INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 45-11-23-397-(05-00-03)

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December	12. City Or Town, State, And Zip (Code			13. County (Of Death					
SALLY DONAHUE II. Reservor - Stelle III. Reservor -	DYER, IN, 46311	LAKE	KE ☐ Widowed → Never Married ☐ Unknown					d ☐ Divorced ☐ Unknown			
The County The	15. Surviving Spouse's Name			15a. (If Wife)Give make	n Last Name		16. Decedent's Usual	Occupation	-	17. Kind Of Business	s/Industry
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24. Relationaries Name 24. Relationaries To Docusion 25. SALLY DONAHUE 26. Making Address (Since And Number, City, State, 2g. Code) WIFE 25. March And Office	GEORGE DONAHUE			i	GEDALDINE	DONIAL	JI IE		EVED	001	
28. Method Of Disposition Barla Birth Company Section Entertheened Section Sect	24. Informant's Name		24a. Relation	ship To Decedent	24b. Mailing Address	(Street A	nd Number, City, State,	Zip Code)	JEVER	SUN	
28. Place Of Disposition Devention Dev	SALLY DONAHUE		WIFE		7454 82ND C	OURT,	CROWN POIN	IT, IN 46	307		
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41. Signature, Of Person Certifying Cause Of Death: MARK STEPHEN RYBCZYNSKI , BY ELECTRONIC SIGNATURE 42. Certifier (Check Only One) Certifying Physician Coroner Heath Officer 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MARK STEPHEN RYBCZYNSKI , 10860 MAPLE LANE, SAINT JOHN, IN 46373 44. License Number 45. Date Certified 45. Date Certified 47. *Akas: 48. Signature of Local Heath Officer: 48. Signature of Local Heath Officer:	38. Location Of Injury - State	36a.	City Or Town	38b. Str		\		3	8c. Apt. No.	38d. Zip Code	
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46. Additional Funeral Service Provider: 47. *Akas: 48. Signature of Local Health Officer: 749. • Reg. 11 Only - Date Filed (Month/Day/Year):		•		CAINT CUN	WILLIAM					45. Date Certi	fied
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