



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

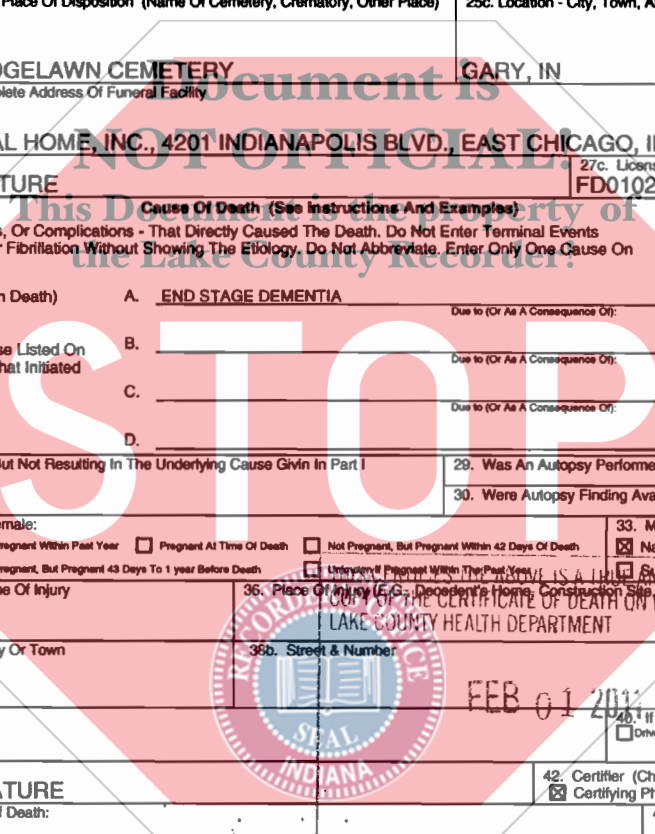
RT 1104043
Local No 000306

EDR No 00000180476

State No

Form containing fields for decedent's name (GERTRUDE GARRAFFA), date of death (01/29/2011), cause of death (END STAGE DEMENTIA), and certifier information (LYLE R MUNN).

CHICAGO TITLE INSURANCE COMPANY



Vertical stamp: FILED IN JANUARY 2011 MAY 25 2011

Handwritten note: 11:00 CT YN

001827

MAY 24 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR