

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 240-02

State No.

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 (Violanda M. Lengyel), Social Security Number (308-50-9467), Date of Birth (April 24, 1921), Date of Death (Jan. 29, 2002), Place of Death (Doctor's Office), Informant Name (Michael Lengyel), and Certifier Name (Dr. Valerie Brodsky).

DECEASED

PARENTS

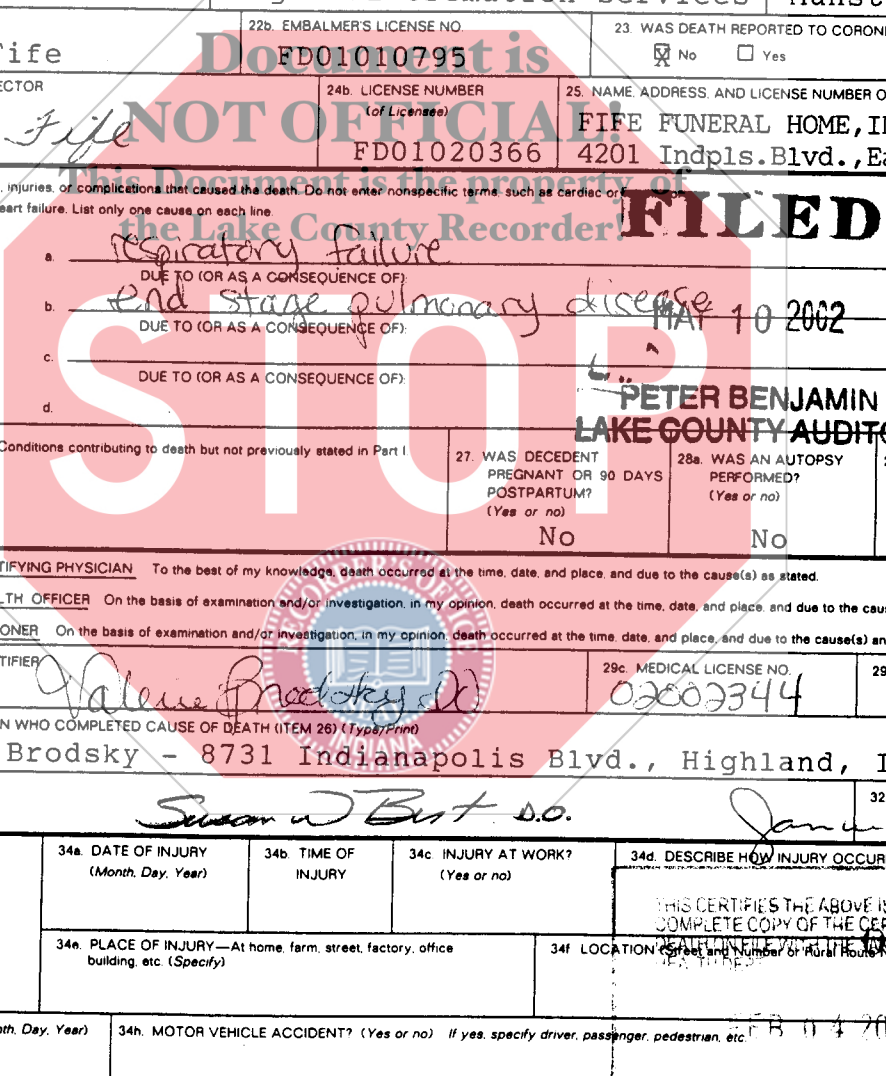
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



Approximate Interval Between Onset and Death: minutes

Approximate Interval Between Onset and Death: months

PETER BENJAMIN LAKE COUNTY AUDITOR

BD 900 Cash