

NOT AN OFFICIAL DOCUMENT

7. That the estate of MAUREEN CURTIS did not necessitate the filling of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.



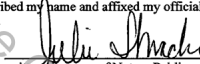
DIANE E. CURTIS, Affiant

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 29 day of September, 2023, personally appeared DIANE E. CURTIS and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.


written signature of Notary Public

My commission expires: August 20, 2027

Julie Shrader
printed name of Notary Public

County of Residence: Lake

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

Return Recorded Document to:
Robert F. Tweedle
2850 - 45th Street, Suite A
Highland, IN 46322

This instrument prepared by:
Robert F. Tweedle, #20411-45
2850 - 45th Street, Suite A
Highland, IN 46322 / 219-924-0770



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 1121-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) Maureen Curtis		1a. Maiden Last Name (if Female) Shreibak		2. Sex Female	3. Time Of Death 7:26 AM	4. Date Of Death (Month/Day/Year) April 1, 2008	
5. Social Security Number 60	6a. Age - Yrs 60	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) July 15, 1947	
8. Inquirer in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		15. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival		9. Birthplace (City And State Or Foreign Country) East Chicago, IN			
11. Facility Name (If Not Institution, Give Street And Number) Community Hospital							
12. City Or Town, State, And Zip Code Munster, IN 46321		13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name Richard Curtis		15a. (If Widowed) Maiden Last Name Homemaker		16. Decedent's Usual Occupation Home		17. Type Of Business/Industry	
18. Residence - State IN		18a. County Lake		18b. City Or Town Munster			
19. Street And Number 8731 Crestwood Dr.		19a. Apt. No.		19b. Zip Code 46321		19c. Mailed City Country <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Decedent's Education 12/5+		20a. Continent Of Highest Origin No		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Martin Shreibak		23. Mother's Name (First, Middle, Last) Cleona Shreibak		23a. MOTHER'S MARRIED LAST NAME Tobin			
24. DECEASED'S NAME Richard Curtis		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 8731 Crestwood Dr., Munster, IN 46321			
25. Place Of Disposition							
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From Other Site <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Memory Lane		25c. Location - City, Town, And State Schererville, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns-Kish Funeral Home 8415 Calumet Munster, IN 46321		27a. Funeral Home License Number 3004968			
28. Signature of Indiana Funeral Service Licensee Thomas J. Burns						27c. License Number Of Licensee 1045184	
Cause of Death (See Instructions And Examples)							
28. Part I. Enter The Chain Of Events—Disease, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous/arterial Fibrillation Without Showing The Etiology. 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. x Oxygen source					Approximate Interval: Onset To Death 8 Months
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		b. _____					
		c. _____					
		d. _____					
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Listed In Part I							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant Or Pregnant Within The Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. Date of Injury (Month/Day/Year) N.A.		35a. Time of Injury		35b. Place of Injury (U.S., Decedent's Home, Construction Site, Restaurant, Wooded Area)		35c. Particulars (Specify)	
36. Location of Injury - State		36a. City Or Town		36b. Apt. No.		36c. Zip Code	
38. Describe How Injury Occurred APR 04 2008				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature of Person Certifying Cause of Death J. Walsh		42. Title (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number x 01027487		45. Date Certified April 3, 2008	
43. Name, Address And Zip Code Of Person Certifying Cause of Death: J. Walsh, MD 9122 Columbia Ave. Munster, IN 46321		46. Additional Funeral Service Provider:		47. *Date:		48. Signature of Local Health Officer Susan W. Best, D.O.	
48. Signature of Local Health Officer		49. For Registrar Only (Do Not Fill In Unless Registered):		49. Date April 4, 2008			