



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3988-08

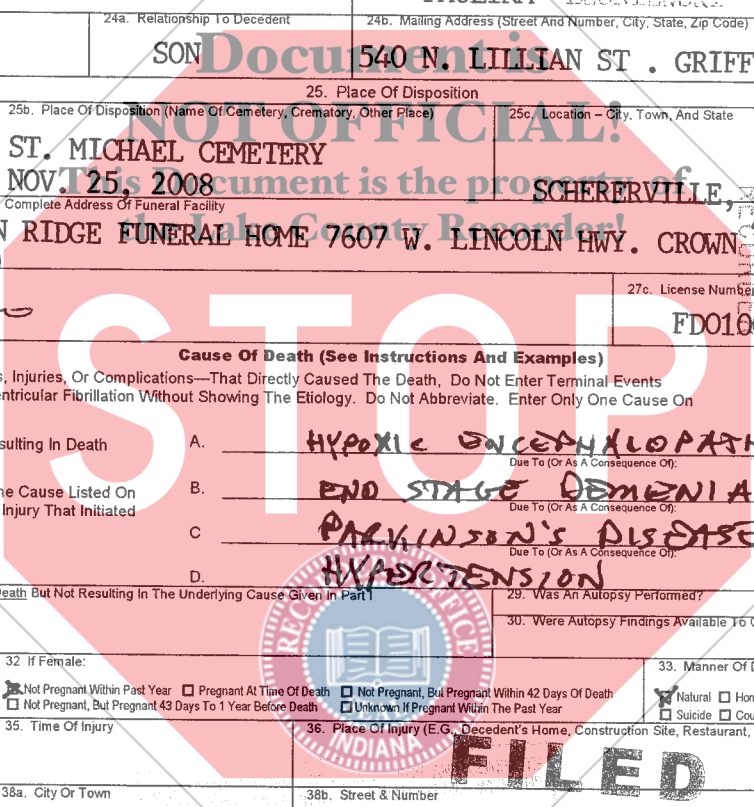
State No.

Form containing fields for decedent's name (ALFREDA A. LESNIEWSKI), date of death (NOV. 22, 2008), birth date (MARCH 15, 1929), and cause of death (HYPOXIC ENCEPHALOPATHY).

929-5526

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45-1115-178-005-006-036



Vertical stamp: 060894, 46307, SEP 01 2009, 9:26

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SEP 01 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR