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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No\.U.\	#a (ce1#45	- H - ひみ - つ	みんっくコ	↓ State No.	D	
Decedent's Legal Name (First, Middle, Last)	The state of the s	1a. Maiden Last N		2	Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
RHONDA BLAINE LOUIE		VERBICH	6e Under 1 Hour	7. Data Of Ridh	(Month/Day/Year)	12:20AM	MARCH 6, 2010 y And State Or Foreign Country)
5. Social Security Number 6a. Age Yrs 6b. Und 6b. Und 6b. Und 6b. Und 6c. Norths	er 1 Year 6c. Under	f 1 Month 6d Under 1 Day Hours	Minutes		er 3, 1968		AGO, INDIANA
9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital: Mospice Facility Decedent's Home Nursing Home/Long Term Care Facility Other (Specify)							
11. Facility Name (If Not Institution, Give Street And Number)							
WILLIAM J. RILEY RESIDENCE							2
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321			LAKE 🛛 Mai			Married	tatus At Time Of Death Married, But Separated Divorced Never Married Unknown
15. Surviving Spouse's Name 15a. (If Wife)Give Ma			n Last Name	ast Name 16. Decedent's Usual Occupation			17. Kind Of Susiness/Industry
GUY LOUIE		N/A			NAGER		CREDIT UNION
18. Residence – State	18a. County		18b. City Or Town				_
18c. Street And Number					18d. Apt. No	. 18e.	Zip Code 18t. Inside City Limits?
524 S. LAFAYETTE ST.						463	319 ♣ ⊠ Yes □ No
19. Decedent's Education			21. Decedent's Race				
Associate degree (e.g., AA, AS) 22. Father's Name (First, Middle, Last)	No, not S	panish/Hispanic/Latin ————————					
JOHN VERBICH II			23. Mother's Name (First, Middle, Last) ROSE VERBICH			N	ACCLELLAN
GUY LOUIE	HUSBA	AND	24b. Mailing Address (524 S. LAFAYE				7.0
25a. Method Of Disposition.	5b. Place Of Disposition	25. P	lace Of Disposition	25c. Location - C	city, Town, And Stat	2	C State of S
☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	ELLY CARROLL	CREMATORY		GARY, INDI	/		27a. Funera Home License Number:
	omplete Address Of Fune					, in	Zra. Fullerer Horne License Number.
	ERAL HOME & C	REMATION SERVICE	• 4		w of	Ű	FH10600026
276. Signature Of Indiana Euneral Sovice Lifensee:	This !	Document Lake Co	t is the p	ropert	y Of 27c. L	19 icense Number (OF): 3700886	icensee)
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