

No: 920042513

LEGAL DESCRIPTION

Unit 861 in Building 4, Unit 1, Summit Park Condominiums, a Horizontal Property Regime created by Declaration recorded July 3, 1984 as Document No. 763263 and as amended by instrument recorded March 3, 1986 as Document No. 843388, and further amended by instrument recorded August 27, 1986, as Document No. 871580, and as shown in Plat Book 57 page 29, and in Plat Book 60 page 44, in the Office of the Recorder of Lake County, Indiana.

Together with the undivided interest in the common elements appertaining thereto.



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

State No.

Local No. 3163-13

ESUBMIT THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Daniel H. Vizena		2 SEX Male	3a TIME OF DEATH 5:46 P M	3b DATE OF DEATH (Month Day Yr) November 22, 2003
4 *SOCIAL SECURITY NUMBER 309-14-9721	5a AGE—Last Birthday (Years) 82	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) Nov. 11, 1921
7 BIRTHPLACE (City and State or Foreign Country) Crown Point, Indiana	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) St. Anthony Medical Center		9c CITY, TOWN OR LOCATION OF DEATH Crown Point		9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Murleen Teeter	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Iron Worker		12b KIND OF BUSINESS/INDUSTRY Construction
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Crown Point		13d STREET AND NUMBER 861 Summit Park Ct. North
13e ZIP CODE 46307	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 11		18 FATHER'S NAME (First Middle Last) Alexander Vizena		
19 MOTHER'S NAME (First Middle Maiden Surname) Barbara Dolan		20a INFORMANT'S NAME (Type/Print) Murleen Vizena		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 861 Summit Pk.Ct. North-Crown Point, IN 46307/		20c Relationship Wife		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>Burial</u>		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 26, 2003 Calvary Cemetery		21c LOCATION—City or Town, State Portage, Indiana
22a EMBALMER'S NAME Michelle L. Tracy		22b EMBALMER'S LICENSE NO. FD29700007		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR		24b LICENSE NUMBER (of Licensee) FDO9000013		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home FH19900060 109 N. East Street Crown Point, Indiana 46307
26 PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. THIS CERTIFICATE IS A TRUE AND CORRECT COPY OF THE ORIGINAL OF THE STATE OF INDIANA.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>Blunt force injuries of the head and torso</u>				Approximate Interval Between Onset and Death Unknown
PART II Other significant conditions: Conditions contributing to death but not previously stated in Part I				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input checked="" type="checkbox"/> HEALTH OFFICER 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) as stated Chief Deputy <input checked="" type="checkbox"/> CORONER 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.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Jeffrey R. Wells, Chief Deputy		29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month Day Year) January 13, 2004
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day Year) ARR, 27 2004
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year) Nov. 22, 2003	34b TIME OF INJURY Unknown	34c INJURY AT WORK? (Yes or no) No
34d DESCRIBE HOW INJURY OCCURRED Automobile/Pedestrian Accident		34e PLACE OF INJURY—At home farm street, factory, office building, etc (Specify) Intersection		
34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 231 and Nichols Street Crown Point, Indiana		34g DATE PRONOUNCED DEAD (Month Day Year) November 22, 2003		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. Yes. Pedestrian.		34i 002127		