

No: 920086385

LEGAL DESCRIPTION

Part of the North 1/2 of the North 1/2 of the Southeast 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 32, Township 36 North, Range 7 West of the Second Principal Meridian, in the Town of Hobart, Lake County, Indiana, more particularly described as follows:

Commencing at the Northeast corner of said North 1/2 of the North 1/2 of the Southeast 1/4 of the Southwest 1/4; thence West 33.0 feet to an iron pipe located on the West line of a 33.0 foot street reserved in Deed Record 33, page 524 from John G. Earle and Eveline J. Earle to Thomas Parker and Eliza Parker recorded August 6, 1883, being the point of beginning; thence running South 33 feet; thence West 125 feet; thence North 33 feet; thence East 125 feet to the place of beginning.



OFFICE of VITAL STATISTICS

CERTIFIED COPY FLORIDA CERTIFICATE OF DEATH

RE IN WAXENT CK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) LOREN J. BOWMAN
2. SEX MALE
3. DATE OF BIRTH (Month, Day, Year) NOVEMBER 16, 1946
4a. AGE-Last Birthday (Years) 61
4b. UNDER 1 YEAR Months
4c. UNDER 1 DAY Hours Minutes
5. DATE OF DEATH (Month, Day, Year) FEBRUARY 29, 2008
6. SOCIAL SECURITY NUMBER
7. BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA
8. COUNTY OF DEATH SEMINOLE
9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
NON-HOSPITAL: Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify)
10. FACILITY NAME (If not institution, give street address) HOSPICE OF THE COMFORTER
11a. CITY, TOWN, OR LOCATION OF DEATH ALTAMONTE SPRINGS
11b. INSIDE CITY LIMITS? X Yes No
12. MARITAL STATUS (Specify) X Married Married, but Separated Widowed Divorced Never Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) CHERYL REEDER
14a. RESIDENCE - STATE INDIANA
14b. COUNTY LAKE
14c. CITY, TOWN, OR LOCATION HOBART
14d. STREET ADDRESS 1801 E. HICKEY STREET
14e. APT. NO.
14f. ZIP CODE 46342
14g. INSIDE CITY LIMITS? X Yes No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) CARPENTER
15b. KIND OF BUSINESS/INDUSTRY CONSTRUCTION
16. DECEDENT'S RACE (Specify the race/faces to indicate what decedent considered himself/herself to be. More than one race may be specified.) X White Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify)
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Yes (If Yes, specify) X No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify)
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th or less High school but no diploma X High school diploma or GED College but no degree College degree (Specify): Associate Bachelor's Master's Doctorate
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes No
20. FATHER'S NAME (First, Middle, Last, Suffix) LOREN G. BOWMAN
21. MOTHER'S NAME (First, Middle, Maiden Surname) VIRGINIA VERPLANK
22a. INFORMANT'S NAME CHERYL BOWMAN
22b. RELATIONSHIP TO DECEDENT WIFE
23a. INFORMANT'S MAILING - STATE INDIANA
23b. CITY OR TOWN HOBART
23c. STREET ADDRESS 1801 E. HICKEY STREET
23d. ZIP CODE 46342
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) EVERGREEN MEMORIAL
25a. LOCATION - STATE INDIANA
25b. LOCATION - CITY OR TOWN HOBART
26a. METHOD OF DISPOSITION Burial Entombment Cremation X Donation Removal from State Other (Specify)
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No
27a. LICENSE NUMBER (of Licensee) F043878
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
28. NAME OF FUNERAL FACILITY A COMMUNITY FUNERAL HOME & SUNSET CREMATIONS
29a. FACILITY'S MAILING - STATE FLORIDA
29b. CITY OR TOWN ORLANDO
29c. STREET ADDRESS 910 W. MICHIGAN STREET
29d. ZIP CODE 32805
30. CERTIFIER: X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier) PHYSICIAN'S SIGNATURE
31b. DATE SIGNED (mm/dd/yyyy) 3/3/08
32. TIME OF DEATH (24 hr.) 2040
33. MEDICAL EXAMINER'S CASE NUMBER
34a. LICENSE NUMBER (of Certifier) ME63176
34b. CERTIFIER'S NAME ERIC MOORE, M.D.
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)
36a. STREET ADDRESS 605 MONTGOMERY RD.
36b. CITY OR TOWN ALTAMONTE SPRINGS
36c. ZIP CODE 32714
37. SUBREGISTRAR - Signature and Date
38a. LOCAL REGISTRAR - Signature Angela S. Clark, COK
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) March 4, 2008
39. PROBABLE MANNER OF DEATH Natural Accident Suicide Homicide Pending investigation Undetermined
40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes No
41. CAUSE OF DEATH - PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Melanoma
b. Cardiac Arrest
c.
d.
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
42a. WAS AN AUTOPSY PERFORMED? Yes No X
42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY
43b. DATE OF SURGERY (Mo., Day, Yr.)
44. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: Yes No Unknown If Yes, specify timeframe: at time of death within 1 to 42 days of death within 43 days to 1 year of death
46. DATE OF INJURY (Month, Day, Year)
47. TIME OF INJURY (24 hr.)
48. INJURY AT WORK? Yes No
49a. LOCATION OF INJURY - STATE
49b. CITY OR TOWN
49c. STREET ADDRESS
49d. APT. NO.
49e. ZIP CODE
50. DESCRIBE HOW INJURY OCCURRED
51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
IF TRANSPORTATION INJURY, 52a. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify)
52b. Type of Vehicle Car/Minivan S.U.V. Motorcycle Pickup Truck/Cargo Van Bus Heavy Transport Other (Specify)

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

MEDICAL CERTIFIER

CAUSE OF DEATH TO BE COMPLETED BY: MEDICAL CERTIFIER

State of Florida, Department of Health, Vital Statistics

DH Form 512, Jul. 2004 (Obsoletes previous editions which may not be used)

Michael J. Noyes DOH-SEMINOLE CHD LOCAL REGISTRAR

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DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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