



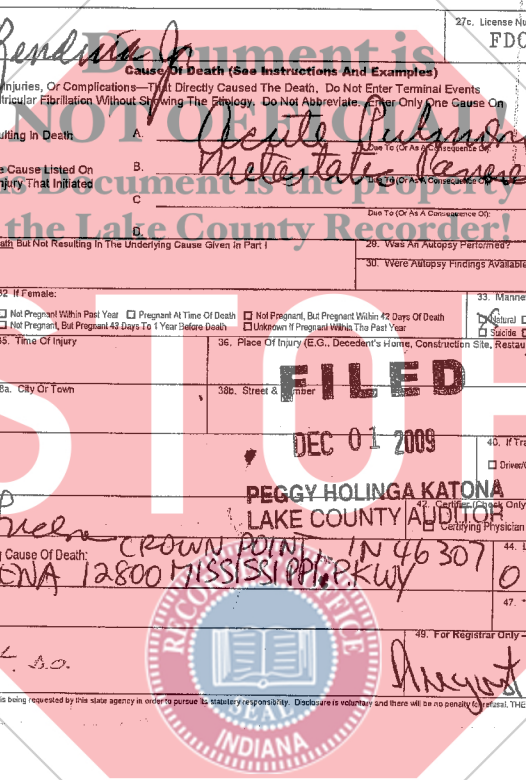
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 7884-09 620095385

State No. _____

1. Decedent's Legal Name (First, Middle, Last) MICHAEL JASO		1a. Maiden Last Name (if Female)		2. Sex Male	3. Time Of Death 7:45a.m.	4. Date Of Death (Month/Day/Year) August 4, 2009	
5. Social Security Number [REDACTED]	6a. Age - Yrs 50	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) Feb. 13, 1959	8. Birthplace (City And State Or Foreign Country) Gary Indiana
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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) 5714 W. 122nd ave.							
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307				13. County Of Death Lake		14. Marital Status (Time Of Death) <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated, But Separated <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Material Handler		17. Kind Of Business/Industry Ashland Chemical	
18. Residence - State Indiana		18a. County Lake		18b. City Of Town Crown Point			
18c. Street And Number 5714 W. 122nd Ave.				18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12		20. Decedent Of Hispanic Origin Mexican		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Ruben Jaso			23. Mother's Name (First, Middle, Last) Amparo Jaso				
24. Informant's Name Clifford Harrison		24a. Relationship To Decedent Executor		24b. Mailing Address (Street And Number, City, State, Zip Code) 5806 W. 122nd Pl. Crown Point, Indiana 46307			
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) Kelly-Carroll Crematory		25c. Place Of Disposition Gary, Indiana			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Redina Funeral Home, 5100 Cleveland St. Gary, Ind.				27a. Funeral Home License Number PH 83007819	
27b. Signature Of Indiana Funeral Service Licensee: <i>Anthony S. Rendina</i>		27c. License Number (Of Licensee) FD01010402					
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 Primary, Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval: Onset To Death							
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <i>Acute Pulmonary Edema</i>							
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 B. <i>Metastatic Basophilic Carcinoma</i>							
C. <i>Due To (Or As A Consequence Of)</i>							
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 type="checkbox"/> Yes <input type="checkbox"/> No	
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No. 021229	
38d. Zip Code		39. Describe How Injury Occurred					
40. If Transportation Injury: <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>Bernardo S. Lucena</i>					
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: BERNARDO S. LUCENA 12800 MISSISSIPPI PKWY CROWN POINT, IN 46307		43. License Number 01057302A		44. Date Certified 8/5/09			
45. Additional Funeral Service Provider:		46. Signature Of Local Health Officer: <i>Susan W. Best, D.O.</i>		47. "Akas": August 4, 2009			
48. Signature Of Registrar (For Registrar Only - Date Filed (Month/Day/Year)): <i>August 4, 2009</i>							

CHICAGO TITLE INSURANCE COMPANY



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MICHAEL JASO
LAKE COUNTY RECORDER