



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 4074-09

45-12-08-203-005-000-030

State No.

Main form containing fields for decedent's name, date of death, social security number, birthplace, cause of death, and funeral home information.

Vertical stamp: 2009 DEC 08 11:31 AM

Vertical stamp: MICHAEL A. BERMAN, RECORDS & INFORMATION, LAKE COUNTY, INDIANA, 2009 DEC 08 PM 2:21



FILED DEC 03 2009, DEC 08 2009, PEGGY HOJINGA KATONA, LAKE COUNTY AUDITOR

Handwritten notes: \$11, CS, CNP