1

2008 066967

SOUTH OF BIDIANA LAKE COURTY FILED FOR RECORD

2000 SEP 25 AM 10: 28

MICHAEL A. BROWN RECORDER

Deceased Joint Tenant Affidavit

State of Indiana	`	ite: 8/18/2008
County of «Lake Coun	<pre>} ss. ty» }</pre>	File No.: 08000790
Come Harse	, being first du	aly sworn, for the purpose of inducing
Residential Title Service	s, Inc. to issue its fitle insurance policy	covering the land described in the above
captioned commitment, o	deposes and says: Documen	tis
1. That he/she resides a	t: 2100 5 5 worse Driver - C	142 Andependence, MO 64057
2. That he/she was acqu	vainted with James Harsto	who died on
	, as evidenced by the attached certific	
3. That said decedent w	as one of the owners of the land descri	bed in the above captioned commitment.
4. That said decedent di		and the doctor captioned communem.
leaving no	will and last testament.	
/	ast will and testament, a copy of which	is attached
5. That the total value of	f said decedent's estate for State of Historia	Rights Tax/Estate Tax and Federal Estate Tax
ITT 26 IN NORTH HILL THE RECORDER OF LAKE	L, AS PER PUT THEREOF, PEODRDED BY COUNTY, INDIANA AND AMENDED BY COUNTY, INDIANA	IN PLAT BOCK 49, PAGE 2 IN THE OFFICE OF PERFICATE OF CONTRECTION RECORDED 10-10-1974
0.1. 9. 1.	Tommute .	iant's Signature
Subscribed and sworn to		
18 day of Cag	, 20 <u>0</u> 8.	
Notary Signature	Jackson County	RY SEAL " Ce, Notary Public by State of Missouri Expires 6/14/2012 cumber 08380705
		- 12/ - 12/

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Vałparaiso IN 46383

_00ai 140	THE RECORDS IN THIS	SERIES AI	RE CONFIDENTIAL P	ER IC 16-37-1-10					5	SUPPLEMENT	AL		
YPE/PRINT	1. DECEASED-NAME (First, I					2. SEX		3a. TIME OF DE	ATH 3b.	. DATE OF DEATH (Mor	nth, Day, Year)		
IN IN			arston				.e	4:15 A m		July 19, 2007 BIRTHPLACE (City and State or Foreign Country)			
ERMANENT	4. *SOCIAL SECURITY NUMBER	52	a. AGE Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER Hours	1 DAY 6. Minutes		RTH (Mo, Day, Yr)	١				
BLACK INK	411-78-7908		61			99	FEB 1				nessee		
	8a. WAS DECEDENT A U.S. VETERAN?		R LAST SERVED IN ARMED FORCES?	HOSPITAL: Inpa	tient	30.1	OTHER:	DEATH (Check only one. See i					
	Yes 19				Outpatient [DOA Residence							
	9b. FACILITY NAME (If not institution, give street and number						9c. CITY, TOWN, OR LOCATION OF DEATH			9d COUNTY OF DEATH			
DECEDENT	3609 N. Camp	009 N. Campbell Street			Valparaiso				Porter				
	10. MARITAL STATUS 11. SUF (Specify) (If w		/IVING SPOUSE fe, give maiden name)				T'S USUAL OCCUPATION (Give kind of work most of working life. Do not use retired)		ork 12b.	12b. KIND OF BUSINESS/INDUSTRY			
	Married	Со	mella Moor					enance Engineer			Indiana University NW		
	13a. RESIDENCE — STATE 13				CITY, TOWN, OR LOCATION		1	7706 E. 71					
	Indiana La		,	Hobart	BTT ECEDENT OF HISPANIC ORIGIN				- '	17. DECEDENT'S EDUCATION			
	13e. ZIP CODE 13f. INSIDE C	TY LIMITS 14. CITIZEN OF WHAT COUNTRY		? X No ☐ Yes (If ye		specify Cuban. Bla		ack, White, etc.		(Specify only highest grade completed)			
	13g. ON A FA	RM?	1	Mexican, Puerto Rican, etc.)				(Specify)		Elementary/Secondary (0-12) College (1-4 or 5			
	46342 x №		USA				Black 9. MOTHER'S NAME (First, Middle, Maiden St			12			
PARENTS	18. FATHER'S NAME (First, Midd												
	No	200 10411 1016	Alli				Harsto						
NFORMANT	20a. INFORMANT'S NAME (Type	I	20b. MAILING ADDRESS (Street and Numb 7706 E 71st Court										
	Comella Hars		umhment	21b. DATE AND PLACE						CATION—City or Town			
	Burial Cremation		noval from State	other place)		•				en e			
	☐ Donation ☐ Other (Spe	1	July 24, 2007 Concordia Cem					Hammond, Indinaa					
DISPOSITION	22a. EMBALMER'S NAME:			22b. EMBALMER		it is		WAS DEATH REP		CORONER?			
