

08/29/2007 09:02 FAX 2198647231

MCCOLLY MORTGAGE

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2009 027

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume the statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.

Case No. 1947-07

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

830978
PERMIT
PERMANENT
LACK INK

DECEDENT

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) **JEAN TOPOREK**

2. SEX **Female**

3. TIME OF DEATH **7:16 A.M.**

3a. DATE OF DEATH (Month, Day, Year) **August 18, 2007**

4. SOCIAL SECURITY NUMBER **[REDACTED]**

5a. AGE—Last Birthday (Years) **91**

5b. UNDER 1 YEAR (Months, Days)

5c. UNDER 1 DAY (Hours, Minutes)

6. DATE OF BIRTH (Month, Day, Year) **May 21, 1916**

7. BIRTHPLACE (City and State or Foreign Country) **Chicago, Illinois**

8a. WAS DECEDENT A U.S. VETERAN? **No**

8b. YEAR LAST SERVED IN U.S. ARMED FORCES? **None**

9. FACILITY NAME (If not institution, give street and number) **Wittenberg Lutheran Village**

10. CITY, TOWN, OR LOCATION OF DEATH **Crown Point**

11. COUNTY OF DEATH **Lake**

12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use railroad.) **Homemaker**

13. KIND OF BUSINESS INDUSTRY

13a. RESIDENCE—STATE **Indiana**

13b. COUNTY **Lake**

13c. CITY, TOWN, OR LOCATION **Hammond**

13d. STREET AND NUMBER **4907 Catalpa Avenue**

13e. CITY, TOWN, OR LOCATION **Hammond**

13f. COUNTY **Lake**

13g. ZIP CODE **46327**

13h. INSIDE CITY LIMITS? No Yes

13i. ON A FARM? No Yes

13j. CITIZEN OF WHAT COUNTRY? **U.S.A.**

14. WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

15. RACE—American Indian, Black, White, etc. (Specify) **White**

16. AGE—American Indian, Black, White, etc. (Specify)

17. DECEDENT'S EDUCATION (Specify only high school completed) **High School**

18. MOTHER'S NAME (First, Middle, Maiden Surname) **Mary Szarek**

19. FATHER'S NAME (First, Middle, Last) **Michael Bakaj**

20. MAKING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **13160 Rhode St., Cedar Lake, Indiana 46303**

20a. Relationship **Son**

21. METHOD OF DISPOSITION: Burial Cremation Other (Specify) Donation Other (Specify)

21a. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **August 11, 2007 Holy Cross Cemetery of Calumet City, Illinois**

21b. LOCATION—City or Town, State

22. EMBALMER'S NAME: **Larry D. Anthony**

22a. LICENSE NUMBER (of Licensee) **01001447**

22b. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave, Munster, IN 46321**

23. WAS DEATH REPORTED TO CORONER? No Yes

24. PART I: Enter the diagnosis, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest. Enter the immediate cause of death (List only one cause of death). **THE CERTIFIER THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT, DUE TO IDR AS A CONSEQUENCE OF: AUG 10 2007**

24a. IMMEDIATE CAUSE OF DEATH (List only one cause of death resulting in death)

24b. CAUSE OF DEATH (List only one cause of death resulting in death)

24c. CAUSE OF DEATH (List only one cause of death resulting in death)

24d. CAUSE OF DEATH (List only one cause of death resulting in death)

24e. CAUSE OF DEATH (List only one cause of death resulting in death)

24f. CAUSE OF DEATH (List only one cause of death resulting in death)

24g. CAUSE OF DEATH (List only one cause of death resulting in death)

24h. CAUSE OF DEATH (List only one cause of death resulting in death)

24i. CAUSE OF DEATH (List only one cause of death resulting in death)

24j. CAUSE OF DEATH (List only one cause of death resulting in death)

24k. CAUSE OF DEATH (List only one cause of death resulting in death)

24l. CAUSE OF DEATH (List only one cause of death resulting in death)

24m. CAUSE OF DEATH (List only one cause of death resulting in death)

24n. CAUSE OF DEATH (List only one cause of death resulting in death)

24o. CAUSE OF DEATH (List only one cause of death resulting in death)

24p. CAUSE OF DEATH (List only one cause of death resulting in death)

24q. CAUSE OF DEATH (List only one cause of death resulting in death)

24r. CAUSE OF DEATH (List only one cause of death resulting in death)

24s. CAUSE OF DEATH (List only one cause of death resulting in death)

24t. CAUSE OF DEATH (List only one cause of death resulting in death)

24u. CAUSE OF DEATH (List only one cause of death resulting in death)

24v. CAUSE OF DEATH (List only one cause of death resulting in death)

24w. CAUSE OF DEATH (List only one cause of death resulting in death)

24x. CAUSE OF DEATH (List only one cause of death resulting in death)

24y. CAUSE OF DEATH (List only one cause of death resulting in death)

24z. CAUSE OF DEATH (List only one cause of death resulting in death)

25. PART II: Other significant conditions - Conditions contributing to death but not primarily listed in PART I.

26. CERTIFIER (Check only one): CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

27. SIGNATURE AND TITLE OF CERTIFIER **Bernardo S. Lucena**

27a. MEDICAL LICENSE NO. **0103938**

27b. DATE SIGNED (Month, Day, Year) **August 9, 2007**

28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) **Bernardo S. Lucena, M.D., 1121 S. Indiana Avenue, Crown Point, Indiana 46307**

29. HEALTH OFFICER'S SIGNATURE **Susan W. Best, D.O.**

30. DATE FILED (Month, Day, Year) **August 10, 2007**

31. MANNER OF DEATH: Natural Pending Investigation Accident Suicide Could not be Determined

32. DATE OF INJURY (Month, Day, Year)

33. TIME OF INJURY

34. INJURY AT WORK? (Yes or no)

35. DESCRIBE HOW INJURY OCCURRED

36. PLACE OF INJURY—All home, farm, street, factory, office building, etc. (Specify)

37. LOCATION (Street and Number or Rural Route Number, City or Town, State)

LOT 33, BLOCK 4, IN LASALLE ADDITION, TO THE CITY OF HAMMOND, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 14 PAGE 28 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

0-4572

NORTHWEST INDIANA TITLE
100 WASHINGTON STREET
ELLETTSVILLE, IN 47404
219-696-0100
APR 27 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR