

ATTENTION ESTATE: Disclosure of the need to pursue our responsibilities voluntarily and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

KEY # 41-59-17 2/14/95

95-0318

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

STATE OF INDIANA LAKE COUNTY FILED

Form with fields for DECEASED NAME (ROY E. DESKINS), SEX (MALE), TIME OF DEATH (9:20 A), DATE OF DEATH (APRIL 24, 1995), SOCIAL SECURITY NUMBER (233-12-8679), AGE (75), DATE OF BIRTH (SEPT. 21, 1919), BIRTHPLACE (RAVEN, VIRGINIA), etc.

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PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

25x10