



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 781-08

State No.

Form with fields for decedent information (ANNA MAE PARRISH), date of death (MARCH 4, 2008), cause of death (Vascular collapse), and certifier information (Michael Kowalczyk).

Document is the property of the Lake County Recorder!
FILED
SEP 18 2008
REGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

928-5582 MO
TICOR TITLE INSURANCE

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