INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	/liddle, Last)				1	lame (If Female)		2. Sex	`		Of Death	ADDK	20.2000
MARCELLE A. TERZIA	.N				ARAKELIAN	ų.		F		3:10 PI	WI	APRIL	29, 2009
	a. Age Yrs	6b. Under 1 Y	ear 6c. Unde	r 1 Month	6d. Under 1 Day	6e. Under 1 Hour			nth/Day/Year)	•		d State Or Fo	reign Country)
354-30-5902	86	Months	Days		Hours	Minutes	_ '	April 15, 1	923	FRANC	CE		
9. Ever In U.S. Armed Forces?	10. If De	eath Occurred In A	Hospital:			10a. If Death Occ	urred Somewhe		· L		Facility D	ecedent's Ho	me 🔲 Nursing H
🗌 Yes 🛛 No Unknown 🗖	☐ Inpat	äent 🗌 Emergend	cy Department Outp	atient 🔲 (Dead On Arrival	Term Care Facility	d Other (Sp	DAU ecify)	JGHTER'S H	OME			
11. Facility Name (If Not Institution	n, Give Street	And Number)				1							
1906 FAIRWAY DRIVE													
12. City Or Town, State, And Zip (Code	•				13. Coun	ty Of Death			14. N	larital Status	At Time Of E	Death
MUNSTER, INDIANA 46	j 321					LAKE				_			eparated 🔲 Divor d 🔲 Unknown
15. Surviving Spouse's Name			• • • • • • • • • • • • • • • • • • • •	15a	. (If Wife)Give Maide	en Last Name		16. Dece	dent's Usual Occ		100%60		f Business/Industr
N/A				N/A	A			SELF	EMPLOYE	ΞD		CLEAN	ERS
18. Residence – State			18a. County			18b. City Or	Town	į.					
INDIANA			LAKE			MUNSTE	R				g	.	
18c. Street And Number		1							18d. Apt. No.		18e. Zip (Çode	18t. Inside C
1661 TULIP LANE											46321	$\overset{\smile}{\bigcirc}$	⊠ Yes □ N
19. Decedent's Education			20. Deceden	t Of Hispar	nic Origin	2	Decedent's I	Race			١	O	
High school graduate o	r GED cor	npleted	No, not S	panish/	/Hispanic/Latin	10 V	Vhite						
22. Father's Name (First, Middle, I	_ast)					23. Mother's Nam	ne (First, Middle	e, Last)			1		den Last Name
KEVORK ARAKELIAN						NECTAR AR	AKELIAN				1	CEBSIN	
24. Informant's Name			-		o Decedent	245. Mailing Add			• 3			N	
GISELE O'SHEA			DAUG	HTER		1906 FAIRW	AY DRIVE	MUNSTI	ER, INDIAN	46321		<u> </u>	
25a. Method Of Disposition.		1 25h I	Place Of Disposition	n (Nama O		lace Of Dispositiony, Other Place)		otion City	Town, And State			£	
	Burial 🔲 Crei	mation									_		
☐ Donation ☐ Entombment ☐ F ☐ Other (Specify):		mation	NEWOOD ME			FFI(WOOD, I					
Other (Specify):	Removal From	State HON	NEWOOD ME	MORIAI	L GARDENS	FFI(27a. Fune	eral Home License
	Removal From	Name And Comple	MEWOOD ME	MORIAI	GARDENS OF THE PROPERTY OF THE	FFI(Drop					27a. Fune	eral Home License
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State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory