

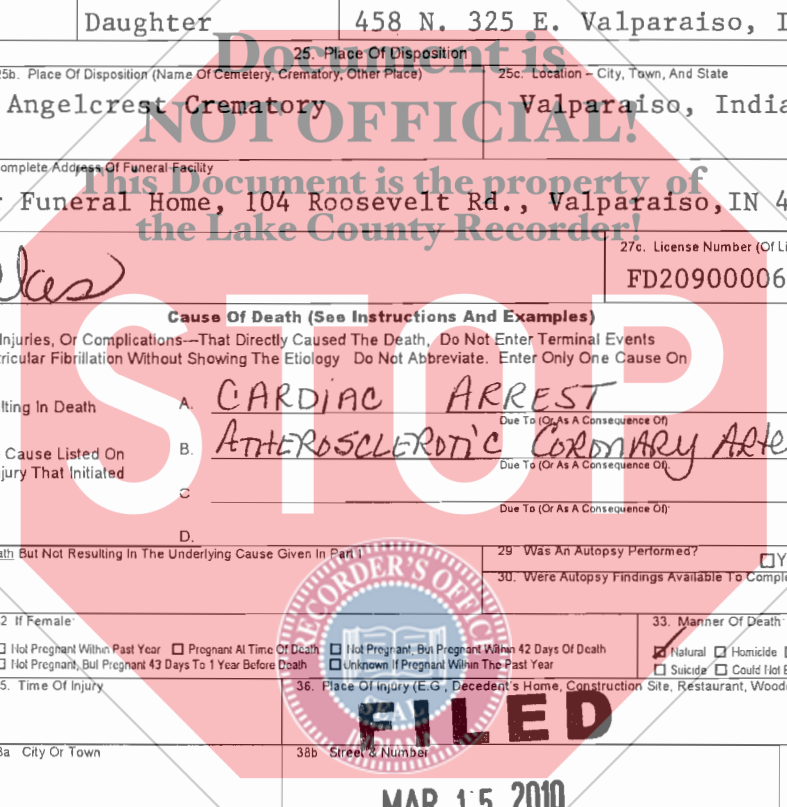


INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

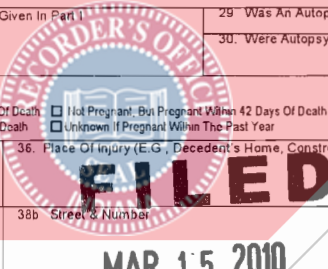
Local No. 2009-0539

State No. 011998

Form containing fields for decedent information (Hazel L. Kellen), date of death (May 4, 2009), place of death (Porter Valparaiso Hospital Campus), cause of death (Cardiac Arrest), and certifying physician (Daniela Sikoski, M.D.).



Vertical stamp: 2010 MAR 16 AM 10:44 MOELLER FUNERAL HOME FILED FOR RECORD STATE OF INDIANA LAKE COUNTY RECORDER



PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Handwritten initials: II AO 2191689