Further affiant sayeth not.

William E. KEEP

Subscribed and sworn to before me, a Notary Public, this 20

My commission expires: 4

This Instrument prepared by: I Attorney at

MAY 0 4 2009

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

OFFICIAL SEAL CONNIE TOLBERT

1423210

004627



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 3927		State No								
Decedent's Legal Name (First, Middle, Last)	ecedent's Legal Name (First, Middle, Last)		1a. Maiden Last Name (If Fernale)			2. Sex 3. Time		e Of Death 4. Date Of Death (Month/Day/Year)		
JOANN M. KEEPES	KEEPES		JAMISON			F	8:27 P.M.	NOVI	NOVMEBER 17, 2008	
5 Social Security Number 6a. Age Yrs 5b. Under 1 Year 6c. Under		. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth	(Month/Day/Year)	8. Birthplace ((City And State Or F	eign Country)	
307-46-2647 ⁶⁵ Mor	65 Months Deys		Hours	Minutes	AUGUS	T 17, 1943	GARY, INI	GARY, INDIANA		
9. Ever In U.S. Armed Forces? 10. If Death Oct	curred in A Hospital:			10a. If Death Occum	ed Somewhere Oth	er Than A Hospital:	I	ity 🔲 Decedent's H	ome Nursing Home/Long-	
☐ Yes ☑ No Unknown ☐ ☐ Inpatient ☐	Dead On Arrival	n Arrival Term Care Facility □ Other (Specify)								
11. Facility Name (If Not Institution, Give Street And Nur WILLIAM J. RILEY MEMORIAL RESID	•	BOWEN DE	RIVE							
12. City Or Town, State, And Zip Code				13. County Of Death			14. Marital Status At Time Of Death			
MUNSTER, INDIANA 46321			LAKE				Married			
15. Surviving Spouse's Name 15. WILLIAM E. KEEPES			(If Wife)Give Maider	Mie)Give Maiden Last Name 16. Decedent's U			· ·			
8. Residence - State 18a. County				18b. City Or Town						
DIANA LAKE				HAMMOND (WHITING P.O.))						
18c. Street And Number 1828 STANTON AVENUE				18d.				3e. Zip Code 6394	187. Inside City Limits?	
19. Decedent's Education	·			nic Origin 21. Decedent's Race			1 40001		_l	
High school graduate or GED complet	Hispanic/Latin									
22. Father's Name (First, Middle, Last)	22. Father's Name (First, Middle, Last)			23. Mother's Name	(First, Middle, Last)		1	23a. Mother's Ma	aiden Last Name	
UNKNOWN	<u> </u>			MARY JAMISON KOBLE					TARAJ	
24. Informant's Name 24a. Relationship MR. WILLIAM E. KEEPES HUSBAND			Decedent	Decedent 246. Mailing Address (Street And Number, City, State, Zip Code) 1828 STANTON AVENUE, WHITING, INDIANA 46394						
			25. PI	ace Of Disposition	10	\				
25a. Method Of Disposition. ☐ Burial ☑ Cremation ☐ Donation ☐ Enformbment ☐ Removal From State	25b. Place Of Disp HERITAGE C			r, Other Place)	PORTAGE	- City, Town, And State	*			
Other (Specify): 26. Was Coroner Contacted? 27. Name /	And Complete Address C	# Funeral Facility	L OF	CHIC	IAL			1 m. c.		
 	& SON, INC., 12	1		ING, INDIANA	16394	w of		ı	eral Home License Number: 3007267	
27b. Signature Of Ipdana Funeral Service Licensee:		3 DUC	Q =	15 the p.	Toper	27c. L	cense Number (C	Of Licensee)		
Water &	Solu	the La	ke Coi	inty Re	cordei	FDE	1019456			
28 Part I Enter The Chain Of Events Disease	ac loiuse Or Con	Caus	e Of Death (Se	Instructions A	nd Examples)				
