



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000516

EDR No 00000182525

State No 006740

Form with fields for Decedent's Name (JULIA A WARWICK), Social Security Number (408-60-8468), Date of Birth (08/13/1936), Place of Birth (EVERTS, KY), Facility Name (ST MARY MEDICAL CENTER INC), City (HOBART, IN), Occupation (BOOKKEEPER), Cause of Death (HEART ATTACK, RESPIRATORY FAILURE), and Signatures (YASER ALOBEID, SUSAN W. BEST).

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FILED AUG 17 2011

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

2011 AUG 22

LAKE COUNTY HEALTH DEPARTMENT FEB 18 2011

HOLD FOR MERIDIAN TITLE CORP

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Handwritten initials and marks