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PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

	THE ISECO		ייות כטווו	E CONFIDENTIAL PEF										
E/PRINT		IAME (First Micidle	Last)	,			2 SEX	_	3k TIME OF DEAT		DATE OF DEATH			
in]	JOHN R. SILLS 4. SOCIAL SECURITY NUMBER 5a.				5c. UNDER	Male		4:25PM		November 13	State or Foreign Cou	mby)		
MANENT	ì		5	ia. AGE · Last Sirthday (Years) 72	5b. UNDER 1 YEAR Months Days	Hours	Minutes	March 13		1	s. Illinois	Olate of Foreign Co.		
CK INK	309-22-6388 8a. WAS DECEDENT		EAR LAST SERVED IN		<u>i</u>			PLACE OF DEATH (Check only one. S OTHER Nursing Home						
Ì	1				HOSPITAL [Inpatient				XI of pacify)				
İ			19	· · · · · · · · · · · · · · · · · · ·	☐ ER/Outpat						Hospice C			
DENT	9b. FACILITY NAME (If not institution, give street and number) Horton VNA Hospice Center				Valpara						Porter			
	<u></u>										125. KIND OF BUSINESS INDUSTRY			
	(Specify)		11. SURVIVING SPOUSE (If wife, give meiden name) Betty J. Dooley			1	done during most of wo		orlong life. Do not use retired)		Constitution			
	Married		Betty J. Dooley		13c. CITY TOWN OR LOCATION		<u> </u>		13d. STREET AND NUM					
	Indiana		Porter		Portage			5053 Marquet		• • • • • • • • • • • • • • • • • • • •				
ŀ	13e. ZIP CODE	13f. INSIDE CIT		14. CITIZEN OF	15. WAS DECEDENT			1	CE - American Indian		17. DECEDENT	'S EDUCATION ast grade completed)		
		□ No □	X Yes	WHAT COUNTRY?	Ø No ☐ Mexican, Puerto F	Yes (fyes ap Scan etc.)	ecify Cuban,	4	ack, White, etc. pecify)	Flames	tary/Secondary (0-12)		or Ea)	
	13g. ON A FAF				, and a second	,,			White		12	Collage (1-4 or 5+)		
ł	18. FATHER'S NAME (First, Middle, Last)				<u> </u>		19. MOTH		VAME (First, Middle, Maiden Su					
NTS	John C. S	•	LESIJ					na Myers		,				
		T'S NAME (Type/P	rint)	 	20b. MAILIN	IG ADDRESS (S			Route Number, City or T	own, State	, Zip Code) 2	Oc. Relationship		
MANT	Betty J. Si	ilis	·		5053 Ma	arquette,	Portage.	IN 46368	3		3	Wife		
<i>"</i>	21a METHOD OF DISPOSITION Entempment				21b. DATE AND PLACE OF DISPOSITION (Nam					210. (10)	ATION - City or To	State -		
	ŽŽ Burial	☐ Cremation	☐ Sem	noval from State	November 16.	2005			-	zo X	<u>m</u>	יַ⊳≏		
	☐ Donation	Other (Specif	M)		McCool Ceme	etery	ent	16			ge, iridiana	7XM 7MC		
SITION	22a EMBALMER	R'S NAME			22b, EMBALMER	S LICENSE NO.	UIII	23.	WAS DEATH REFORTE	0.00	RONERCO	30 ^T		
ļ	James J. I	Krause			FD0100	6463	TO	TA		巴二	70. 2	n C Z		
	24a SIGNATUR	E OF FUNERAL DI	RECTOR		245.	LICENSE NUM (of Licensee)	BEA	83005	ME ADDRESS AND LICE	奥思				
N	, ,			/\This]	Docume	nt is	the n			Noon		2-42		
7	FD29700036 5341 Central Avenue . Entage_IN 46358													
7			- 17	- Andrew	1 2 may 1 ma		P	5341		. 2		38		
1.1	26. PART I			ies or complications that c	aused the death. Do no		P	5341	Central Avenue	. 2		Approximate	···	
7	26. PART I			ies or complications that c	aused the death. Do no	t enter nonspeci	fic terms such	5341 as cardiac o	Central Avenue	: (2 2	tage IN 463	18 -		
77-	()	arrest, shock			aused the death. Do no	t enter nonspeci	fic terms such	5341 as cardiac o	Central Avenue	: (2 2	tage IN 463	Approximate Interval Between	S	
277-	IMMEDIATE CAU	arrest, shock ISE (Final Ion		failure. List only one cause	aused the death. Do no	enter nonspeci	fic terms such	5341 as cardiac o	Central Avenue	: (2 2	tage IN 463	Approximate Interval Between	S	
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State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1

Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury: Out to Recorder

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant