2 of 2

* 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.

Local No. 476

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

Aug 10, 2005 — Date Issued

R R Kanawy, MD — Hammond Health Commissioner

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): Robert Lewis

2 SEX: Male

3a. TIME OF DEATH: 2:20pm M

3b. DATE OF DEATH (Month, Day, Yr.): June 22, 2005

4. *SOCIAL SECURITY NUMBER: 421-52-5657

5a. AGE—Last Birthday (Years): 64

5b. UNDER 1 YEAR: Months / Days

5c. UNDER 1 DAY: Hours / Minutes

6. DATE OF BIRTH (Mo, Day, Yr): December 20, 1940

7. BIRTHPLACE (City and State or Foreign Country): Enesley Alabama

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 [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b. FACILITY NAME (If not institution, give street and number): St. Margaret Mercy Hosptial

9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond

9d. COUNTY OF DEATH: Lake

10. MARITAL STATUS (Specify): Married

11. SURVIVING SPOUSE (If wife, give maiden name): Costella Lewis

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Laborer

12b. KIND OF BUSINESS/INDUSTRY: USX

13a. RESIDENCE—STATE: Indiana

13b. COUNTY: Lake

13c. CITY, TOWN, OR LOCATION: Gary

13d. STREET AND NUMBER: 375 Roosevelt Street

13e. ZIP CODE: 46404

13f. INSIDE CITY LIMITS: [ ] No [X] Yes

13g. ON A FARM? [X] No [ ] Yes

14. CITIZEN OF WHAT COUNTRY? USA

15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

16. RACE—American Indian, Black, White, etc. (Specify): Black

17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5 +): N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last): Paul Lewis

19. MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Braxton

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Costella Lewis

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 375 Roosevelt Street, Gary, IN 46404

20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): June 29, 2005 EVERGREEN MEMORIAL PARK

21c. LOCATION—City or Town, State: HOBART, Indiana

22a. EMBALMER'S NAME: Sherman G. Banks III

22b. EMBALMER'S LICENSE NO.: FD01016254

23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes

24a. SIGNATURE OF FUNERAL DIRECTOR

24b. LICENSE NUMBER (of Licensee): FD01016254

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Smith Bizzell & Warner FH19600034 4209 Grant Street, Gary, Indiana

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):
a. Ventricular fibrillation.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:
b. DUE TO (OR AS A CONSEQUENCE OF): cachexia.
c. DUE TO (OR AS A CONSEQUENCE OF): Sepsis.
d. DUE TO (OR AS A CONSEQUENCE OF): Multiple skin lesions and abscesses.

Approximate Interval Between Onset and Death

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

25-44-0183-0001 Gary land Co's 4th Sub lots 1 & 5 124 lot 2 Block 29

CERTIFIER

29a. CERTIFIER (Check only one):
[X] 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.

29b. SIGNATURE AND TITLE OF CERTIFIER

29c. MEDICAL LICENSE NO: 01034132A

29d. DATE SIGNED (Month, Day, Year): 7/12/05 (July)

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Vishnu N Mathur 5000 Ohman Ave. Hammond, Indiana 46320

31. HEALTH OFFICER'S SIGNATURE

32. DATE FILED (Month, Day, Year): July 19 2005

FILED MD

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide

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)

MAR 2 1 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

006071

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Driver or both / Passenger, pedestrian, etc.)

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

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.

Costella D. Lewis
Signature of Declarant

COSTELLA D. LEWIS
Printed Name of Declarant