7101 CONTON	Tracy Cheri	Willi	ams T	FD0860	00238		+	\	Yes				
	24a. SIGNATURE OF FUNERAL	W-130-11-11-11-11-11-11-11-11-11-11-11-11-11	110	24b.	ICENSE NUMBE	R	25. NAME,	ADDRESS, AND L	ICENSE NUI	MBER OF FUNERAL H	Home, Inc.		
	Land Chair	1/	This De	ocument	(of Licensee)	nroi	4859	1 Alexan	der A	venue			
	May Wire Multarns FD08600238 East Chicago, IN 46312 (FH83001520)												
	26. PAHT I. Enter the diseases, injuries, of complications that caused the death. Do not still the last and the still the stil										Approximate		
	arrest, shock, or heart failure. List only one cause on each line.										Interval Between		
	unest, shoot,	or heart failu				•					Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final	or heart failu	Cardiac	Tamponade	CE OE):								
AUSE OF		or heart failu	Cardiac		ce of): Lng Aor	tic Ar	neurys						
AUSE OF EATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave	or heart failu	Cardiac Dissection	Tamponade or as a consequent ing Ascendi	ing Aor	tic Ar	neurys						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying	or heart failu a	Cardiac Dissection Dissection Cardione	Tamponade or as a consequent ing Ascendi	Lng Aor	tic Ar	neurys						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause.	or heart failu	Cardiac Dissection Dissection Cardione	Tamponade or as a consequenting Ascendit or as a consequenting egaly or as a consequenting or as a consequenting	Lng Aor	tic An	neurys						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	a k	Cardiac Dissection Dissection Cardiome Cardiome Hyperter	Tamponade on as a consequent ing Ascendi on as a consequent egaly on as a consequent ision	Lng Aor			sm	AN AUTOPS	SY 28b. WERE A			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying	a k	Cardiac Dissection Dissection Cardiome Cardiome Hyperter	Tamponade on as a consequent ing Ascendi on as a consequent egaly on as a consequent ision	Lng Aor	27. WAS DEC	EDENT NT OR 90 D	SM 28a. WAS PERF	AN AUTOPS ORMED?	AVAILAE	Onset and Death Onset and Death UTOPSY FINDINGS BLE PRIOR TO		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	a c c ns - Conditio	Cardiac Dissection Dissection Due to (Cardiome Due to (Hyperter Due to (Hyperter) Due to (Hyperter)	Tamponade on as a consequent ing Ascendi on as a consequent egaly on as a consequent ision	Lng Aor	27. WAS DEC	EDENT NT OR 90 D	SM 28a. WAS	ORMED?	AVAILAE COMPLE	Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant condition	a c c ns - Conditio	Cardiac Dissection Cardiome Cardiome Hyperter Conscionations contributing to death	Tamponade on as a consequenting Ascending on as a consequenting ally on as a consequenting as a consequential as a consequentia	Lng Aor	P7. WAS DEC PREGNAI POSTPAR (Yes or II NO	EDENT NT OR 90 D RTUM? Vo)	DAYS 28a. WAS PERF (Yes of Yes)	ORMED? or No)	AVAILAE COMPLE OF DEAT YES	Onset and Death UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions Smoker's Browners	ns - Condition	Cardiac Dissection Dissection Cardiome Cardiome Hyperter Due To (Tamponade OR AS A CONSEQUEN LING ASCENDE OR AS A CONSEQUEN OR AS A CONSEQUEN OSION but not previously stated	Lng Aor CE OF): CE OF): in Part I. 2	27. WAS DEC PREGNAI POSTPAR (Yes or II NO	EDENT NT OR 90 D NTUM? Vo) and place, an	28a. WAS PERF (Yes of Yes) Indiduction the cause	ORMED? or No) S (s) as stated.	AVAILAE COMPLE OF DEAT YES	Onset and Death UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No)		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions Smoker's Bro	ns - Condition Chic	Cardiac Dissection Dissection Due To (Cardiome Hyperter Due To (Hyperter Due To (Cardiome D	Tamponade OR AS A CONSEQUEN Ing Ascendi OR AS A CONSEQUEN Egaly OR AS A CONSEQUEN SION but not previously stated east of my knowledge, de-	Ing Aor CE OF): In Part I. 2 ath occurred at its stigation, in my ce	P.7. WAS DEC PREGNAH POSTPAH (Yes or II NO	EDENT NT OR 90 D RTUM? Vo) and place, an	28a. WAS PERF (Yes of the time, date, and	ORMED? Or No) S ((s) as stated. place, and du	AVAILAE COMPLE OF DEAT YES ue to the cause(s) as str	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No)		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause. stating the underlying cause last PART II. Other significant conditions Smoker's Brooker's Bro	ns - Condition CERTIFYING HEALTH OIL CORONER	Cardiac Dissection Dissection Due To (Cardiome Hyperter Due To (Hyperter Due To (Cardiome D	Tamponade OR AS A CONSEQUEN ING ASCENDIO OR AS A CONSEQUEN OR AS A CONSEQUEN OSION but not previously stated examination and/or investigation	CE OF): ce OF): ce OF): in Part I. 2 ath occurred at It strigation, in my on, in my opinion	P7. WAS DEC PREGNAÑ POSTPAR (Yes or i NO he time, date, opinion, death , death occur	EDENT NT OR 90 D TTUM? NO) and place, and occurred at the time	28a. WAS PERF (Yes of Ve) Indicate to the cause the time, date, and place, a	ORMED? S (s) as stated. place, and du	AVAILAE COMPLE OF DEAT YES use to the cause(s) as store cause(s) and manner	Onset and Death UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated.		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions Smoker's Bro	ns - Condition CERTIFYING HEALTH OIL CORONER	Cardiac Dissection Dissection Due To (Cardiome Hyperter Due To (Hyperter Due To (Cardiome D	Tamponade OR AS A CONSEQUEN ING ASCENDE OR AS A CONSEQUEN OR AS A CONSEQUENCY OR AS A CONS	ath occurred at its stigation, in my opinion	P7. WAS DEC PREGNAÑ POSTPAR (Yes or i NO he time, date, opinion, death , death occur	EEDENT NT OR 90 D RTUM? Vo) and place, an n occurred at t red at the time	28a. WAS PERF (Yes of Ye) Indiduction the cause the time, date, and e, date, and place, i	S (s) as stated. place, and duand due to the	AVAILAE COMPLE OF DEAT YES Lue to the cause(s) as state are cause(s) and manner 29d. DATE SIG	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. iNED (Month, Day, Year)		
DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause. stating the underlying cause last PART II. Other significant conditions Smoker's Brooker's Bro	ns - Condition CERTIFYING HEALTH OI CORONER CERTIFIER	Cardiac DUETO (DISSECT: DUETO (Cardiome DUETO (Hyperter DUET	Tamponade OR AS A CONSEQUEN LNG AS CONSEQUEN EGALY OR AS A CONSEQUEN SION but not previously stated Dest of my knowledge, de- examination and/or investigation Deputy Porter (ce of): ce of): in Part I. ath occurred at it stigation, in my opinion Coroner County	P7. WAS DEC PREGNAÑ POSTPAR (Yes or i NO he time, date, opinion, death , death occur	EEDENT NT OR 90 D RTUM? Vo) and place, an n occurred at t red at the time	28a. WAS PERF (Yes of Management of the time, date, and place, and	S (s) as stated. place, and due to the SE NO. - 64	AVAILAE COMPLE OF DEAT YES Lue to the cause(s) as structure cause(s) and manner 29d. DATE SIG	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. ENED (Month, Day, Year)		
)EATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions Smoken's Browney Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF	ns - Condition CERTIFYING HEALTH OIL CORONER CERTIFIER	Cardiac DUETO (DISSECT: DUETO (Cardiome DUETO (Hyperter Ons contributing to death DIITIS GPHYSICIAN To the basis of camin	Tamponade OR AS A CONSEQUEN LNG AS CONSEQUEN EGALY OR AS A CONSEQUEN SION but not previously stated Dest of my knowledge, de: examination and/or investigation Deputy Porter OF DEATH (ITEM 26) (7)	in Part I. ath occurred at its stigation, in my opinion Coroner County Type/Print)	PREGNAP POSTPAR (Yes or It NO no time, date, pinion, death	EEDENT NT OR 90 D RTUM? Vo) and place, an a occurred at the time	28a. WAS PERF (Yes of the time, date, and place, and pl	S (s) as stated. place, and due to the ISE NO. - 64	AVAILAE COMPLE OF DEAT YES use to the cause(s) as store cause(s) and manner 29d. DATE SIG AUGUST ESENTATIVE	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. ENED (Month, Day, Year)		
)EATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions Smoken's Browney Check only One) 29a. CERTIFIER Check only One) 29b. SIGNATURE AND TITLE OF DOR'S A. Aml	CERTIFYING HEALTH OI CORONER CERTIFIER CERTIFIER CORONER CORONER CORONER CORONER CORONER	Cardiac DUETO (DISSECTION DUETO (Cardiome DUETO (Hyperter DUETO (Hyper	Tamponade OR AS A CONSEQUEN Ing Ascendi OR AS A CONSEQUEN Egaly OB AS A CONSEQUEN Ision but not previously stated Deputy Porter OF DEATH (ITEM 26) (1) The Consequence of the	in Part I. ath occurred at its stigation, in my opinion Coroner County Type/Print)	PREGNAP POSTPAR (Yes or It NO no time, date, pinion, death	EEDENT NT OR 90 D RTUM? Vo) and place, an a occurred at the time	28a. WAS PERF (Yes of the time, date, and place, and pl	S (s) as stated. place, and due to the ISE NO. - 64	AVAILAE COMPLE OF DEAT YES ue to the cause(s) as stree cause(s) and manner 29d. DATE SIG AUGUST CESENTATIVE Office)	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. ENED (Month, Day, Year)		
)EATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions Smoken's Browney Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF	CERTIFYING HEALTH OI CORONER CERTIFIER CERTIFIER CORONER CORONER CORONER CORONER CORONER	Cardiac DUETO (DISSECTION DUETO (Cardiome DUETO (Hyperter DUETO (Hyper	Tamponade OR AS A CONSEQUEN Ing Ascendi OR AS A CONSEQUEN Egaly OB AS A CONSEQUEN Ision but not previously stated Deputy Porter OF DEATH (ITEM 26) (1) The Consequence of the	in Part I. ath occurred at its stigation, in my opinion Coroner County Type/Print)	PREGNAP POSTPAR (Yes or It NO no time, date, pinion, death	EEDENT NT OR 90 D RTUM? Vo) and place, an a occurred at the time	28a. WAS PERF (Yes of the time, date, and place, and pl	S (s) as stated. place, and due to the ISE NO. - 64	AVAILAE COMPLE OF DEAT YES ue to the cause(s) as stree cause(s) and manner 29d. DATE SIG AUGUST CESENTATIVE Office)	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. ENED (Month, Day, Year) t 6, 2007		
EATH:	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions Smoken's Browney Check only One) 29a. CERTIFIER Check only One) 29b. SIGNATURE AND TITLE OF DOR'S A. Aml	CERTIFYING HEALTH OI CORONER CERTIFIER CERTIFIER CORONER CORONER CORONER CORONER CORONER	Cardiac DUETO (DISSECTION DUETO (Cardiome DUETO (Cardiome Hyperter DUETO (Hyperter DUET	Tamponade OR AS A CONSEQUEN ING ASCENDING OR AS A CONSEQUEN OR AS A CONSEQUEN OSION but not previously stated examination and/or investigation Deputy Porter OF DEATH (ITEM 26) (7) OR DEATH (ITEM 26) (7)	ath occurred at It stigation, in my opinion Coroner County ype/Print) Valpa	P7. WAS DEC PREGNAT POSTPAR (Yes or N NO ne time, date, opinion, death , death occur Talso	EEDENT NT OR 90 D RTUM? Vo) and place, an a occurred at the time 29c. IN 4	28a. WAS PERF (Yes of the time, date, and place, and pl	(s) as stated, place, and du to the SE NO. - 64 (Reprof.	AVAILAE COMPLE OF DEAT YES Lue to the cause(s) as structure and manner 29d. DATE SIGN AUGUST ESENTATIVE OFFICE) 327)DATE FILE	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. ENED (Month, Day, Year) Company of the company		
