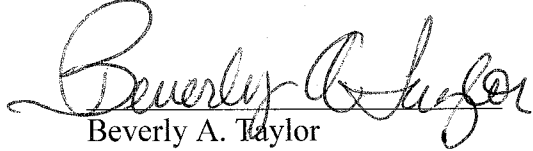




filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

10. That the decedent's estate was not subject to Indiana Inheritance Tax.

  
Beverly A. Taylor  
Wife of Earl Taylor, decedent



STATE OF INDIANA } IN RE: EARL TAYLOR, DECEDENT  
                          }ss:  
COUNTY OF LAKE }

Before me, a Notary Public in and for the County and State first above written, personally appeared Beverly A. Taylor, personally known to me, or evidenced to be, acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained herein to be true.

WITNESS my hand and Notarial Seal this 12<sup>th</sup> of March, 2010.

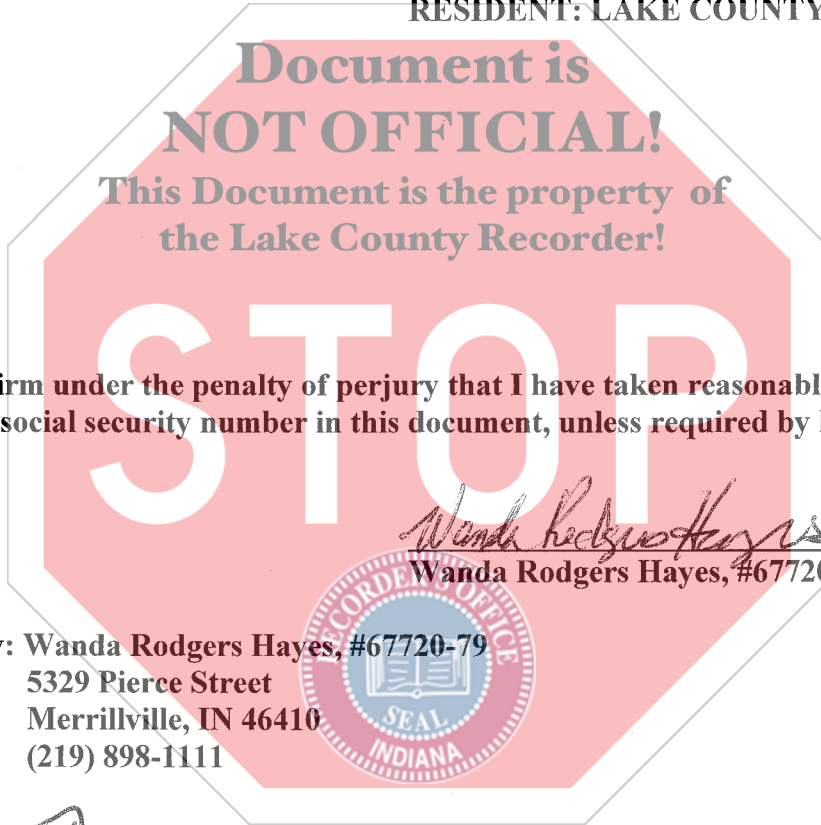


Wanda Rodgers Hayes

My Commission Expires: 04/09/2011

RESIDENT: LAKE COUNTY, IN

Notary Seal



I hereby affirm under the penalty of perjury that I have taken reasonable care to redact each social security number in this document, unless required by law

  
Wanda Rodgers Hayes, #67720-79

Prepared by: Wanda Rodgers Hayes, #67720-79  
5329 Pierce Street  
Merrillville, IN 46410  
(219) 898-1111



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. #09-531

State No.

1. Decedent's Legal Name (First, Middle, Last) Earl L. Taylor			1a. Maiden Last Name (If Female) N/A			2. Sex Male	3. Time Of Death 3:03 pm	4. Date Of Death (Month/Day/Year) November 6, 2009	
5. Social Security Number 304-36-5130	6a. Age - Yrs 71	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) May 10, 1938		8. Birthplace (City And State Or Foreign Country) Akron, Ohio	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input checked="" 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 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) Methodist Hospital Northlake									
12. City Or Town, State, And Zip Code Gary, Indiana					13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
16. Surviving Spouse's Name Beverly A. Taylor			15a. (If Wife) Give Maiden Last Name Hayden		16. Decedent's Usual Occupation Maintenance		17. Kind Of Business/Industry Gary Community School		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary					
18c. Street And Number 2406 West 19th Avenue						18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12th Grade			20. Decedent Of Hispanic Origin NO		21. Decedent's Race Black				
22. Father's Name (First, Middle, Last) Cosby Taylor				23. Mother's Name (First, Middle, Last) Juanita Taylor			23a. Mother's Maiden Last Name Crowell		
24. Informant's Name Beverly A. Taylor		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 2406 West 19th Avenue Gary, Indiana 46404					
25a. Method Of Disposition. <input type="checkbox"/> Burial <input 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) November 14, 2009 Evergreen Cemetery			25c. Location - City, Town, And State Hobart, Indiana				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404					27a. Funeral Home License Number: 83007704		
27b. Signature Of Indiana Funeral Service Licensee: 					27c. License Number (Of Licensee): #08700298				
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. Approximate Interval: Onset To Death A. <u>Cardiorespiratory Arrest</u> 5 min B. <u>Small Cell Lung Cancer</u> 1 y C. _____ 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									
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 checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)			38. Zip Code		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <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:  Dr. Apata					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Olusegun APATA, M.D. 650 Grant St., Ste. 7, Gary, IN 46404						44. License Number 01064140A	45. Date Certified 11/6/09		
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year) NOV 16 2009			