

UNIT 1-A, 2342 TERRACE DRIVE, HIGHLAND, INDIANA IN EAGLE POINTE CONDOMINIUM A HORIZONTAL PROPERTY REGIME ESTABLISHED UNDER DECLARATION RECORDED MAY 3, 1995 AS DOCUMENT NO. 95024066 AND AMENDED BY FIRST AMENDMENT TO THE DECLARATION RECORDED JULY 20, 1995 AS DOCUMENT NO. 95040635 AND AS SHOWN IN PLAT BOOK 78 PAGE 37 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. TOGETHER WITH AN UNDIVIDED 1/12TH INTEREST IN THE COMMON AREAS UNTIL SUCH TIME AS ADDITIONAL UNITS ARE ADDED AT WHICH TIME THE UNDIVIDED INTEREST IN THE COMMON AREAS SHALL BE REDUCED AS SET OUT IN THE

NORTHWEST INDIANA TITLE  
162 WASHINGTON STREET  
LOWELL, IN 46356 18890  
219-696-0100

AUG-26-2011 14:13

P. 01/01

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 3001-08

1. Deceased's Legal Name (First, Middle, Last) **Paul Dzurouvsak** 2. Sex **Male** 3. Time Of Death **10:17 AM** 4. Date Of Death **September 3, 2008**

5. Social Security Number **317-14-7640** 6. Age **85** 7. Date Of Birth (Month/Day/Year) **March 26, 1923** 8. Birthplace (City And State Or Foreign Country) **Hammond, IN**

9. Cause Of Death (See Instructions)  Yes  No  Unknown  History  Emergency Department Outpatient  Care On Arrival  Hospice Facility  Decedent's Home  Nursing Home  Other (Specify) \_\_\_\_\_

10. If Death Occurred Somewhere Other Than A Residence  Home Care Facility  Other (Specify) \_\_\_\_\_

11. Family Name Of Residence (City, Street And Number) **2342 Terrace Dr.**

12. City Or Town, State, And Zip Code **Highland, IN 46322**

13. County Of Death **Lake**

14. Medical Status At Time Of Death  Natural  Killed, Not Expected  Killed, Expected  Poisoned  Never Medically Attended  Stillborn

15. Decedent's Usual Occupation **Truck Filler** 16. Occupation At Time Of Death **Oil**

17. Marital Status **Wife**

18. Spouse's Name **Marion Dzurouvsak** 19. Spouse's Usual Occupation **Truck Filler**

20. Decedent's Place Of Birth (City, State, Zip Code) **Highland, IN 46322**

21. Decedent's Race **White**

22. Decedent's Education **12**

23. Father's Name (First, Middle, Last) **Paul Dzurouvsak** 24. Mother's Name (First, Middle, Last) **Anna Dzurouvsak**

25. Decedent's Place Of Birth (City, State, Zip Code) **Highland, IN 46322**

26. Decedent's Usual Occupation **Truck Filler**

27. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **Calumet Park Cemetery**

28. Location - City, Town, And State **Merrillville, IN**

29. Name And Complete Address Of Funeral Facility **Burns-Kish Funeral Home 8415 Calumet Munster, IN 46322**

30. Funeral Home Telephone Number **3004968**

31. Signature Of Funeral Director **Eric L. Burns** 32. License Number Of Licensee **8601763**

33. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary.

Immediate Cause (Final Disease Or Condition) **A. x cerebral vascular insufficiency**

Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury) That Initiated The Events Resulting In Death. **B. coronary artery disease with bypass**

**C. Diabetes**

**D. Prosthetic Cancer**

34. Enter Other Significant Conditions Contributing To Death, If Any, Occurring In The Underlying Cause Given In Part I. **PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR**

35. Date Of Injury (Month/Day/Year) \_\_\_\_\_ 36. Place Of Injury (City, State, Zip Code, Precinct, Wooded Area) \_\_\_\_\_

37. Injury Description **None**

38. Describe How Injury Occurred \_\_\_\_\_

39. Signature Of Physician, Coroner, Or Health Officer **Dr. Chan 911 Fran lin Pkwy Munster, IN 46322**

40. Signature Of Licensed Funeral Director **Susan J. Best, D.O.**

41. Date Of Death **September 4, 2008**

42. License Number **002945**

43. Date Of Death **Sept. 3, 2008**

