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INDIANA STATE DEPARTMENT OF HEALTH

Local No. 583-03 CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED—NAME (LORRAYNE T. VEST), 2. SEX (FE), 3a. TIME OF DEATH (4:20 P.M.), 3b. DATE OF DEATH (FEBRUARY 28, 2003), 4. SOCIAL SECURITY NUMBER (349-36-0146), 5a. AGE (56), 6. DATE OF BIRTH (OCTOBER 28, 1946), 7. BIRTHPLACE (CHICAGO, ILLINOIS), 8a. WAS DECEDENT A U.S. VETERAN? (NO), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a. PLACE OF DEATH (HOSPITAL - Inpatient), 9b. FACILITY NAME (8712 DURBIN LANE), 9c. CITY, TOWN, OR LOCATION OF DEATH (CROWN POINT), 9d. COUNTY OF DEATH (LAKE), 10. MARITAL STATUS (MARRIED), 11. SURVIVING SPOUSE (DONALD E. VEST), 12a. DECEDENT'S USUAL OCCUPATION (CLERICAL), 12b. KIND OF BUSINESS/INDUSTRY (COUNTY GOVERNMENT), 13a. RESIDENCE—STATE (INDIANA), 13b. COUNTY (LAKE), 13c. CITY, TOWN, OR LOCATION (CROWN POINT), 13d. STREET AND NUMBER (8712 DURBIN LANE), 13e. ZIP CODE (46307), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (WHITE), 17. DECEDENT'S EDUCATION (High School), 18. FATHER'S NAME (JOSEPH RYBA), 19. MOTHER'S NAME (THERESA PARUS), 20a. INFORMANT'S NAME (DONALD E. VEST), 20b. MAILING ADDRESS (8712 DURBIN LANE, CROWN POINT, IN 46307), 20c. Relationship (HUSBAND), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (MARCH 3, 2003, CHAPEL LAWN MEMORIAL GARDENS), 21c. LOCATION (SCHEERVILLE INDIANA), 22a. EMBALMER'S NAME (CRAIG B. MALONE), 22b. EMBALMER'S LICENSE NO (1022392), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (James F. Burns), 24b. LICENSE NUMBER (1009461), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307), 26. PART I. IMMEDIATE CAUSE (lung carcinoma), 26. PART II. Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (NO), 28a. WAS AN AUTOPSY PERFORMED? (NO), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (N/A), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER (George Babchuk, M.D.), 29c. MEDICAL LICENSE NO (0103177), 29d. DATE SIGNED (3/4/2003), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (DR. GEORGE BABCHUK, 1121 S. INDIANA AVE., CROWN POINT, IN), 31. HEALTH OFFICER'S SIGNATURE (Susan W. Butcher, D.O.), 32. DATE FILED (March 4, 2003), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY (MAY 01 2000), 34b. TIME OF INJURY, 34c. INJURY AT WORK? (No), 34d. DESCRIBE HOW INJURY OCCURRED (PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR), 34e. PLACE OF INJURY, 34f. LOCATION (009184), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No).

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Chicago Title Insurance Company

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STATE OF INDIANA LAKE COUNTY RECORDER MICHAEL A. BROWN FILED FOR RECORD APR 14 2003 AM 9:18

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MAY 01 2000 March 4, 2003

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