

LOT 42 IN SUN MEADOWS UNIT 1, AN ADDITION TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 67 PAGE 27 AND AMENDED BY PLAT OF CORRECTION RECORDED IN PLAT BOOK 67 PAGE 57 AND FURTHER AMENDED BY PLAT OF CORRECTION RECORDED IN PLAT BOOK 70 PAGE 10 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND AS CORRECTED BY CERTIFICATE RECORDED JAN. 8, 1990 AS DOC NO. 078392 AND RE-RECORDED MARCH 8, 1990 AS DOC NO. 088015 AND FURTHER RE-RECORDED JULY 27, 1990 AS DOC NO. 113888.

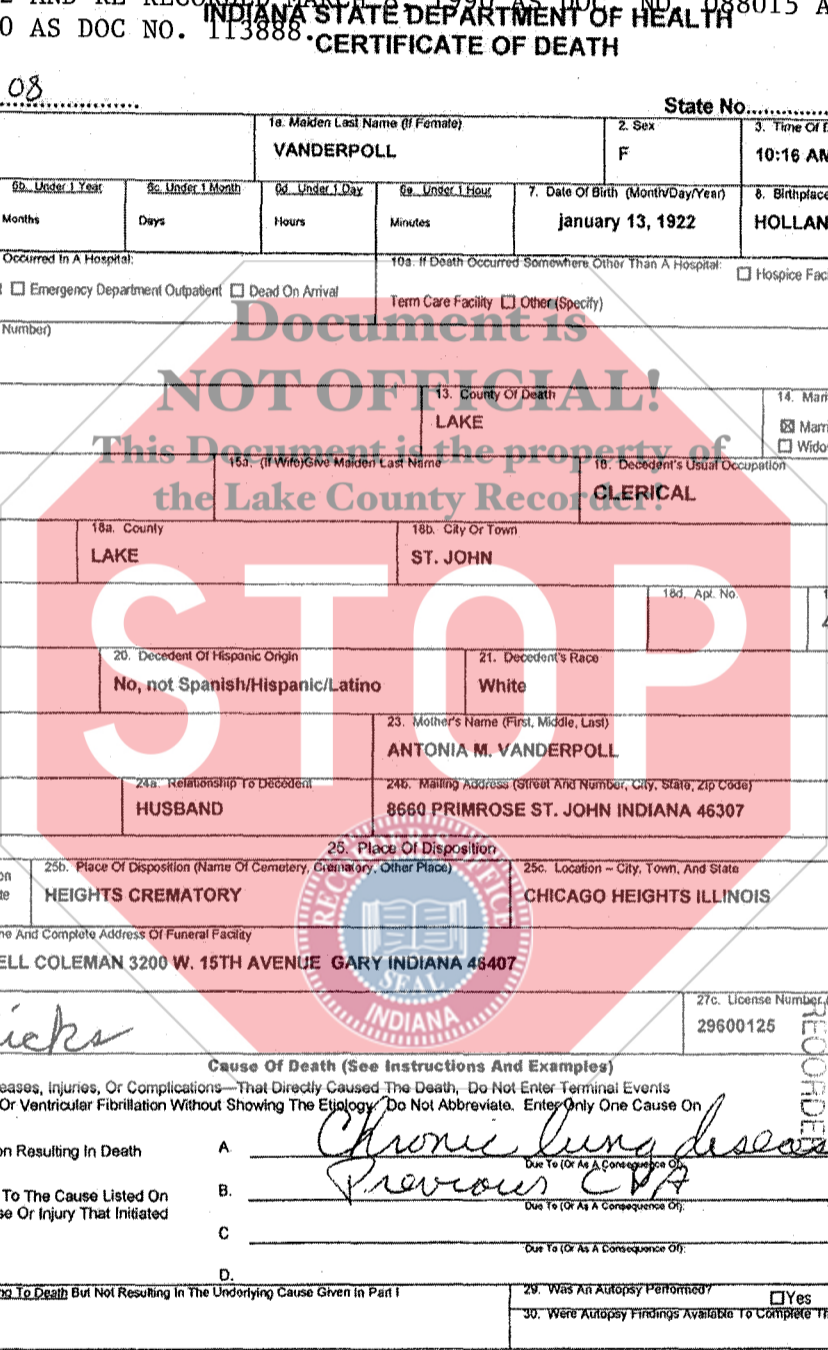


INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 3857-08

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>ANTONIA MARIE FLANAGIN</b>				1a. Maiden Last Name (if Female) <b>VANDERPOLL</b>		2. Sex <b>F</b>	3. Time Of Death <b>10:16 AM</b>	4. Date Of Death (Month/Day/Year) <b>NOVEMBER 8, 2008</b>		
5. Social Security Number <b>329 18 4562</b>	8a. Age Yrs <b>86</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) <b>January 13, 1922</b>		8. Birthplace (City And State Or Foreign Country) <b>HOLLAND AMSTERDAM</b>		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (if Not Institution, Give Street And Number) <b>8660 PRIMROSE</b>										
12. City Or Town, State, And Zip Code <b>ST. JOHN INDIANA 46307</b>					13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>ROLLIN L. FLANAGIN</b>			15a. (if Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>CLERICAL</b>		17. Kind Of Business/Industry <b>BANKING</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>ST. JOHN</b>		18c. Apt. No.		18e. Zip Code <b>46307</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>8660 PRIMROSE</b>										
19. Decedent's Education <b>8th grade or less</b>		20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>CORNELIUS VANDERPOLL</b>			23. Mother's Name (First, Middle, Last) <b>ANTONIA M. VANDERPOLL</b>			23a. Mother's Maiden Last Name <b>GALLINER</b>				
24. Informant's Name <b>ROLLIN L. FLANAGIN</b>		24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8660 PRIMROSE ST. JOHN INDIANA 46307</b>						
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>HEIGHTS CREMATORY</b>			25c. Location - City, Town, And State <b>CHICAGO HEIGHTS ILLINOIS</b>					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>POWELL COLEMAN 3200 W. 15TH AVENUE GARY INDIANA 46407</b>								
27a. Signature Of Indiana General Service Licensee: <i>Beleeca Hicks</i>						27c. License Number (Of Licensee) <b>29600125</b>				
28. 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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Chronic lung disease</u> Due To (Or As A Consequence Of) B. <u>Previous CVA</u> Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ 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) Last										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days Or More Before Death			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury			36. Location Of Injury (e.g., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town <b>SEP 20 2011</b>		38b. Street Number		38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred <b>PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</b>						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: <i>Richard Beard</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer I hereby certify that the information on this form is true and complete and that the certifier is duly qualified to file with the LAKE COUNTY HEALTH DEPARTMENT.				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Richard Beard Dye Tobacco 46311</b>						44. License Number <b>1057488</b>		45. Date Certified <b>NOV 13 2008</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>Susan W. Best</i>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>November 14, 2008</b>				



MICHELE P. HANMAN  
 RECORDED  
 SEP 20 AM 9:38  
 10800011  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORDER

162 WASHINGTON STREET  
 LOWELL, IN 46356  
 219-696-0100 18889

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