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2550

Francis Walters Death Predeceased

Name of Spouse ~~Marriage terminated~~ Predeceased decedent

The following is the information with respect thereto:

1. The decedent, William G. Walters, died at Valparaiso, Indiana on May 1, 1983 at the age of 71 years; as shown by the attached death certificate.
2. I am of legal age. I reside at 6454 W. 1350 S. Wanatah, Indiana 46390. I am a daughter of the decedent.
3. The decedent was the owner, as a tenant in common and as a joint tenant with Father Peck, of the real estate commonly known as 3415 Monroe Street, Lansing, Illinois, and which is legally described as:  
 Lot 15 and the North Half of Lot 16 in Block 21 in Ruessell's Subdivision of that part of the South Half East of Calumet River of Section 18 Township 37 North, Range 15 East of the Third Principal Meridian, in Cook County, Illinois
4. The value of the decedent's estate for Federal Estate Tax purposes is approximately \$15,000.00.
5. The decedent died testate, and a copy of the Will is attached as Exhibit I.
6. The decedent was married once.

MARGARET A. WELLS, ON OATH STATES:

DECEASED.

WILLIAM G. WALTERS,

ESTATE OF

AFFIDAVIT OF HEIRSHIP

DEPT-01 RECORDINGS

\$25.50

140011 TRMM 6333 08/13/93 11:02:00

\$4556 \* -93-639414

COOK COUNTY RECORDER

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7. The following children and no others were born to or adopted by the decedent:

Name of child	By Spouse #	Minor-M Incompetent-I Adopted-A	Predeceased Decedent-P	Spouse's name if married
Margaret A. Metts	1			David J.

Based on the foregoing, decedent left surviving as his only heirs the following, all of whom survived the decedent, and, in the absence of an indication to the contrary, are of legal age, are mentally competent, and, if children, are natural children:

Margaret A. Metts

Affiant further states that he makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc., to issue its title commitment and title insurance policies free and clear of all objections arising from the death of the decedent named herein and find title in her heirs or devisees.

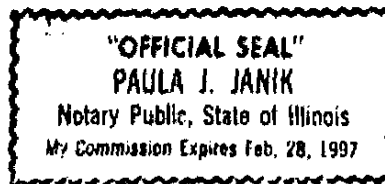
Margaret A. Metts

Margaret A. Metts

Signed and sworn to before me

this 9th day of August, 1993

Paula Janik  
Notary Public



93833111

Mail to: Madonna & Co.  
3546 Ridge Road  
Lansing, MI 48108



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93639414

THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE

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PORTER COUNTY BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEDENT-NAME (First Middle Last) WILLIAM G. WALTERS 3 SEX Male 3a TIME OF DEATH 11:20P 3b DATE OF DEATH (Month Day Year) May 1, 1993 4 SOCIAL SECURITY NUMBER 326-18-9559 5a AGE - Last Birthday 71 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Month Day Year) June 6, 1921 7 BIRTHPLACE (City and State or Foreign Country) Glendora, Michigan 8a WAS DECEDENT A U.S. VETERAN? Yes 8b YEAR (LAST SERVED IN U.S. ARMED FORCES?) 1946 9 HOSPITAL: Inpatient Outpatient DOA OTHER: Nursing Home Residence

DECEDENT

9a FACILITY NAME (If not institution give street and number) Canterbury Place Nursing Home 9b CITY/TOWN OR LOCATION OF DEATH Valparaiso 9c COUNTY OF DEATH Porter 10 MARITAL STATUS (Specify) Widowed 11 SURVIVING SPOUSE (If wife give maiden name) 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "operator") Steelworker 12b KIND OF BUSINESS/INDUSTRY Steel Mfg. 13a RESIDENCE - STATE Illinois 13b COUNTY Cook 13c CITY/TOWN OR LOCATION Lansing 13d STREET AND NUMBER 3415 Monroe St 13e ZIP CODE 60438 14 WIDE CITY LIMITS (If No Yes) 14a CITIZEN OF WHAT COUNTRY? USA 15 WAS DECEDENT OF HISPANIC ORIGIN? No 16 RACE - American Indian Black White etc (Specify) White 17 DECEDENT'S EDUCATION (Specify only highest grade completed) 7

PARENTS

18 FATHER'S NAME (First Middle Last) Conrad Walter 19 MOTHER'S NAME (First Middle Maiden Surname) Margaret N/A

INFORMANT

20a INFORMANT'S NAME (Type/Print) Margaret Melts 20b MAKING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 6454 W. 1350 S. Wanatah, IN 46390 20c Relationship Daughter

DISPOSITION

21a METHOD OF DISPOSITION: Burial, Cremation, Removal from State, Donation, Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) May 5, 1993 Holy Sepulchre Cemetery 21c LOCATION - City or Town Name Worth, Illinois

22a EMBALMER'S NAME William Byma 22b EMBALMER'S LICENSE NO. IL 034-012218 22c WAS DEATH REPORTED TO CORNER? No

23a SIGNATURE OF FUNERAL DIRECTOR [Signature] 23b LICENSE NUMBER EDO 079561 23c NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Moeller Funeral Home FH3006821 104 Roosevelt, Valparaiso, IN 46383

CAUSE OF DEATH

24 PART I Enter the immediate, proximal or comprehensive that caused the death. Do not enter happens to, or, due to, or because of, or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE YEAR OF DEATH (Month and Day) IMMEDIATE CAUSE (Final disease or condition (specify in detail)) a Cardio respiratory failure M. Melts b Unknown cause of death J. Melts c DUE TO (OR AS A CONSEQUENCE OF) 93639414

PART II Other significant conditions - Conditions considered to be contributory but not previously stated in Part I 25 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO 26 WAS AN AUTOPSY PERFORMED? (Yes or no) NO 27a WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) -

CERTIFIER

28a 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(s) as stated. HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date and place and due to the cause(s) as stated. CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date and place and due to the cause(s) and manner as stated. 28b SIGNATURE AND TITLE OF CERTIFIER L. G. Melts 28c MEDICAL LICENSE NO. 01032891 28d DATE SIGNED (Month Day Year) 5-6-93

HEALTH OFFICER

29 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) S. N. B. B. M. D. 4041 North Street Danville IN 46210 31 HEALTH OFFICER'S SIGNATURE [Signature] 32 DATE FILED (Month Day Year) May 7, 1993

CORONER USE ONLY

33 NUMBER OF DEATH: Nature, Pending Investigation, Accident, Suicide, Cause not determined, Homicide 34a DATE OF INJURY (Month Day Year) 34b TIME OF INJURY 34c INJURY AT WORK? (Yes or no) 34d DESCRIBE HOW INJURY OCCURRED 34e PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 34f LOCATION (Street and Number or Rural Route Number City or Town State) 35a DATE PROHOUNCED DEAD (Month Day Year) 35b MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver/passenger/other

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No. 486443

PORTER COUNTY HEALTH DEPARTMENT  
VALPARAISO, INDIANA

THIS IS TO CERTIFY THAT THE  
TRUE COPY OF THE ORIGINAL  
*Jerry A. Balcarak*  
HEALTH OFFICER

THIS REPRODUCED COPY IS  
ISSUED FOR THE BENEFIT OF  
VETERANS ONLY.  
*Jerry A. Balcarak*  
HEALTH OFFICER