

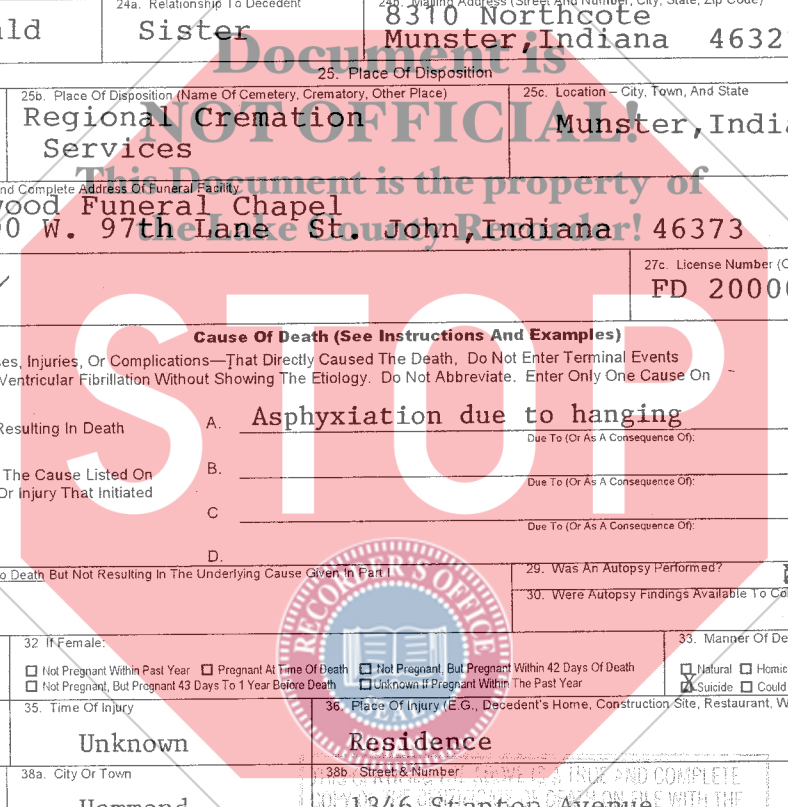
**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**



Local No. 2370-09

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>Paul H. Szczechowiak</b>				1a. Maiden Last Name (If Female)		2. Sex <b>Male</b>	3. Time Of Death <b>3:31 P.M.</b>	4. Date Of Death (Month/Day/Year) <b>June 30, 2009</b>							
5. Social Security Number <b>332-50-3762</b>		6a. Age - Yrs <b>53</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		7. Date Of Birth (Month/Day/Year) <b>Feb. 7, 1956</b>		8. Birthplace (City And State Or Foreign Country) <b>Chicago, Illinois</b>	
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) <b>1346 Stanton Avenue</b>										12. City Or Town, State, And Zip Code <b>Hammond Indiana 46394</b>		13. County Of Death <b>Lake</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>Court Services</b>		17. Kind Of Business/Industry <b>Law Firm</b>					
18. Residence - State <b>Indiana</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Hammond</b>			18c. Street And Number <b>1346 Stanton Avenue</b>		18d. Apt. No.		18e. Zip Code <b>46394</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>Bachelor Degree</b>			20. Decedent Of Hispanic Origin <b>No</b>			21. Decedent's Race <b>White</b>			22. Father's Name (First, Middle, Last) <b>Marcel Szczechowiak</b>		23. Mother's Name (First, Middle, Last) <b>Carol Szczechowiak</b>		23a. Mother's Maiden Last Name <b>Heide</b>		
24. Informant's Name <b>Christine Fitzgerald</b>			24a. Relationship To Decedent <b>Sister</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8310 Northcote Munster, Indiana 46321</b>									
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) <b>Regional Cremation Services</b>				25c. Location - City, Town, And State <b>Munster, Indiana</b>									
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Elmwood Funeral Chapel 11300 W. 97th Lane St. John, Indiana 46373</b>						27a. Funeral Home License Number. <b>FD 19900052</b>							
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee): <b>FD 20000019</b>									
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. <b>Asphyxiation due to hanging</b> Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last										28. 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined									
34. Date Of Injury (Month/Day/Year) <b>June 30, 2009</b>		35. Time Of Injury <b>Unknown</b>		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>Residence</b>			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
38. Location Of Injury - State <b>Indiana</b>		38a. City Or Town <b>Hammond</b>		38b. Street & Number <b>1346 Stanton Avenue</b>			38c. Apt. No.		38d. Zip Code <b>46394</b>						
39. Describe How Injury Occurred <b>Hanging</b>						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other									
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</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: <b>Donna Melyon, Deputy Coroner 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>						44. License Number <b>REGGY HOLINGA KATON</b>		45. Date Certified <b>DEC 01 2009</b>							
46. Additional Funeral Service Provider: <b>Kompare F.H., 9858 S. Commercial Ave.; Chicago, IL. 60617</b>						47. <b>LAKE COUNTY AUDITOR</b>									
48. Signature of Local Health Officer: <i>Susan W. Best D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>July 2, 2009</b>		<b>021249</b>							



**2009 079454**  
**2009 DEC - 1 AM 11:45**  
**STATE OF INDIANA**  
**LAKE COUNTY**  
**FILED FOR RECORD**  
**MICHAEL A. BROWN**  
**RECORDER**