1519	9006821LL	)						
being requested by	ATE: The Social Security # this state agency in order v responsibility. Disclosure	😘 INDIANA S	TATE DEPARTI	MENT OF HE	ALTH			
Local No	e will be no penalty for refusal.  CERTIFICATE OF DEATH STATE State, No. ALA							
333585	5 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-1-19-3 LAKE COUNTY							
TYPE/PRINT	1 DECEASED—NAME (First Middle Lest) 2 SEX 1 39 TIME OF DEATH - 35 DATE OF DEATH (Moren Day 1/1)							
IN	William E.		Sh UNDER 1 YEAR   5c U	Male 2:27 A. June 12, 1999    5c UNDER   DAY   6 DATE OF BUTTH (MOLPON IVA)   1 BIRTOPLACE (City and State or Foreign Country)				
PERMANENT BLACK INK	4. *SOCIAL SECURITY NUMBER 247-18-7434	50 AGE—Last Birthday  79 7 0 0	n 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Minutes Feb.	1,1920	Sharon, Tenn		
	80 WAS DECEDENT	86 YEAR LAST SERVED IN	00210.	90 PLACE OF	DEATH (Check only one !	iee instructions)		
pany	Yes	US ARMED FORCES?	HOSPITAL X Inpatient	1				
	96 FACILITY NAME (If not institu	ban, give street and number)	L ER/Outpatient	9c CITY TOWN OR LO	CATION OF DEATH	9d COUNTY OF DEATH		
DECEBENT	The Commun	ity Hospital		Munster		Lake		
Ü .	10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give meiden neme)	fe, give maiden name) done		ION (Give kind of work to not use retired)	Steel Manufacturing		
Š	Widowed 130 RESIDENCE—STATE	Not Applica	13c CITY TOWN OR LOCATIO	1 Enginéer	13d STREET AND NUM	<u> </u>	racturing	
r r	Indiana	Lake	Griffith	,		n Indiana	1	
<b>1</b>	13e ZIP CODE 13f INSIDE CI	TY LIMITS 14 CITIZEN OF WHAT COUNTRY	15 WAS DECEDENT OF HISPA		CE-American Indian	17 DECEDENT'S E (Specify only highest of		
tie Insurance	13g ON A FAF		Mexican Puerto Rican etc.)	mens	pecify)	lementary/Secondary (0-12)	College (1-4 or 5 + )	
	46319 OKNO (			Whi		12		
PARENTS	18 FATHERS NAME (First Middle Maiden Surhame)  Dewey Dallas Senior Gaynelle Capel							
INFORMANT	20. INFORMANT S MAJAC / Trop (Parel) 20. Delignment of the Control							
Crisic Crisic								
(38)	Buriel Cremetron Removal from State omer place) June 16, 1999							
	Chapel Lawn Cemetery Schererville, Indiana							
DISPOSITION	Edgar C. Gle		DO1016173  23 WAS DEATH REPORTED TO CORONER?  DO1016173					
	240 SIGNATURE OF FUNERAL D		24b LICENSE N (of License FD0860	OP)   25 NAME   Kuip	er Funer	se number of funeral hola 1 Home 905 FH8 and, Indiana	30 <i>6</i> 7500 <sup>m</sup>	
<	28 PART I Enter the diseases injuries or complications that caused the death Do not enter nonspecific terms such as cardiac or respiratory  Approximate Interval Between							
CAUSE OF DEATH	IMMEDIATE CAUSE (Final : CAROLO MYDIATHY						_et and Death	
	disease or condition resulting in death)	DUE TO	(OR AS A CONSEQUENCE OF)		<b>T</b>		GARS	
	Conditions if any which gave	DUE TO LOR AS A CONSEQUENCE OF						
							1745	
	PART II Other significant condition	s - Conditions contributing to death	but not previously stated in Part I	27 WAS DECEDENT		ITOPSY 286 MEDE 4113	OPSY FINDINGS	
	PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I 27 WAS DECEDENT 288 WAS AN AUTOPSY PERFORMED.  PETERI BELLIAMIN 10 COMPLETION OF CAUSE OF DEATH? (Yes of not)							
C	29e CEHTIFIER (Check only one)  CERTIFYING PHYSICIAN To the best of my knowledge destrictoring 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							
CERTIFIER	296 SIGNATURE AND TITLE OF C	Dans /			MEDICAL LICENSE NO	29d DATE SIGN	ED (Month Day Year)	
×	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print) HAMMUNT CUNTY AVE MUNITER, IN 4632)							
HEALTH OFFICER	31 HEALTH OFFICER'S SIGNATURE OLEGANDES & Williams M.D. (32 DATE FILED (MONTH Day Voor) Owne 15, 199 Gy							
	33 MANNER OF DEATH	34a DATE OF INJURY 34b TIME OF (Month Day Year) INJURY		Ic INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW I	INJURY OCCURRED		
	Natural Pending		0,000					
	Accident Suicide Could not b Determined	340 PLACE OF INJU	JRY — At home farm street factory acity)	office 34f LOCA	ATION (Street and Number	or Rural Route Number City or	Town State)	
	34g DATE PRONOUNCED DEAD	(Month Day Year) 34h MOTO	OR VEHICLE ACCIDENT? (Yes or n	o) If yes specify driver passa	enger pedestrien etc		11.00	
ļ	SDH06 004 State Form	10110 (P4:2 02) Doo	those PD 1					

## LEGAL DESCRIPTION

The North 7 1/2 feet of Lot 30, all of Lot 31, and the South 7 1/2 feet of Lot 32 in Block 7 in Industrial Center Subdivision, in the Town of Griffith, as per plat thereof, recorded in Plat Book 17 page 13, in the Office of the Recorder of Lake County, Indiana.



2 LEGAL 8/98 SB