28. Part I. Enter The <u>Chain Of Events</u> —Diseases, Injuries, Or Complications Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without A Line. Add Additional Lines If Necessary.			lowing The Etiology. Do Not Abbreviate. Enter Only One C			ne Cause On	Approximate Interval: Onset			
Immediate Cause (Final Disease Or Condition I	Resulting In Death	A.	CANCU	su JE	LU U	L)			To Death	
Sequentially List Conditions If Any Leading To	The Cause Listed C				Due To (Or As A C	onsequence Of):				
Line A. Enter The Underlying Cause (Disease The Events Resulting in Death) Last	Line A. Enter The Underlying Cause (Disease Or Injury That Initiated			Due To (Or As A Cor						
The Events (Assuming it) Death) Last		C.			Due To (Or As A C	onsequence Of):		· · · · · · · · · · · · · · · · · · ·		
Part II. Enter Other Significant Conditions Contributing T	O Death But Not Resulting	D. ng In The Underly	ing Cause Given In P	art I	29. Was An Au	topsy Performed?	CIVe- 1	EZI No.		
			TILL	THIRD CONTRACTOR OF THE PARTY O	30. Were Auto	osy Findings Available	Yes	Cause Of Death?	☐ Yes ☑ No	
31. Did Tobacco Use Contribute To Death?	32 If Fernale:		THE PLAN	Op 13	L	33. Manner	Of Death:			
☐ Yes ☐ Probably ☐ No MiUnknown	Not Pregnant Within	Past Year D Pregregnant 43 Days To 1	Year Before Death	Not Pregnant, But Pregnan Univown If Pregnant With	t Within 42 Days Of De The Past Year		Homicide	tent D Pending Investig	gation	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		THIS C	CE OF INJURY (E.G., Dec	dent's Home, Con	struction Site, Restaun	ant, Wooded Area	a) 37	. Injury At Work?	
38. Location Of Injury - State	38a. City Or Town		0011	OF THE CERTIFICATE	OF DEATH ON D	WE WITH THE			☐ Yes ☐ No	
Crayary Come	Joan City Of Town		386. \$	DIANA	married I.	The state of the s	38c.	Apt. No. 38d.	Zip Code	
39 Describe How Injury Occurred				NOV 2	1 2008	40. If Tr	ansportation	Injury, Specif	y :	
41. Signature, Of Person Certifying Cause Of Death.		<u>/</u>			/	☐ DivestO	perator 🗆 Passenge	er 🛘 Pedestrian 🗎 Ot	ner (Specify)	
	42. Certifier (Check Dnily One) ☑ Certifying Physician ☐ Coroner ☐ Health Officer									
43. Name, Address And Zip Code Of Person Certi	fying Cause O Death		11/1		L63		cense Number		ste Certified	
RODRIGO R. PANARES	, M.D., 7	7550 H	OHMAN A	VE., MUI	WSTER,	ÎN 0	w 245	78 NO	V. 19, 2008	
46. Additional Funeral Service Provider:						47. *#	kas:	I		
48. Signature of Local Health Officer:	, ,			49. For Registrar	Only - Date Filed (Month/Day/Year):				
	est D.C					\mathcal{A}	Ausmi	Pur 21	2008	
tate Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Sec	urity # is being requested by th	is state agency in ord	er to pursue its statutory re	aconsibility Disclosure is vol	teriary and then we be	Do penalty for palmed. THE	DECORDS BY THE	SERIES ARE CONFIDE	1000	

Lot 8 in Block 11 in Sheffield, in the City of Hammond, as per plat thereof, of the Recorder of Lake County, Indiana.

This Document is the property of the Lake County Recorded in Plat Book 14 page 6, in the Office



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER 2293 NORTH MAIN STREET CROWN POINT, INDIANA 46307

MICHAEL A. BROWN Recorder

PHONE (219) 755-3730 FAX (219) 755-3257

MEMORANDUM

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