



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 534-08 Parcel # 45-17-05-452 State No. 010-000-047

1. Decedent's Legal Name (First, Middle, Last) ROBYN FREDERICK LUTZ				1a. Maiden Last Name (If Female)		2. Sex M	3. Time Of Death 4:17 PM	4. Date Of Death (Month/Day/Year) FEBRUARY 9, 2008			
5. Social Security Number 353-01-3149	6a. Age Yrs 87	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) May 24, 1920		8. Birthplace (City And State Or Foreign Country) CHICAGO, ILLINOIS			
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) ST. ANTHONY IN-PATIENT HOSPICE CENTER											
12. City Or Town, State, And Zip Code CROWN POINT, INDIANA 46307					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name NONE			15a. (If Wife) Give Maiden Last Name N/A			16. Decedent's Usual Occupation ELECTRICIAN		Kind Of Business/Industry OIL			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No. NA	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 9-12th grade, no diploma		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White							
22. Father's Name (First, Middle, Last) WILLIAM LUTZ				23. Mother's Name (First, Middle, Last) WILMA LUTZ				23a. Mother's Maiden Name Celaste			
24. Informant's Name DANIEL LUTZ		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 10728 HEATHER DRIVE, CROWN POINT, INDIANA 46307							
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS		25c. Location - City, Town, And State SCHERERVILLE, INDIANA							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME 8178 S. CLINE AVE., SCHERERVILLE, INDIANA 46375				27a. Funeral Home License Number: FH19900051					
27b. Signature Of Indiana Funeral Service Licensee: <i>David A. Gabeaux</i>						27c. License Number (Of Licensee) FD20500007 / FD20500014					
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>End Stage Dementia</u> Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Approximate Interval: Onset To Death <u>Months</u>											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were Autopsy Findings Available To Determine The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year) NA		35. Time Of Injury NA		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) NA		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Location Of Injury - State NA		38a. City Or Town NA		38b. Street & Number NA		38c. Apt. No. NA	38d. Zip Code NA				
39. Describe How Injury Occurred NA						40. Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <i>George Babchuk</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GEORGE BABCHUK, M.D. - 1121 INDIANA AVE, CROWN POINT IN.						44. License Number 01031717		45. Date Certified 2/12/08			
46. Additional Funeral Service Provider: NA						47. *Akas: NA		016068			
48. Signature of Local Health Officer: <i>Susan J. Burt, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): February 14, 2008					

2008 06 13 0930
MICHAEL A. BROWN
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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LAKE COUNTY RECORDER!
STOP
PEGGY HOEINGA KATONA
LAKE COUNTY AUDITOR
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL AS FILED WITH THE RECORDER
INDIAN FEB 14 2008