

\* 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

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

620048469

Local No. 673

CERTIFICATE OF DEATH

Oct 7 2004 Date Issued R.R. Rummel, MD Hammond Health Commissioner

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

CHICAGO TITLE INSURANCE COMPANY

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

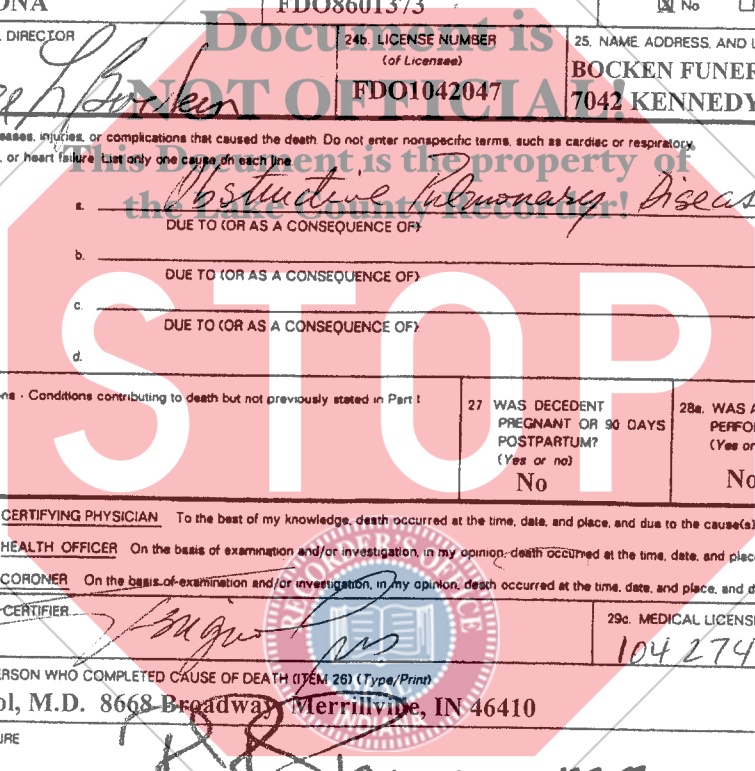
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for DECEASED-NAME (DOROTHY M. BUDZIK), SEX (Female), TIME OF DEATH (3:40 PM), DATE OF DEATH (October 1, 2004), SOCIAL SECURITY NUMBER (310-14-7398), AGE (83), BIRTH (September 22, 1921), PLACE OF DEATH (HOSPITAL: Inpatient), FACILITY (ST. MARGARET-MERCY HEALTH CARE), CITY (HAMMOND), COUNTY (LAKE), MARRIAGE STATUS (Widowed), SURVIVING SPOUSE (N/A), OCCUPATION (HOMEMAKER), RESIDENCE (OWN HOME), ADDRESS (7343 Marshall Avenue), FATHER (John Koaytkowski), MOTHER (Sophia Jeleniecki), INFORMANT (Steven Budzik, D.D.S.), ADDRESS (454 Amhurst Road, Valparaiso, IN 46385), RELATIONSHIP (SON), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (Oct 7, 2004, COMMUNITY CREMATION SERVICES, SCHERERVILLE IN), EMBALMER (JOSE G. CORONA), FUNERAL DIRECTOR (Signature), LICENSE NUMBER (FDO1042047), FUNERAL HOME (BOCKEN FUNERAL HOME, INC.), PART I: IMMEDIATE CAUSE (Obstructive Pulmonary Disease), PART II: Other significant conditions, CERTIFIER (Signature), MEDICAL LICENSE NO. (1042746), DATE SIGNED (10-7-04), HEALTH OFFICER (Signature), DATE FILED (October 7, 2004), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT.

35-357-13



FILED

JAN 7 2005

STEFAN STIGLICH COUNTY AUDITOR

000315

9-2P CT

5