20 C.C.

* 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

Local No. 0232-06

State No. 16-27-0348-0043

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): VALERIE K. PASKO
2. SEX: Female
3a. TIME OF DEATH: 3:16 PM
3b. DATE OF DEATH (Month, Day, Yr): January 29, 2006
4. *SOCIAL SECURITY NUMBER: 305-88-9450
5a. AGE—Last Birthday (Years): 34
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): January 23, 1972
7. BIRTHPLACE (City and State or Foreign Country): Hammond, Indiana
8a. WAS DECEDENT A U.S. VETERAN?: NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: -----
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 3016 99th Place
9c. CITY, TOWN, OR LOCATION OF DEATH: Highland
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): James R. Pasko
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Registered Nurse
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Highland
13d. STREET AND NUMBER: 3016 99th Place
13e. ZIP CODE: 46322
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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): ; College (1-4 or 5+): 5

PARENTS

18. FATHER'S NAME (First, Middle, Last): Louis Covelli
19. MOTHER'S NAME (First, Middle, Maiden Surname): Sandra Myszak

INFORMANT

20a. INFORMANT'S NAME (Type/Print): James R. Pasko
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3016-99th Pl., Highland, Indiana 46322
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): February 2, 2006 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State: Schererville, Indiana
22a. EMBALMER'S NAME: Jonathan R. Christiansen
22b. EMBALMER'S LICENSE NO.: FD2020095
23. WAS DEATH REPORTED TO CORONER?: ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): 1009893
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: PRUZIN BROTHERS FUNERAL SERVICE, 6360 Broadway, Merrillville, IN 46410 #38002453

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): Extensive head injuries — Approximate Interval Between Onset and Death: Unknown
DUE TO (OR AS A CONSEQUENCE OF): Due to gunshot wound of the mouth
DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

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

CERTIFIER

29a. CERTIFIER (Check only one): ☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. ☐ 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. ☒ 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. — Chief Deputy
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO.: N/A
29d. DATE SIGNED (Month, Day, Year): January 31, 2006
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

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Susan J Burt D.O.
32. DATE FILED (Month, Day, Year): January 31, 2006

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☒ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year): Jan. 29, 2006
34b. TIME OF INJURY: Unknown
34c. INJURY AT WORK? (Yes or no): No
34d. DESCRIBE HOW INJURY OCCURRED: Gunshot wound
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): residence
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 3016 99th Place Highland, Indiana
34g. DATE PRONOUNCED DEAD (Month, Day, Year): January 29, 2006
34h. MOTOR VEHICLE ACCIDENT? (Specify driver, passenger, pedestrian, etc.): No.

SDH06-004 State Form 10110 (R5/1-99)

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. FEB 01 2006

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

RECORDER'S OFFICE SEAL INDIANA

2006 009803

2006 FEB -7 AM 11:21 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL A. BROWN RECORDER

FILED FEB 07 2006 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

002619

#11 CS Clerk

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

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:

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

JAMES R PASKO
Printed Name of Declarant