XERTIFIER **EALTH	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause. stating the underlying cause last PART II. Other significant conditions Smoker's Browney Smoker's Bro	CERTIFYING HEALTH OI CORONER CERTIFIER CERTIFIER CORONER CORONER CORONER CORONER CORONER	Cardiac DUETO (Dissection DUETO (Cardiome DUETO (Hyperter Ons contributing to death Dittis SPHYSICIAN To the basis of On the basis of examin COMPLETED CAUSE 155 India	Tamponade OR AS A CONSEQUEN ING ASCENDING OR AS A CONSEQUEN OR AS A CONSEQUEN OSION but not previously stated examination and/or investigation Deputy Porter OF DEATH (ITEM 26) (7) OR DEATH (ITEM 26) (7)	ath occurred at It stigation, in my opinion Coroner County ype/Print) Valpa	PAREGNAM POSTPAR (Yes or NO NO ne time, date, opinion, death occurr	EEDENT NT OR 90 D RTUM? Vo) and place, an a occurred at the time 29c. IN 4	28a. WAS PERF (Yes of Yes) Indiduct to the cause the time, date, and place,	(s) as stated. (s) as stated. place, and du and due to th SE NO. - 64 (Repr of	AVAILAE COMPLE OF DEAT YES Lue to the cause(s) as structure and manner 29d. DATE SIGN AUGUST ESENTATIVE OFFICE) 327)DATE FILE	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. as stated. anED (Month, Day, Year) t 6, 2007 e		
XERTIFIER **EALTH	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause. stating the underlying cause last PART II. Other significant conditions are considered by the condition of the conditi	ns - Condition Chic CERTIFYING HEALTH OIL CORONER CERTIFIER HERSON WHO ING, JREA. 7	Cardiac DUETO (DISSECTION DUETO (Cardiome DUETO (Cardiome Hyperter DUETO (Hyperter DUET	Tamponade OR AS A CONSEQUEN LNG ASCENDE OR AS A CONSEQUEN LOGALY OR AS	in Part I. 2 ath occurred at it stigation, in my opinion Coroner County ype/Print) 34c. IN	P7. WAS DEC PREGNAT POSTPAR (Yes or N NO ne time, date, opinion, death , death occur Talso	and place, and occurred at the time 29c. IN A	28a. WAS PERF (Yes of Yes of Y	(s) as stated. place, and due to the SE NO. - 64 (Reprof	AVAILAE COMPLE OF DEAT YES THE CAUSE(S) and manner 29d. DATE SIG AUGUST SECOND 327) DATE FILE OFFICE) OFFICE) OCCURRED OCCU	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. the fire friend		
EATH:	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause. stating the underlying cause last PART II. Other significant conditions of the immediate cause. Stating the underlying cause last PART II. Other significant conditions of the immediate cause. Stating the underlying cause last 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF COMMENT OF INTERPORT OF INTERPOR	ns - Condition CERTIFYING HEALTH OF CORONER CERTIFIER ING, JREA. 7	Cardiac DUETO (DISSECTION DUETO (Cardiome Cardiome DUETO (Hyperter DUET	Tamponade OR AS A CONSEQUEN ING ASCENDE OR AS A CONSEQUEN EGALY OR AS A CONSEQUEN EGALY OR AS A CONSEQUEN ESTON but not previously stated best of my knowledge, de- rexamination and/or investigation Deputy Porter OF DEATH (ITEM 26) (7 EATH AVENUE DATE (ITEM 26) (7 EATH AVENUE	in Part I. 2 ath occurred at II stigation, in my opinion Coroner County yperPrint) Valpa	JURY AT WO	TOR 90 D STUM? And place, and occurred at the time 29c. IN 4	28a. WAS PERF (Yes of Yes of Y	(s) as stated. (s) as stated. place, and duand due to the SE NO. - 64 (Reprof	AVAILAE COMPLE OF DEAT YES THE cause(s) and manner 29d. DATE SIG AUGUST OFFICE) 327)DATE FILE YOCCURRED CATCIAC SIDENCE OFFICE	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. the fire friend		
