

Parcel # 45-06-12-181-020.000-023  
 2010 051738

TYPE OR PRINT  
 PLAINLY WITH  
 UNFADING INK  
 THIS IS A  
 PERMANENT  
 RECORD  
 Below for State Office Use

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 2010 SEP - 8 PM 3:36  
 MICHELLE AJMAN  
 LICENSE No. CR4518

EMBALMER'S NAME THOMAS J. BURNS  
 FUNERAL DIRECTOR'S SIGNATURE *Thomas J. Burns*  
 FUNERAL DIRECTOR'S LICENSE No. 2380  
 FUNERAL HOME No. 281

Local No. 1038

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

State No.

DATE OF DEATH MONTH DAY YEAR  
 3 DECEMBER 29, 1982

DECEASED - NAME HAROLD J. HEPNER		SEX MALE		DATE OF BIRTH MONTH DAY YEAR 10/9/1915		COUNTY OF DEATH LAKE	
RACE WHITE		AGE 67		DATE OF DEATH 10/9/1915		COUNTY OF DEATH LAKE	
CITY, TOWN OR LOCATION OF DEATH HAMMOND				HOSPITAL OR OTHER INSTITUTION - Name of and address, give Street and number 262 OAKWOOD			
STATE OF BIRTH or area of U.S. INDIANA		CITIZEN OR WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		SURVIVING SPOUSE (Name, last and maiden name) CAROLINE SCHOER	
SOCIAL SECURITY NUMBER 306-10-1390		RESIDENCE - STATE INDIANA		USUAL OCCUPATION (Give kind of work done during most of year) SHOE MERCHANT		KIND OF BUSINESS OR INDUSTRY SHOE STORE	
STREET AND NUMBER 262 OAKWOOD ST.		CITY, TOWN OR LOCATION HAMMOND		RESIDENCE ON A FARM? NO		INSIDE CITY LIMITS (Mark "YES" or "NO") YES	
<input type="checkbox"/> DECEASED OF SPANISH DESCENT IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
FATHER - NAME JOHN FRANKLIN		MOTHER - MAIDEN NAME MARY WOLF		18. DECEASED OF SPANISH DESCENT IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input type="checkbox"/> NO			
RELATIONSHIP CAROLINE E. HEPNER/Wife		MARRIAGE ADDRESS 262 OAKWOOD ST. HAMMOND, INDIANA 46324		19. BIRTH OF DECEASED DATE: JANUARY 3, 1983 MONTH DAY YEAR BURIAL: BURIAL CEMETERY OR CREMATION - FUNERAL HOME BURNS-KISH FUNERAL HOMES, INC. HAMMOND, INDIANA			
NAME OF ATTENDING PHYSICIAN JAYTER FERRER		MARRIAGE ADDRESS 509 RIDGE RD. MUNSTER, INDIANA 836-5540		20. DATE OF DEATH 21. HOUR OF DEATH 22. PLACE OF DEATH 23. CAUSE OF DEATH 24. MANNER OF DEATH			

FILED  
 SEP 08 2010

SBH 06-003 State Form 35-80  
 REV. 10/77 BEGGY HOLINGA-KATONA  
 LAKE COUNTY AUDITOR

029166