ATTENTION ESTATE THE TEST OF the SS# we need*:

349 DATE PROMOUNCED DEAD MAN

December 26, 2007

No

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

INDIANA STATE DEPARTMENT OF HEALTH State No..... **CERTIFICATE OF DEATH**

Mr DS WITHIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3 PERSONAL PROPERTY 30. DATE OF DEATH(MONTO, Day, 74.) 3a TIME OF DEATH 2 65) **DEING** Male 4:16 PM December 26, 2007 President and the COSAL OBCURRY FRANSES AGE - Lost Biobday (76-24) 7() 6. DATE OF BIRTH (Mo., Cay, Vr. T. BIRTHFLACE (City and State or Foreign Garding) Schererville BLACK 3-34-3815 May 2, 1937 Indiana SA WAS DECEDENT AUS, VETERAND SE OF DEATH (Check only one Sec inst. HOSPITAL Titoosticat ONER Owners Have Ochar (Specify) X Rockies ☐887Adpatient ED FACILITY NAME (Vine) Con, gare street arrive tiber) C. CRY TOWN OR LOCATION OF DEATH SH COUNTY OF DEATH DECEDENT 3701 W. 78th Place Merrillville Lake 11. STATISTURE SPOUSE 10. MARITAL STATUS 12a. DECEDENT'S USUAL OCCUPATION (Give lond of vicin Jone during most of working Size. Do not use retred.) Die Hauler 12b. KIND OF BUSINESSANDUSTRY prode, pro mobien comp Sarah A. Hariman (specty) Married Manufacturing 132 RESDENCE - STATE 13b COUNTY ISC CITY, TOWN OR LOCATION 13d. STREET AND HUUSER Merrillville Lake 3701 W. 78th Place 18.WAS DECEDENT OF HISPANIC CRESIN SIND Yes (Pyeo, specify Cabon, RACE American la Black, White, etc. (Specify) 7. DECEDENT'S EDUCATION
Sity only highest grade completed) 12e. ZIP CODE INSIDE CITY LIBITS 口和 图Yes Callege (1-4 ar 6+) 139. ON A FARM? U.S.A 46410 White No □Yes 18. FATHER'S NAME IF HE MARIN LAST PARENTS William M. Doeing Stella May Jones 201. EFCAMANTS NAME (Type From) Ċ 200. MARING ADDRESS (Street and Number or Rural Route Number, City or The Bulathartis INFORMANT Sarah Doeing 3701 W. 78th Place Merrillville, IN 46410 Wife -218 METHOD OF DISPOSITION 210. DATE AND PLACE OF DISPOSITION (Name of cemetery, cremater) [Estombran Media Florence Removal from State December 31, 2007 2305 W. 73 d 3t. ☐ Donation ☐ Other (Spacety) Calumet Park Cemetery Merrillville, Liana 46410 22a EMBALMER'S HAME 22b FARALMERS LACENSE NO DISPOSITION [File X Yes Sachs, Jeffery N. 24a. SIGNATURE OF FUNERAL DISECTO OCU 246 DEER SUNDER 25. NAME, ADDRESS, AND LICENSE HUNGER OF FUNERAL HOME Calumet Park Funeral Chapel FH10400032 7535 Talk St Merrillville, Indiana 46410 25. PART I The Samuel of the same of the his Document is the property of Laceration of brain with a skull fraction SE MMEDIATE CAUSE (FI duease or condition mouthing in death) gunshot wound で CAUSE OF DEATH A S PART 4 Other signific DESIGNATION TO PEGGY HOLING A KATONA
DISELLE OF PEGGY HOLING X AUDITOP YAUDITOR Yas 292. CERTIFIER (Check only one) On the basis property and the basis property of duc to the cause(a) as estable Chief Deputy Concrete in, and thus to the caust (s) as stated. 205 SIGNATURE ANS 191 DATE SIGNED (Morch, Day, Year) CERTIFIER N/A December 28, 2007 Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307 Jeffrey Wells, 31. HEALTH OFFICERS SESIATURE IS: DATE FRED (Monto, Day, Your) HEALTH OFFICER December 28 2004 33 MANNER OF SEATH Md - CESCHIE MINY CLAIRY (REL Civileral Circulary Streetspation Dec 26 2007 Unknown Accident Gunshot wound ido. FLACE OF HIBERY – Albemy, Long, direct, lectory, effice incline, etc. (Circulty) Nest 78th Place ∰ Cristide ☐ Could not be Determined 3701 Residence

029005

Merrillville, Indiana

(Yes in Vol. II yes, spouly dover, parsonger, pedestrian, do



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER 2293 NORTH MAIN STREET CROWN POINT, INDIANA 46307

Recorder

PHONE (219) 755-3730 FAX (219) 755-3257

MEMORANDUM

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