CHICAGO TITLE INSURANCE COMPANY

BT900628 Local No. 128-18

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 1. Decedent's Legal Name (First, Middle, Last)	10-0	*******				,	24.4 81		
			1a. Maiden Last	Name (If Female)	2	. Sex 3. T	ime Of Death	4. Date Of Death (Month/Day/Year)	
Helen Mi 5 Social Security Number 6a. Age - Yrs	starz 6b. Under 1 Year	6c. Under 1 Month	Konaro	Zewski	F	emale 3:	45 AM	Fab 27 2000	
600 (100 (100) 89	Months	Days	Hours	Minutes Minutes	I		1	Feb. 27, 2008 And State Or Foreign Country)	
9. Ever In U.S. Armed Forces? 10. If Death	Occurred In A Hosp	pital:	<u> </u>	10a. If Death Occur	Dec .	17,1918	Chicag	jo,IL.	
11. Facility Name (If Not Institution, Give Street And	t D Emergency De	epartment Outpatient 🔲 I	Dead On Arrival	4		X Nursing Home/Long	ı-Term Care Facility 1	Other (Specify)	
Dyer Rehabilit								outer (openity)	
12. City Or Town, State, And Zip Code	acton		· · · · · · · · · · · · · · · · · · ·	13. County	y Of Death				
Dyer				Lales			14. Marital Status At Time Of Death ☐ Married ☐ Married, But Separated ☐ Divorced		
15. Surviving Spouse's Name	Lake 16. Decedent's Usual Occupation			Widowed Never Married Unknown 17. Kind Of Business/Industry					
None				- Homemaker					
18a. County				18b. City Or Town			Ow Home		
Indiana Lake				Whiting			##Streeting		
2058 Indianapo	14. DI	-				18d. Apt. No.	18e. Zip Co	ode 18f. Inside City Limits?	
2058 Indianapo	TIS BI	VCL . 20. Decedent Of Hispanio	c Origin	J 21.	Decedent's Race	N/A	4639	4 7.75 🗆 110	
12							-	7	
22. Father's Name (First, Middle, Last)				23. Mother's Name (First, Middle, Last) 23. Mother's Name (First, Middle, Last Name					
Joseph Konarcz	Catherine Konargzowski Z								
177		24a. Relationship To	Decedent	24b. Mailing Address	s (Street And Number, 1	City, State, Zip Code)	11 1 20	awicki	
Florence Katalin	ic	Daughte		12800 S	. Sagin	aw, Chic	ago,IL	.60617	
25a. Method Of Disposition. X Burial Cremation Donation Entombree	25b. Place O	Of Disposition (Name Of C	emetery, Crematory	Other Place)	25c. Location - City				
Removal From State Other (Specify)	4	NO	COE	TIC	TATE				
	And Complete Add	ress Of Funeral Facility	Cemete	ry	Calum	et City,			
□ Yes XXNo Elm	wood Ch	his Docu	ment	is the pr	roperty	of	2	27a. Funeral Home License Number:	
27b. Signature of Indiana Funeral Service Licensee	1	the La	ke Cou	nty Red	. St.Je		ABOVE 15	19900052	
Jan X Hotel	when			•		00692060	HEALTH DEI	THE COLFILE WITH THE	
28. Part I. Enter The <u>Chain Of Events</u> —Dise Such As Cardiac Arrest, Respiratory Arrest, O	ases, Injuries, Or	Cause Complications That	Of Death (See	Instructions An	nd Examples)	-	270		
A Line. Add Additional Lines If Necessary.		VILLIOUT CHOW	ing The Etiology.	Do Not Abbreviate	t Enter Terminal Eve. Enter Only One C	ents ause On	20 9 02	Approximate Interval: Onset	
Immediate Cause (Final Disease Or Condition	Resulting In Dea	ath A	flety	teralo.	if ex	fair	事以	JoDeath 6	
Sequentially List Conditions, If Any, Leading T Line A. Enter The Underlying Cause (Disease	o The Cause List	ed On B	Bli	ie ola	Due To (Or As A Consequ	ence Of):	_	0 101	
The Events Resulting in Death) Last	Or Injury That In	itiated C	Azz	205	Due To (Or As A Consequence Of Conse	ence/Of):	t coo	- 70-	
Part II Friter Other Significant Condition Octavia		D.			Due To (Or As A Consequi	ence Of)	n coonanciation of the present of the second	(57)	
Part II. Enter Other Significant Conditions Contributing	lo Death But Not Re	sulting In The Underlying	Cause Given in Par	R'e	29. Was An Autopsy		Yes ANo		
31. Did Tobacco Use Contribute To Death?	32 If Female:		A CORU		30. Were Autopsy Fir	idings Available To Com		Death? ☐ Yes 🖾 No	
Yes Probably 1 No Supeknown	☐ Not Pregnant W	Vithin Past Year Pregnant But Pregnant 43 Days To 1 Yea		et Pregnant	Vithin 42 Days Of Death	33. Manner Of Deal	h: □ Accident 🗖 Pendir		
34. Date Of Injury (Month/Day/Year)	35. Time Of Inju	ury		known If Pregnant Within To Of Injury (E.G., Deced	ne Past Year lent's Home, Construction	Suicide Could Non Site, Restaurant, Wo	of Be Determined	37. Injury At Work?	
38. Location Of Injury - State	38a. City Or Toy		MAR 2	2 2011				☐ Yes ☐ No	
			2011	NGA KATO)NA		38c. Apt. No.	38d. Zip Code	
39 Describe How Injury Occurred	1	PEC	(E COUP	TY AUDIT	OR/	40 If Transportati	on Injury, Specify:	ib .	
		L M1	(L 000.			1	on injury, Specify: ☑ Passenger ☐ Pedest	rian Other (Specify)	
41. Signature, Of Person Certifying Cause Of Death:	0-5			0010 0	10 142 Contin	er (Check Only One)		n/	
el do	رص	Mis	-			ying Physician 🔲 Coro	ner 🔲 Health Officer	$C \vdash$	
13. Name, Address And Zip Code Of Person Certi	fying Cause Of De	eath:			——————————————————————————————————————	44. License N		45. Date Certified	
Fred Adlan, MD., 800 46. Additional Funeral Service Provider:	MacHitt	mr. Blog.	Munster	r. In 46	6321	01019	151	2/28/08 W	
48. Signature of Local Health Officer:				Li have taken reason	able care to rederoff	47. *Akas:		7 /	
46. Additional Funeral Service Provider: 48. Signature of Local Health Officer: 48. Signature of Local Health Officer: Social Security number in this document, unless required by law. Value Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Discharge in the Social Security # is being requested by this state agency in order to pursue its statutory responsibility.									
		affirm, unue months number social Security number	IU IUR OCCULOR		1Xal	$\Delta R H \Delta r$, hA	1	
ite Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Secu	rity # is being requested b	by this state agency in order to o	pursue its statutory recon	sibility Disclosure in	17/30	mnon	NIX	1. 0/1/0	