



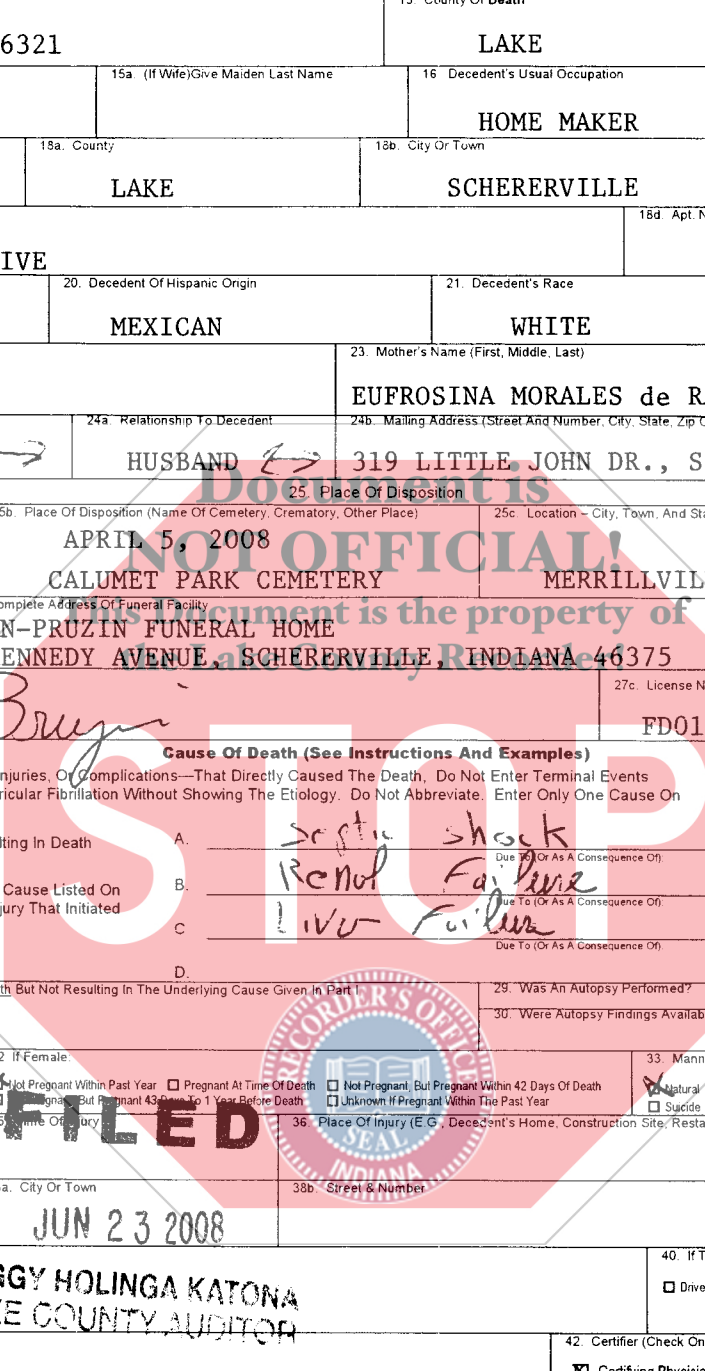
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1118-08

State No.

Form with fields for decedent information (GUDELIA ZENAIDA RAMIREZ MARIN), date of death (APRIL 2, 2008), cause of death (Septic shock, Renal Failure, Liver Failure), informant (LORENZO MARIN), and certifier (WASSIM ATASSI, M.D.).

Midway Gardens 2nd Add hot 9 Block 1 41-49-0453-0009



Vertical stamps and handwritten notes on the right side, including '2008 045651', 'MERRILLVILLE, INDIANA', and 'FBI 10200037'.