



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1042-08 Parcel # 45-11-17-354-018-000-036 State No.

Form with fields for Decedent's Name (ROBERT L. PENIEK), Date of Death (MARCH 27, 2008), Birthplace (CHICAGO, ILLINOIS), Cause of Death (Acute Myocardial Infarction), and Certifier (PEGGY HOLINGA KATONA).

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD SEP 22 2008 PM 2:58 MICHAEL A. BROWN RECORDER

\$11.00 CS 018955