4 2

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

Local No. 1427-04

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

1884LK05

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED-NAME (First Middle Last)	SANDRA F. SLEASE
2. SEX	Female
3a. TIME OF DEATH	10:05PM
3b. DATE OF DEATH (Month Day Yr)	June 2, 2004
4. SOCIAL SECURITY NUMBER	[redacted]3190
5a. AGE - Last Birthday (Years)	60
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo Day Yr)	February 1, 1944
7. BIRTHPLACE (City and State or Foreign Country)	Gary, 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 ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	2424 Vanderburg St.
9c. CITY TOWN OR LOCATION OF DEATH	Lake Station
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Widowed
11. SURVIVING SPOUSE (If wife, give maiden name)	NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Dispatcher
12b. KIND OF BUSINESS INDUSTRY	Dispatcher
13a. RESIDENCE - STATE	Indiana
13b. COUNTY	Lake
13c. CITY TOWN OR LOCATION	Lake Station
13d. STREET AND NUMBER	2424 Vanderburg St.
13e. ZIP CODE	46405
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)	Caucasian
17. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Leslie Hill
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Mary Lou Dault

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Becky Phillips
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	5865 Newport Ave., Portage, IN 46368
20c. Relationship	Daughter

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	June 7, 2004 CALVARY CEMETERY
21c. LOCATION - City or Town State	PORTAGE, Indiana
22a. EMBALMER'S NAME	JAMES J. KRAUSE
22b. EMBALMER'S LICENSE NO.	FD01006463
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Charles D. Schauer Jr.
24b. LICENSE NUMBER (of Licensee)	FDO1006049
25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	FH19300009 Rees Funeral Home, Brady Chapel 3781 Central Avenue, Lake Station, IN 46405

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	metastatic pancreatic cancer	1 month
DUE TO (OR AS A CONSEQUENCE OF) b.		
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

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

Field	Entry
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)	No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	No

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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	Mary Klein MD
29c. MEDICAL LICENSE NO	01034294
29d. DATE SIGNED (Month Day Year)	June 08, 2004
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	MARY KLEIN MD, 1190 NORTH STATE ROAD 49, PORTER, IN 46304

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Susan J Best D.O.
32. DATE FILED (Month Day Year)	6/8/2004

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month Day Year)	
34b. TIME OF INJURY	
34c. INJURY AT WORK? (Yes or no)	
34d. DESCRIBE HOW INJURY OCCURRED	
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
34f. LOCATION (Street and Number or Rural Route Number City or Town State)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)	
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF

11/6 MT 07

FILED

FEB 27 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

004169

FILED FOR RECORD 2006 015782 K 1419-40-7 1884LK05

SDH06-004 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:

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.

"VERIFIED FOR RECORDING BY MERIDIAN TITLE"

Signature of Declarant

Michaelene L. Fazekas

Printed Name of Declarant