EATH:	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause. stating the underlying cause last PART II. Other significant conditions Smoker's Browney 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF DOTIS A. Aml 31. HEALTH OFFICER SIGNATION OF DEATH Natural Pending Investigat Accident	ns - Condition CERTIFYING CORONER CERTIFIER CORONER CERTIFIER CORONER CORONER	Cardiac DUETO (DISSECT: DUETO (Cardiome Cardiome DUETO (Hyperter DUETO (Hype	Tamponade OR AS A CONSEQUEN LNG ASCENDE OR AS A CONSEQUEN Egaly OR AS A CONSEQUEN Egaly OR AS A CONSEQUEN ESION but not previously stated Destroin investigation Deputy Porter OF DEATH (ITEM 26) (7 EARLA AVENUE DESTROIN AV	in Part I. 2 ath occurred at II stigation, in my opinion Coroner County yperPrint) Valpa	JURY AT WO	and place, and occurred at the time 29c. IN 4	28a. WAS PERF (Yes of Yes of Y	(s) as stated. place, and due to the SE NO. - 64 (Reprof	AVAILAE COMPLE OF DEAT YES THE CAUSE(S) and manner 29d. DATE SIG AUGUST ESENTATIVE OFFICE) 327)DATE FILE YOCCURRED d Cardiac Sidence offices Cural Route Number, Cli Street	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. the fire friend		
EATH:	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause. stating the underlying cause last PART II. Other significant conditions of the immediate cause. Stating the underlying cause last PART II. Other significant conditions of the immediate cause. Stating the underlying cause last PART II. Other significant conditions of the immediate cause. Stating the underlying cause last underlying one. 29a. CERTIFIER (Check only one) 30. NAME AND ADDRESS OF PIDOR'S A. Aml 31. HEALTH OFFICER'S GNATION of the immediate cause. Stating investigat accident of the immediate cause	ns - Condition CERTIFYING HEALTH OF CORONER CERTIFIER ERSON WHO ING, JREA. 7	Cardiac DUETO (Dissection DUETO (Cardiome DUETO (Cardiome DUETO (Hyperter DUETO	Tamponade OR AS A CONSEQUEN LNG ASCENDE OR AS A CONSEQUEN Egaly OR AS A CONSEQUEN Egaly OR AS A CONSEQUEN ESION but not previously stated Destroin investigation Deputy Porter OF DEATH (ITEM 26) (7 EARLA AVENUE DESTROIN AV	ath occurred at listingation, in my opinion Coroner County yype/Print) Valpa 34c. IN (Y	P7. WAS DEC PREGNAI POSTPAR (Yes or N NO ne time, date, ppinion, death , death occur Taiso Jury at wo (es or No) O	and place, and occurred at the time 29c. IN A 34f. Local 360 C Valp	28a. WAS PERF (Yes of Ye and due to the cause the time, date, and e, date, and place, and CORONER 46383 34d. DESCRIBE Decede while TION (Street and I) ON. Cam Daraiso,	(s) as stated. place, and due to th SE NO. - 64 (Repr of HOW INJURY nt ha at re Vumber or R pbell Indi	AVAILAE COMPLE OF DEAT YES THE CAUSE(S) and manner 29d. DATE SIG AUGUST ESENTATIVE OFFICE) 327)DATE FILE YOCCURRED d Cardiac Sidence offices Cural Route Number, Cli Street	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. the fire friend		
XERTIFIER **EALTH	IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause. stating the underlying cause last PART II. Other significant conditions of the immediate cause. Stating the underlying cause last PART II. Other significant conditions of the immediate cause. Stating the underlying cause last 29a. CERTIFIER (Check only one)	ns - Condition CERTIFYING HEALTH OI CORONER CERTIFIER ING, JHEA. 7	Cardiac DUETO (Dissection DUETO (Cardiome DUETO (Cardiome DUETO (Hyperter DUETO	Tamponade OR AS A CONSEQUENT OR DEATH (ITEM 26) (1) OR DEA	ath occurred at listingation, in my opinion Coroner County yype/Print) Valpa 34c. IN (Y	P7. WAS DEC PREGNAI POSTPAR (Yes or N NO ne time, date, ppinion, death , death occur Taiso Jury at wo (es or No) O	and place, and occurred at the time 29c. IN A 34f. Local 360 C Valp	28a. WAS PERF (Yes of Ye and due to the cause the time, date, and e, date, and place, and CORONER 46383 34d. DESCRIBE Decede while TION (Street and I) ON. Cam Daraiso,	(s) as stated. place, and due to th SE NO. - 64 (Repr of HOW INJURY nt ha at re Vumber or R pbell Indi	AVAILAE COMPLE OF DEAT YES THE CAUSE(S) and manner 29d. DATE SIG AUGUST ESENTATIVE OFFICE) 327)DATE FILE YOCCURRED d Cardiac Sidence offices Cural Route Number, Cli Street	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? (Yes or No) ated. as stated. the fire friend		