



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1977-08

State No.

Form with fields for decedent information (Eileen Huffman Baker), date of death (June 2, 2008), cause of death (Chronic Obstructive Lung Disease, Congestive Heart Failure), informant (Scott R. Huffman), and certifier (E. Astfour, M.D.).

MERIDIAN TITLE CORPORATION HAS MADE AN ACCOMMODATION RECORDING OF THIS DOCUMENT

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FILED NOV 05 2008 PEGGY HOLINGA RATONA LAKE COUNTY AUDITOR

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