

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1108-05

45-07-30-379-012-000-027

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for Deceased Name (Vladimir Trbojevic), Sex (Male), Date of Death (April 17, 2005), Social Security Number (326-32-2928), Age (66), Date of Birth (April 23, 1938), Birthplace (Yugoslavia), Facility Name (Riley Hospice Residence), City/Town (Munster), County (Lake), Marital Status (Married), Spouse (Marija Brujic), Occupation (Quality Controller), Business/Industry (Harbor Tool Co.), Residence (1118 Camellia), ZIP Code (46321), Citizenship (U.S.A.), Race (White), Education (12), Informant Name (Marija Trbojevic), Mailing Address (1118 Camellia Dr. Munster, IN 46321), Relationship (Wife), Method of Disposition (Burial), Date and Place of Disposition (April 20, 2005, St. Sava, Libertyville, IL), Embalmer Name (Robert A. Oberman), License Number (IL#034-011043), Funeral Home (Burns-Kish Funeral Home), Cause of Death (Carcinoma), Certifier (Susan W. Butts, M.D.), Date Signed (April 19, 2005), Manner of Death (Natural), Date of Injury, and Date Pronounced Dead.

DECEDENT

PARENTS

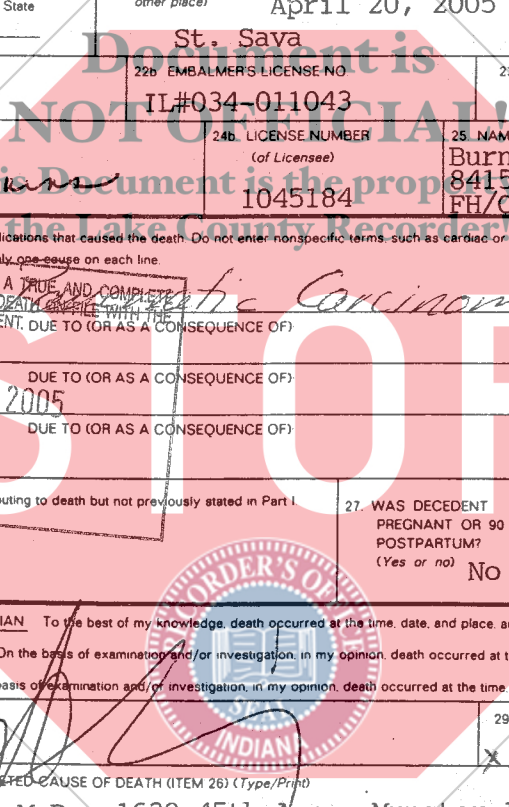
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



REC'D CIVIL RIGHTS DIVISION APR 19 2005

FILED DEC 07 2009

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR