

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 057397

2000 AUG 10 PM 12: 31

MORRIS W. CARTER
RECORDER

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CERTIFICATE OF DEATH
FLORIDA

15444200

VOID IF ALTERED OR ERASED

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HOLD FOR MERIDIAN TITLE CORP

PRINT IN PERMANENT BLACK INK

LOCAL FILE NO. 1 DECEDENT'S NAME

2 SEX

3 DATE OF DEATH (Month, Day, Year)

4 SOCIAL SECURITY NUMBER

5 AGE Last Birthday (years)

6 UNDER 1 YEAR

7 BIRTHPLACE (City and State or Foreign Country)

8 WAS DECEDENT BORN IN U.S. (Ancestors' Country of Birth)

9 PLACE OF DEATH (Check only one, see instructions on other side)

10 DECEASED CITY LIMITS? (Yes or No)

11 HOSPITAL (Inpatient - ER/Outpatient - DCA - OTHER - Nursing Home - Residence - Other (Specify))

12 FACILITY NAME (If not institution, give street and number)

13 CITY, TOWN OR LOCATION OF DEATH

14 COUNTY OF DEATH

15a DECEASED'S USUAL OCCUPATION

15b KIND OF BUSINESS/INDUSTRY

16 MARITAL STATUS - Married - Never Married - Widowed - Divorced (Specify)

17 SURVIVING SPOUSE (If only give maiden name)

18a RESIDENCE - STATE

18b COUNTY

18c CITY, TOWN OR LOCATION

18d STREET AND NUMBER

19a INSIDE CITY LIMITS? (Yes or No)

19b ZIP CODE

19c WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, etc. can Puerto Rican, etc.)

19d RACE - American Indian, Black, White, etc. (Specify)

19e DECEASED'S EDUCATION (Specify any higher grade completed)

20 FATHER'S NAME (First, Middle, Last)

21 MOTHER'S NAME (First, Middle, Last)

22 INFORMANT'S NAME (Type Print)

23 MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

24 METHOD OF DISPOSITION

25 PLACE OF DISPOSITION (Name of cemetery, crematory or other place)

26 LOCATION - City or Town, State

27a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

27b LICENSE NUMBER (of Licensee)

27c NAME AND ADDRESS OF FACILITY

27d 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

27e DATE SIGNED (Mo, Day, Yr)

27f HOUR OF DEATH

27g DATE SIGNED (Mo, Day, Yr)

27h HOUR OF DEATH

28 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

29 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, etc.) (Type or Print)

30 LICENSE REGISTRAR - SIGNATURE AND DATE

31 LOCAL REGISTRAR - SIGNATURE

32 DATE REGISTERED

2000 057397

Feb 23, 2000

FEB 29 2000

FILED

AUG 10 2000

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

PETER BENJAMIN
BY MAR 01 2000 LAKE COUNTY AUDITOR State Registrar
Doris Owens Chief Deputy Registrar

WARNING:
11182535

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FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1004 (10/94)

CERTIFICATION OF VITAL RECORD

CR 2114

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