STATE OF INDIANA FILED FOR RECORD

2011 043309

2011 AUG 12 AM 9: 24



STA	ATE OF OSLORY	20 00)	SURVIVORS	5, G / 11 1 1 5/1 1	••		
	UNTY OF EL		SS:				
Lou	uis M. Vereecke		being first	duly sworn upon o	oath, deposes a	und says:	
1.	Thut Eleanor I. V	/ereecke	died on Feb	23,2010ar	Schero	erville In	
	nov	•					
2.	Lot 60 in	husband and wife to th	ases 3, 4 and 5, in the	real estate: Town of Lowell, a	-	legally married at the time # reof, recorded in Plat Book	кф
4. 5.	unbroken until th That all functal of That all of the as: and life insurance	ne dato of this (her) december of said decedent we on decedent's life we	ent. with the death of said which would be include	I decedent have be able for Federal Es cessitate payment	en puid in full. tate Tax purpo of Federal Est	oses, including joint bank acc	ounts
Fur	ther affiantsayeth	N	OT O	FFI&	Lo	11 Verse wis M. Vereceke Affiant Si	
ŠT7	ATE OF		e Lake Co	-			
CO	UNTY OF EL P	A50) SS:	YEKNOW	CEDGEMENT	coi uc		
who ther	o acknowledged the rein contained are		egoing instrument, and	who, having been	duly swom, s	stated that any representations 2011.	<u>s</u>
		ires: 11-1-13	,,		owid w	Tomes	
l afi		nalties for perjury, tha	1 have taken reusona			curity number in this docume	nt,
This	s instrument prepa	aral by Louis M. Vere	-	OER'S TO			
				EAL MOIANA M	STATE	O W. TOMES ARY PUBLIC OF COLORADO on Expires 11-1-3	_
	11/	W			5	LED	
K#- AGE	\$T CHARGE		05470	77	PEGG'	AUG 0 9 2011 Y HOLINGA KATON COUNTY AUDITO	IA DR
COI	M	MB					

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loc	al No	-91-1	Q.							Sta	*********				
Local No. 59.1. T.D. 1. Decedent's Legal Name (First, Widdle, Last)					1a. Maiden Last Name (If Female)						e Of Death 4. Date Of Death (Month/Day/Ye				
5. Social Security Number	Eleanor Vereecke				6d. Under 1 Day	6e Und	ler 1 Hour	Female 7. Date Of Birth (Month/Day/Ye			2:36 PM February 2 8. Birthplace (City And State Or Foreign Co		oruary 23, 2010		
3 27 3 3.8239	•	Months	Dar		Hours	Minutes	Mandan						- "		
9. Ever in U.S. Armed Forces	73 7 10. N De	earth Occurred in A			1			January 30, 1937 Chicago, IL							
Yes XNo Unknown 11. Facility Name (If Not Instite	Ž. Inpa	tient 🛘 Emergend		ent Outpatient 🔲					e C Nursing Hom	e /Long Tis	me Care Facility	Other (S	pecify)		
Community Hospital															
12. City Or Town, State, And Zip Code 13. County of Death 14. Marital Status At Time Of Death												Death			
Munster, IN 4632	21				Lake				I - :			mied Married, But Separated Divorced			
15. Surviving Spouse's Name				15a. (If Wife)Gi	e)Give Maiden Last Name 16. Decedent's Usa			r's Usual Occup							
Louis Vereecke					Retirement P			ent Dlan	nor						
18. Residence – State			18a. Cour	nty	18b City Or Town					Office					
,	IN			Lak	e					Lowe	ell				
18f. Street And Number									18d. Apt. 1	No.	18e. Zip	Code	18f. Inside City Limits?		
635 Birch Court											40	5356	ŽŽ-Yes □ No		
19. Decedent's Education			20. De	ecedent Of Hispa	-fispanic Origin 21.			dent's Race					•		
	12				No										
22. Father's Name (First, Mid	dile, Last)					23. Mo	other's Name (First,	, Middle, Last)			23a.	Mother's M	aiden Last Name		
Edward Curtis							lred Curtis				Laı	ndeeen			
24. Informant's Name Louis Vereecke	a. Relationship T usband	o Decedent		er, City, State, Zip 11, IN 463.	•			•							
25. Place Of Disposition															
25a. Method Of Disposition Separation Donation Entormbrment Donation Entormbrment Donation Entormbrment Holy Sepulchre Cemetery Worth, IL															
28. Was Coroner Contacted? 27. Name And Complete Address of Euretal Facility 27a. Funeral Home License Number: 27a. Funeral Home License Number:															
☐ Yes X☐ No					Iome Hicko								3002819		
27b. Signature Of Indiana Fu			ク里	hij D	ocumei	nt is	s the p	rope	27c. License I	kumber (C	f Licensee):				
1 SK	can) [[]	· _	the	MANG	2/	nty Re	cord	er!	86	017	63			
			(Caus	e Of Death (Se	e instru	ictions And E	Examples)							
28. Part I. Enter The Ch. Such As Cardiac Arrest, F	Respiratory Arre	st, Or Ventricular						inter Termina Only One C					Approximate Interval: Onset		
A Line. Add Additional Lin Immediate Cause (Final D	-		n Death	A	Car	die	pul	Luo To (Or As A Co	y Dr.	res-	<i>t</i>		To Death Seconds		
Sequentially List Condition					<u> </u>	25,	5						Hours		
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Years										Years					
							0	tue To (Or As A Co	resquence Of):						
Part li. Enter Other Significant	Conditions Contr	buting To Death Bo	It Not Result	ting in The Under	tying Cause Given in	Part I	2	9. Was An Aut	opsy Performed?		Yes EXN	D			
							3	O. Were Autor	sy Findings Availa	ble To Co	nplete The Cau	se Of Death?	☐ Yes ☐ No		
31. Did Tobacco Use Contribu	nte To Death?	32. If F	emale:	NA	<u> </u>	THE P	Comp.		33. Man	ner Of Dea					
☐ Yes ☐ Probably SPNo ☐ Ur				Past Year Propregrant 43 Days To 1	grant At Time Of Death Year Before Death	Nut Pregn	ent, Gut Pregrant Within I Pregnent Within The P	n 42 Days Of Deel Past Year	1 42 Notural D Suicide	Could N	o Accident O				
34. Date Of Injury (Month/Da)	rrear)	35. [1	me Of Injury	TH CC	IIS CERTIFIES TO DPY OF THE CER	TE ABO	OF DEATH OF		STUPPON STR. Ress	latirant, Wi	ooded Area)		37. Injury At Work?		
38. Location Of Injury - State		38a. C	ity Or Town		KE COUN MAKE		ALE MENT				38c. Apt. N	lo. 38	d. Zip Code		
39 Describe How Injury Occur	red					zéb)	25. 2010	<u> </u>	40. B	Transporta	tion Injury, Spe	xify:			
		FER 28 ZUN				□ Driv	□ Driver/Operator □ Passenger □ Pedestrian □ Other (Specify)								
41. Signature Of Person Cer	Thek	ana				Certifier (Check O Certifying Physic	ing Physician Coroner Health Officer								
43. Name, Address And Zer Code Of Person Certifying Cause Of Death: Dr. J. Hoehn 505 Lincoln Highway Schererville, IN 463						THE WAY MAKEN				2000872 45. Date Certified 2.05/10			Date Certified		
46. Additional Funeral Service Provider:									47	7. *Akas:					
48. Signature of Local Health	Office:							49.	For Registrar Or	nty – Date	Filed (Month/D:	ay/Year):			
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