INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.	085)-1() 	00	3010	534 i	1	S	State No							
Decedent's Legal Name (First, N ANNA D. FRANKO		en Last Name RMAK	(If Female)		2. Sex F	ſ	Time Of :50 A.N				y/Year)					
5. Social Security Number	a. Age Yrs 100	6b, Under 1 Ye	er 6c. Under 1 Days	Month 6d Und	- 1	6e. Under 1 Hour linutes						(City And State Or Foreign Country)				
9. Ever in U.S. Armed Forces? Yes No Unknown	ent 🔲 Dead On An	10a. If Death Occurred Somewhere Offer and On Arrival Term Care Facility Other (Specify)				LI Hospice Facility kg Decements Home LI Nursing Home/Long-										
11. Facility Name (If Not Institution 2438 BIRCH AVENUE	I, Give Street A	nd Number)						.,			r	.				
12. City Or Town, State, And Zip C		13. County Of Death LAKE			☐ Marr			mied □ M	tal Status At Trine Of Death ied Married, But Separated Divorced wed Never Married Unknown							
					s. (If Wife)Give Maiden Last Name				6. Decedent's Usual Occupation				OWN HOME			
18. Residence – State INDIANA	18a. County LAKE	-			18b. City Or Town HAMMOND (WHITING P.O.)						တ် ယ					
18c. Street And Number 2438 BIRCH AVENUE						8d. Apt. No.		18e. Zip C 46394	18f. Inside City Limits?							
					Hispanic/Latino White								ω			
22. Father's Name (First, Middle, Last) MIKE CHERMAK 24. Informant's Name 24a. Relationship					23. Mother's Name (First, Middle, Last) MERI CHERMAK codent Z4b. Mailing Address (Street And Numbe				GEF				Mother's Maiden Last Name RMEK			
MR. MICHAEL C. FRAN	namp to because	4510 WOODBRIDGE STREET, GARY, INDIANA 46408 25. Place Of Disposition														
25a. Method Of Disposition. ☐ Donation ☐ Entombrenent ☐ I ☐ Other (Specify): 26. Was Coroner Contacted?	JOHN CEME	Crematory, Otl	rematory, Other Place) 25c. Location – City, Town, And HAMMOND, INDIANA						(C)							
26. Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility 27. Name And Complete Address Of Funeral Facility BARAN & SON, INC., 1238-119TH STREET, WHITING, INDIANA 46394 27b. Signature Of Indiana Funeral Service Licensee: 27c. License Number (Of Licensee)																
Wastern Julian FDE01019456																
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.														: Onset)		
Immediate Cause (Final Disease Or Condition Resulting In Death A. TOVAIN G. Due To (Or As A Consequence Of): Sequentially List Conditions, If Any, Leading To The Cause Listed On B. Due To (Or As A Consequence Of): B.																
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last C Due To (Or As A Consequence Of):																
Part II. Enter Other Significant Con	Underlying Cause (30. Were									No					
31. Did Tobacco Use Contribute To Death? 32 If Fernale: Not Pregnant At Time Of Death Not Pregnant Within Past Year Pregnant At Time Of Death Unknown ii Pregnant Within Telephore Government See Not Pregnant At Days To 1 Year Before Death Unknown ii Pregnant Within Telephore Government See Notard Prednant Rule Pregnant At Days To 1 Year Before Death Unknown ii Pregnant Within Telephore Government See Notard Prednant Rule Pregnant At Days To 1 Year Before Death See Notard Prednant Within Telephore Government See Notard Prednant Rule Pregnant Within Telephore Government See Notard Prednant Rule Pregnant Ru																
34. Date Of Injury (Month/Day/Year) 35. Time Of Injury 38. Location Of Injury - State 38. Caty Or Town					36. Place Of Injury (E.G., Decedent's Home				E COUNTY AUDITOR				37. Injury At Work? ☐ Yes ☐ No G. 38d. Zip Code			
39 Describe How Injury Occurred		40. If Transportation Injury, Specify:							1	7/1						
41. Signature, Of Person Certifying	42. Certifier (40. Il Harisportation Injury, Specify Diver/Operator II Passenger II Pedestrien III Other (Specify) 42. Certifier (Check Only One)														
43. Name, Address-And Zip Code Of Person Certifying Cause Of Death: 2003 W. FULTON STREET PREMESH MALAPATI, M.D. CHICAGO, ILLINOIS 600									Physician (1)			flicer 45. Date (ertified	CP		
PREMESH MAL		, M.D.	Č	ΗĬĆAĠŌ	, ĬĹĺ	ĬNOĬŚ	606	3RD F 512	0 0 £	5/ Ø	79 A	APR.	7, 2	010		
48. Signature of Local Health Office		The same of	C A10	·····, - ·······························		49. For Registrar C	hily – Date	Filed (Month/Day					ACCESS OF THE PERSONS			

Chicago Title Insurance Company

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