* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for

Natural Pending

Suicide Could not be Determined

December 13, 2007

Accident

Homicide

INDIANA STATE DEPARTMENT OF HEALTH, (A)

DECCEDENT STEEP S. Matalin Male 12:02 pm Deccriber Steven G. Matalin Male 12:02 pm Deccriber Steven G. Matalin Male 12:02 pm Deccriber Steven G. Matalin Male Decision Deccriber Matalin Male Decision Deccriber Decision Deccriber Decision Decis			State No			TE 0E (7-07	، حس کن	ocal No
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No N		No	No	MOLL	TIMONO							
29a. CERTIFIER (Check only One) CERTIFVING PHYSICIAN To the best of my knowledge data to carried at the time, date, and due to the cause(s) as stated. MEALTH OFFICER On the basis of examination and/or investigation of physician data. and place, and due to the cause(s) as stated.		i.	to the cause(s) as stated.	place, and due to th	nettime, trate, and	OCO DO MO	st of my knowledge, de	NG PHYSICIAN To the I	CERTIFY			\Box
One) MEALTH OFFICER On the basis of examination antifor investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated CORONER. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and time to the cause(s) and manner as a		to the cause(s) as stated.	, date, and place, and due to the	red at the time, date	pinion, death occur	and to my op	amination ant/or inves	OFFICER On the basis of	HEALTH	l e)		7
	ted. SIGNED (Month, Day, Year)				teath occurred at the	In my opinion, d	on and/or investigation					
290. SIGNATURE AND TITLE OF CERTIFIER	IGNED (MORM, Day, Year)				E			KHKANDEN	OF CERTIFIE	NATURE AND TITL	296. SK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DENTITIES.	17-07·	7) 1 14-17	193010 7 1	010				1,12000			Ч.—	CERTIFIER,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26/Type/Print)	17-07.	6410		//	7	11. 3	CEATH (ITEM 26) 7)/p	U COMPLETED CAUSE (F PERSON WH	E AND ADDRESS (30. NAM	(
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B. Barai M.D. 200 E. 89TH, Merrillville, IN 46410		UE SOUTH 102 DATE BILEO	THIS PROPRIETE THE 149				(v) (v)					_ <
B. Barai M.D. 200 E. 89TH, Merrillville, IN 46410 HEALTH OFFICER B. Barai M.D. 200 E. 89TH, Merrillville, IN 46410 THIS CERTIFIES THE ABOVE 53 PROFE COPY OF THE CERTIFICATE OF LAKE COUNTY HEALTH DEPARTMENT.		HE ABOVE 50 PAUE THEP O	THIS CERTIFIES THE AB	5.0.	- /		usan u					

34e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Spealy)

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT?(Yes or No) If yes, specify driver, passenger, pedestren, No.

34a. DATE OF INJURY (Month, Day, Year)

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

34c. INJURY AT WORK? (Yes or no)

DEC 1 8 2007

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11.00

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341. LOCATION (Street and Number or Rural Route Number, City or Town, State)