

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 030527

2009 MAY -7 PM 2:53

MICHAEL A. BROWN
RECORDER

Amending 2007-008990

Certificate of Assumed Business Name

To be used by persons who are establishing (sole proprietorships, associations, or general partnerships), and are engaged in a business under a name other than their own.

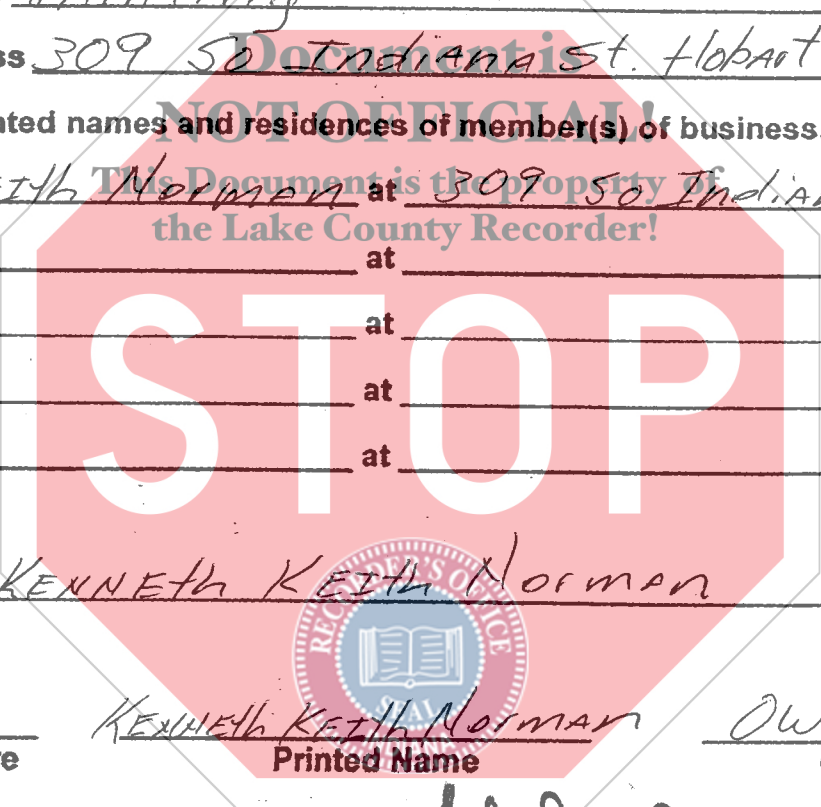
State of Indiana, County LAKE

Name of Business North West Custom Painting

Nature of Business Painting

Address of Business 309 50 Indiana St. Hobart In. 46342

Printed names and residences of member(s) of business:



KENNETH KEITH Norman at 309 50 Indiana Hobart In
 _____ at _____
 _____ at _____
 _____ at _____
 _____ at _____

Form prepared by: KENNETH KEITH Norman

[Signature]
Members's Signature

KENNETH KEITH Norman
Printed Name

owner
Capacity

#16
CS
CA

Filed on 5-7-09, Michael A Brown, Recorder

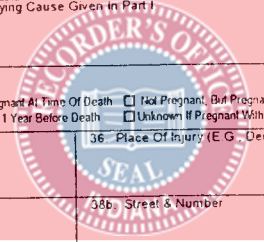
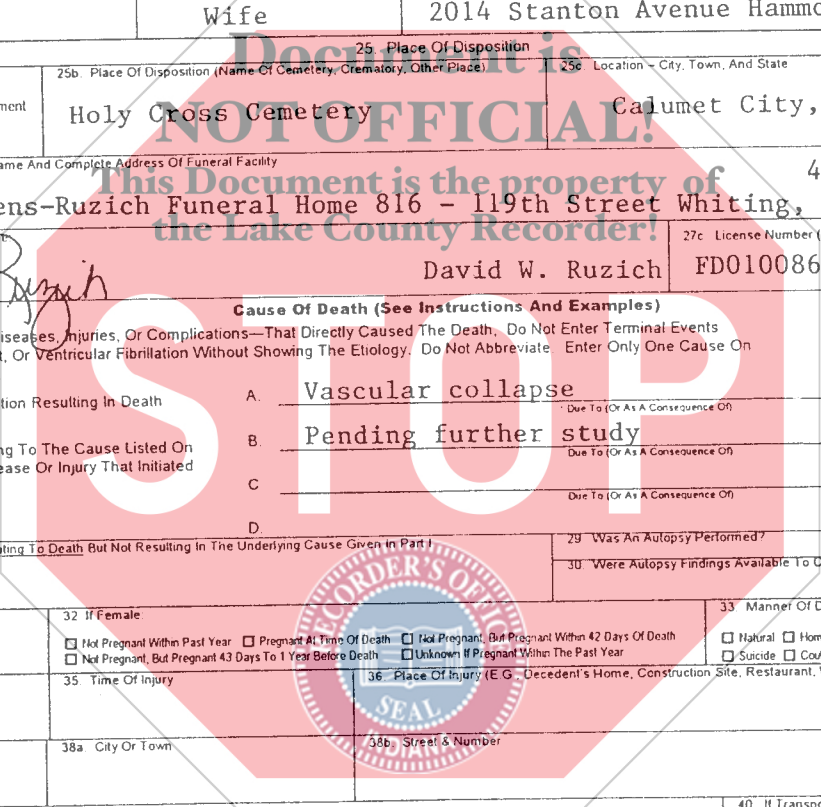
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 1405-09

