ITTENTION ESTATE: The Social Security # is ng requested by this state agency in order to sue its statutory responsibility. Disclosure is untary and there will be no penalty for refusal.

CERTIFICATE OF DEATH

State No.																					
State 140.	• •	• •	•	•	٠.	•	•	• •	٠	٠	٠	٠	•	٠	•	٠	•	•	٠	•	ľ

7 ـــ د	1 DECEASED-NAME (First N	iddle. Last)			2 SEX		3a. TIME OF DEATH	3b. DA1	TE OF DEATH (Mon	th, Day, Yr.)		
INT	MITAR			TRIVUNO	VIC	MALE	E	3:32 PM	AUG	GUST 25,	2006		
ENT	4. *SOCIAL SECURITY NUMBER		Se. AGE-Last Birthday			RIDAY 6. D		TH (Mo. Day. Yr)	7. BIRTHPL	ACE (City and Stat	te or Foreign Country)		
EN I NK	317-66-1872		(Years) 68	Months Days	Hours	Minutes D	EC. 1	5, 1937	PEUL	JE, YUGO	SLAVIA		
·"`	Be. WAS DECEDENT	8b. YE	AR LAST SERVED IN ARMED FORCES?			9a Pi		EATH (Check only one.					
1	A U.S. VETERAN?	0.5	N/A	HOSPITAL Inpe			OTHER:	Nursing Home	□ (Specify)				
-	m 54015	<u> </u>			Outpatient		NN, OR LOC	CATION OF DEATH	9a co	DUNTY OF DEATH			
	9b. FACILITY NAME (If not institu									LAKE			
}	THE COMMUNI		OSPITAL RVIVING SPOUSE		12a DECED		NSTER OCCUPATION	N (Give kind of work	125-KIN	D OF BUSINESS/II	NDUSTRY		
l	10. MARITAL STATUS (SOCO) MARRIED	(# v	whe give maiden name) AVA BALA	C.	done du S'I'l	ELWORK	king life. Do ER	N (Give kind of work not use retired)	LI	V STEEL	COMPANY		
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ł	13e ZIP CODE 13f. INSIDE C			15 WAS DECEDENT	OF HISPANIC	ORIGIN7	1	—American Indian,		17. DECEDENT'S			
	46319 D No 3		WHAT COUNT	RY? 🐧 No 🗆 Mexican, Puerto		s, specify Cuban,	Sleck (Spe	cify)		Specify only highest (Secondary (0-12)	College (1-4 or 5		
	13g. ON A FA		U.S.A.					HÎTE	Cidinal yar y/	12	Guinage to Voir C		
	18 FATHER'S NAME (First Midd					19 MOTHE	R'S NAME ((First, Middle, Maiden S	urname)	12			
			NOUTC			RUZ		MITROVIO					
1	STEVAN T		NOVIC	20h MAH IN	IG ADDRESS (Route Number, City or 1		Zip Code) 20c.	Relationship		
r	SAVA TRIVUNO							UFFITH.	Eggs.		IFE		
ł	214 METHOD OF DISPOSITION		tombment	21b. DATE AND PLACE						ON-City or Town.			
	Buriel Cremeton		movel from State	other place)	AUGUST	29, 20	106	end in			agency september of P and		
	Donation Other (Spe			CALUMET	PARK	CEMETER	Y		MERRI	TTAILE	, INDIANA		
N	22s. EMBALMER'S NAME			22b EMBALMER	S LICENSE NO		23	WAS DEATH REPORT	ED TO COR	ONER?			
"		ELI '	VUJKO		100830		TA	ØNO □ vo	s In	The state of the s			
	Eai	DIRECTO	This D	ocument	LICENSE NUM (of Licensee) FDO100	e prop	LINC	ADDRESS AND LICE OLN RIDGE W.LINCOL	FUNE	RAL HOME	88800070		
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