

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 927

CERTIFICATE OF DEATH

JAN 26 1995 Date Issued Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

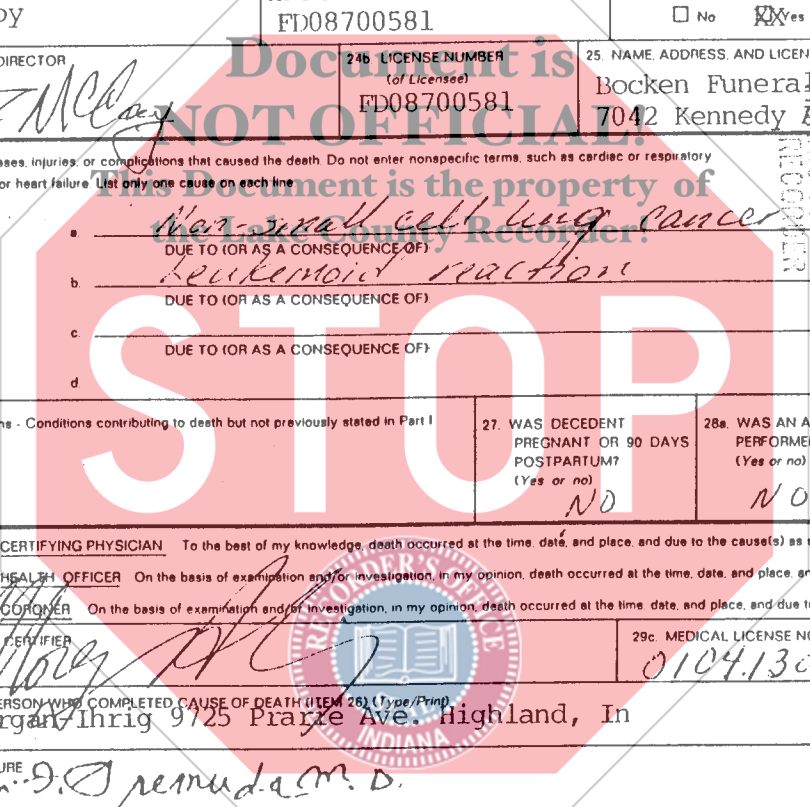
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for DECEASED NAME (ALBERT ALLAN SPLETZER), SOCIAL SECURITY NUMBER (340-20-0253), DATE OF BIRTH (April 1, 1927), PLACE OF BIRTH (Chicago, Illinois), MANNER OF DEATH (Natural), and SIGNATURE OF CERTIFIER (David F. McCoy).



Vertical stamp: REC'D - HEALTH DEPT. NOV 26 11:24 AM '94

FILED OCT 6 2003 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

Handwritten numbers: 000545, 980, DB