Hy	e To Complete er of Death: all Homicide e Could Me staurant, Wood staurant in Imperator President icons 1 Lichese Hum O3D770A 7 74445	Yes Son Accided Area Apt. No. Apt. No. (Montr/Day Y 20 20	Approximate Interval: Qns To Death YEARS No YEARS I Yeas I No Y
Was Coroner Contacted?] Yes ☑ No 3. Signature Of Indiana Funeral MES F BETKOWSKI 18. Part I. Enter The Chain Of Such As Cardiéc Arrest, Respi A Line. Add Additional Lines It mmediate Cause (Final Dises Sequentially List Conditions, I Line A. Enter The Underlying The Events Resulting In Death ant II. Enter Other Significant Cor ESPIRATORY FAILURE 1. Did Tobacco Use Contribute 2. Yes ☐ Probably ☐ No ☑ 4. Date Of Injury (Montt/Day/Ye 39. Describe How Injury Occurre 41. Signature, Of Person Certiff JAY C L PAIK BY El 43. Neme, Address And Zip Cou JAY C L PAIK 800 ☐ 46. Additional Funeral Service F	Events artory in Nepel Sections (1 Any. Cause of 1 Any. Cause	27. Name And C ELMWOOD Licensee: ELECTRO Licensee: ELECTRO Condition Result Leading To The (Disease Or Inji Contributins to D Contributins to D ARTHUR B	CHAPE NIC SIGNATURE OF THE INTERPOLATION OF THE INT	Resulting I	A ATHEROSC B. Progrant At Time B. D. Progrant	COUNTY	opart and fragment with Property of TRUE CO.	Due to (Or As A Con Due to	FOC COURSE COURSE OF COURS	920007 On serformed? ling Available Subscription Site, Re 40. If Yr Subscription Site, Re 40. If Yr Check the Check of Hying Physical Site (Check of Hy	a Yo Complete ar of Death: I Homickle I Could No staurant, Wood staurant, Wood staurant, Wood And Staurant I Could I C	Yes Market Cause Control of the Cause C	Approximate Interval: Qns To Death YEARS No YEARS I Yeas I No Y
Was Coroner Contacted?] Yes ☑ No 3. Signature Of Indiana Funeral MES F BETKOWSKI 18. Part I. Enter The Chain Of Such As Cardiéc Arrest, Respi A Line. Add Additional Lines It mmediate Cause (Final Dises Sequentially List Conditions. Line A. Enter The Underlying The Events Resulting In Death ant II. Enter Other Significant Cor ESPIRATORY FAILURE 1. Did Tobacco Use Contribute 1. Probably ☐ No ☑ 4. Date Of Injury (Montt/Day/Ye 14. Date Of Injury State 39. Describe How Injury Occurre 41. Signature, Of Person Certiff JAY C L PAIK BY El 43. Name, Address And Zip Cor JAY C L PAIK 800 46. Additional Funeral Service If 48. Signature of Local Health C CHANDANA VAVILA	Events artory in Nepel Sections (1 Any. Cause of 1 Any. Cause	27. Name And C ELMWOOD Licensee: ELECTRO Licensee: ELECTRO Condition Result Leading To The (Disease Or Inji Contributins to D Contributins to D ARTHUR B	CHAPE NIC SIGNATURE OF THE INTERPOLATION OF THE INT	Resulting I	A ATHEROSC B. Progrant At Time B. D. Progrant	COUNTY	opart and fragment with Property of TRUE CO.	Due to (Or As A Con Due to	FOC COURSE COURSE OF COURS	920007 On serformed? ling Available Subscription Site, Re 40. If Yr Subscription Site, Re 40. If Yr Check the Check of Hying Physical Site (Check of Hy	e To Complete er of Death: all Homicide e Could Me staurant, Wood staurant in Imperator President icons 1 Lichese Hum O3D770A 7 74445	Yes Son Accided Area Apt. No. Apt. No. (Montr/Day Y 20 20	Approximate Interval: Qns To Death YEARS No YEARS I Yeas I No Y