

→ *Smith & Vizzell Warner Funeral Home*
4209 Grant
Gary, IN 46208

DISPOSITION OF CREMATED HUMAN REMAINS ON PRIVATE PROPERTY

TO BE COMPLETED IN DUPLICATE

Indiana State Board of Health

Name of Deceased McDowell Gloria J. Permit No. _____
(Last) (First) (Middle) Date of Death September 13, 1995
(Month, day, year)

Place of Death Decatur Macon
(City or Township) (County) (State) 950

Name of Funeral Establishment Smith Bizzell & Warner Funeral Home, Inc.
 Business Address 4209 Grant Street Gary, Indiana 46408

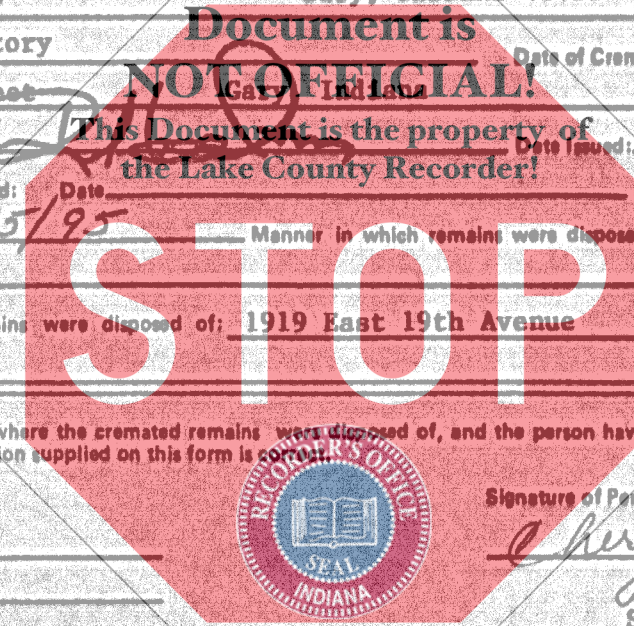
Name of Crematory Oak Hill Crematory Date of Cremation September 15, 1995
 Business Address 4450 Harrison Street Gary, Indiana

Signature of Local Health Officer _____ Date Issued: SEP 19 1995

Properly Executed Certificate of Death Received: Date _____ Local No. _____

Date of Disposal of Remains 9/15/95 Manner in which remains were disposed of: Returned To Family

Legal Description of Property where remains were disposed of: 1919 East 19th Avenue Gary, Indiana 46407



We, the undersigned, as owner(s) of the land where the cremated remains were disposed of, and the person having legal control over the remains, hereby attest, under the penalty of perjury, that the information supplied on this form is correct.

Signature of Owner(s) of Land: *Cheryl E. Dawns* Signature of Person having legal control of the remains: *Cheryl E. Dawns*

Date Signed September 14, 1995 Date Signed September 14, 1995

The owner of the property where the cremated remains were disposed of shall record this form with the county recorder of the county in which the property is located, and shall return the form and burial-transit permit to the health department of the county wherein the death occurred within ten (10) days after the remains are disposed of.

Recorder Stamp

Date Filed:

STATE OF INDIANA
 LAKE COUNTY
 RECORDER'S OFFICE
 SEP 22 1995
 1:54 PM

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