



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1085-10

620103911

State No.

Form with fields for Decedent's Name (ANNA D. FRANKO), Maiden Name (CHERMAK), Sex (F), Time of Death (8:50 A.M.), Date of Death (APRIL 5, 2010), Social Security Number, Age (100), Date of Birth (JULY 17, 1909), Birthplace (WHITING, INDIANA), Facility Name (2438 BIRCH AVENUE), City (HAMMOND, INDIANA 46394), County (LAKE), Marital Status (Widowed), Usual Occupation (HOMEMAKER), Education (8th grade or less), Race (White), Cause of Death (Advanced Dementia), and Certifier (PREMESH MALAPATI, M.D.).

Vertical stamps and handwritten notes including '2010 OCT 28 10:06 AM', 'FILED', 'LAKE COUNTY AUDITOR', and 'REGGY HOENIGER'.

Chicago Title Insurance Company 004606