State No.

1 Decedent's Legal Name (First, Middle, Last) Richard Jerome Preneta				1a Maiden Last Name (If Female)		2 Sex Male	3 Time Of Death 3:15p.m.	4 Date Of Death (Month/Day/Year) March 22, 2009	
5 Social Security Number 312-68-6713	6a Age - Yrs 48	6b Under 1 Year Months	6c Under 1 Month Days	6d Under 1 Day Hours	6e Under 1 Hour Minutes	7 Date Of Birth (Month/Day/Year)		8 Birthplace (City And State Or Foreign Country) East Chicago, Indiana	
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10 If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11 Facility Name (If Not Institution, Give Street And Number) 2014 Stanton Avenue									
12 City Or Town, State, And Zip Code Hammond (Whiting PO) Indiana				13 County Of Death Lake		14 Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15 Surviving Spouse's Name Tina Preneta			15a (If Wife) Give Maiden Last Name Stinnett		16 Decedent's Usual Occupation Operator		17 Kind Of Business/Industry Refinery		
18 Residence - State Indiana		18a County Lake		18b City Or Town Hammond (Whiting PO)		18c Street And Number 2014 Stanton Avenue		18d Apt No 46394	
18e Zip Code 46394		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19 Decedent's Education		20 Decedent Of Hispanic Origin		21 Decedent's Race White	
22 Father's Name (First, Middle, Last) Richard J. Preneta			23 Mother's Name (First, Middle, Last) Maryanne Preneta			23a Mother's Maiden Last Name Harris			
24 Informant's Name Tina J. Preneta		24a Relationship To Decedent Wife		24b Mailing Address (Street And Number, City, State, Zip Code) 2014 Stanton Avenue Hammond, Indiana 46394					
25a Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Holy Cross Cemetery		25c Location - City, Town, And State Calumet City, Illinois					
26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility Owens-Ruzich Funeral Home 816 - 119th Street Whiting, Indiana				27a Funeral Home License Number FH10700040		27c License Number (Of Licensee) FD01008643	
27b Signature Of Indiana Funeral Service Licensee <i>David W. Ruzich</i>		27c License Number (Of Licensee) FD01008643							
28 Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Vascular collapse Due To (Or As A Consequence Of) B. Pending further study Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Approximate Interval Onset To Death Unknown									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.						29 Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30 Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32 If Female <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33 Manner Of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			34 Date Of Injury (Month/Day/Year)		35 Time Of Injury
36 Location Of Injury - State		38a City Or Town		36b Street & Number		38c Apt No		38d Zip Code	
39 Describe How Injury Occurred						40 If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41 Signature, Of Person Certifying Cause Of Death <i>Donna Melyon</i>						42 Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43 Name, Address And Zip Code Of Person Certifying Cause Of Death Donna Melyon, Deputy Coroner 2900 West 93rd Avenue Crown Point, Indiana 46307						44 License Number N/A		45 Date Certified April 2, 2009	
46 Additional Funeral Service Provider						47 *Akas			
48 Signature of Local Health Officer <i>Susan W. Best, D.O.</i>						49 For Registrar Only - Date Filed (Month/Day/Year) April 3, 2009			





OFFICE OF THE LAKE COUNTY RECORDER

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

MICHAEL A. BROWN
Recorder

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MEMORANDUM

DISCLAIMER

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CUSTOMER INITIALS KN DATE: 5/7/09

EMPLOYEE INITIALS CA DATE: 5/7/09