

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Key # 4-159-24 State No.

Local No. 0585 00 118950

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Irene M. Nagy), SOCIAL SECURITY NUMBER (306-09-4024), DATE OF BIRTH (Apr 15, 1909), PLACE OF DEATH (Lowell), MANNER OF DEATH (Natural), and SIGNATURE OF CERTIFIER (Randall Hile MD).

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



STATE DEPARTMENT OF HEALTH
FILED
LAKESIDE, INDIANA
MAR 7 2000



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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MORRIS W. CARTER
RECORDER

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Name Mary Ann Blandford

Address 1201 Lincoln Ave

City St Zip Lowell 117 46354

Telephone 219-696-8329

Signature Printed Mary Ann Blandford

Signature Written Mary Ann Blandford

Date of Signature 9-15-00

Check Number cash

Check Amount 900

Office Use Only

Check Equals Amount Due Yes No

Total 900

Initials BB