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45-09-31-277-001.000-018
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000919

EDR No 00000150775

DTP 1

State No 036086

1. Decedent's Legal Name (First, Middle, Last) GWENDOLYN C HILL				1a. Maiden Last Name (if female) MARSHALL		2. Sex FEMALE	3. Time Of Death 1:17 AM	4. Date Of Death (Month/Day/Year) 09/08/2010			
5. Social Security Number 4571		6a. Age - Yrs 74	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 02/07/1936		8. Birthplace (City and State or Foreign Country) GARY, INDIANA		
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 checked="" type="checkbox"/> Hospice Facility <input 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) VNA HOSPICE CENTER										12. City Or Town, State, And Zip Code VALPARAISO, INDIANA, 46383	
13. County Of Death PORTER				14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married & Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Unknown			17. Kind Of Business/Industry MEDICAL				
15. Surviving Spouse's Name RICHARD HILL			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation RECORDS MANAGER		17. Kind Of Business/Industry MEDICAL			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART						18c. Street And Number 94 WEST 3RD STREET	
18d. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin Not Hispanic		21. Decedent's Race White							
22. Father's Name (First, Middle, Last) ARTHUR MARSHALL				23. Mother's Name (First, Middle, Last) EVELYN MARSHALL				23a. Mother's Maiden Last Name HANSEN			
24. Informant's Name RICHARD HILL		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 94 WEST 3RD STREET, HOBART, INDIANA, 46342							
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ANGELCREST CEMETERY				25c. Location - City, Town, And State VALPARAISO INDIANA					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility MOELLER FUNERAL HOME INC 104 ROOSEVELT ROAD, VALPARAISO, INDIANA, 46383						27a. Funeral Home License Number FH83066821			
27b. Signature Of Indiana Funeral Service Licensee: MARTIN L. MOELLER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01019561					
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. Pulmonary Metastatic Cancer 14 yrs Due To (Or As A Consequence Of): B. Infiltrating poorly differentiated (1996) Due To (Or As A Consequence Of): C. Left Breast Cancer Due To (Or As A Consequence Of): D. Approximate Interval: Onset To Death											
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 type="checkbox"/> Probably <input checked="" type="checkbox"/> 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"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				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. Place 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		38b. Street & Number		38c. Apt. No.	38d. Zip Code				
39. Describe How Injury Occurred											
41. Signature, Of Person Certifying Cause Of Death: William F. Nowlin, MD											
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: William F. Nowlin, MD 1200 Roosevelt P				44. License Number 01022552A		45. Date Certified 09/13/10					
46. Additional Funeral Service Provider: PEGGY HOLINGA KATONIA LAKE COUNTY, IN AMOUNT \$ 13 CASH CHARGE CT											
48. Signature of Local Health Officer: Mary A. Probioka MD						49. For Registrar Only: Date Filed (Month/Day/Year): DEC 01 2011					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)

COPY

State Form 53395

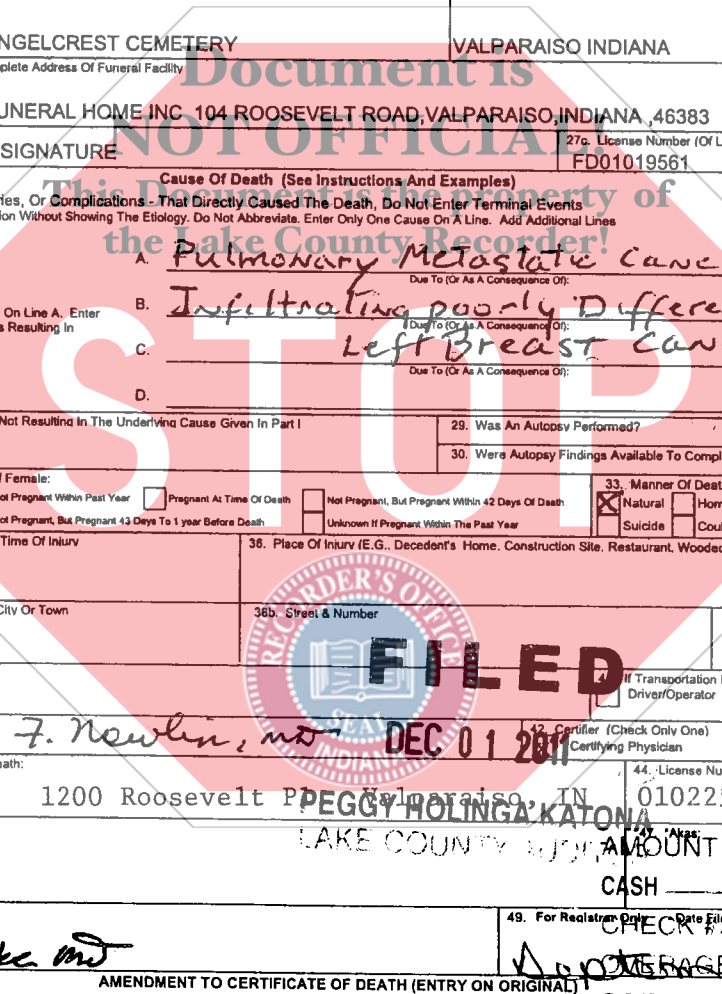
ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and the fee will be paid in full for refusal.

① 620113658
②

Chicago Title Insurance Company CLERK

004519

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STATE OF INDIANA
LAKE COUNTY
RECORDER
2011 DEC - 2 AM 10:05
FH83066821

No: 620113658

LEGAL DESCRIPTION

Lots 29 and 30, in Block 23, in George and William Earle's Resubdivision of Blocks 21, 24, 27, 23, 28 and 26, in George and William Earle's Lake George Fifth Subdivision to Hobart, as per plat thereof recorded in Plat Book 13, page 13, in the Office of the Recorder of Lake County, Indiana, and the vacated part of Third Street adjoining said Lots on the South, said vacated part described as follows: a Tract beginning at the Southeasterly corner of Lot 29, in Block 23, of Geo. and Wm. Earles' Resubdivision of Blocks 21, 23, 24, 26, 27 and 28, in Geo. and Wm. Earles' Lake George Fifth Suidivision to Hobart; thence Southerly on the Easterly line of said Lot 29 produced, a distance of 19 feet; thence Northwesterly on a line parallel to the Southerly line of Lots 29 and 30, to the West line of Lot 30 produced; thence North on the West line of said Lot 30 produced, a distance of 19.81 feet to the southwest corner of said Lot 30; thence Southeasterly along the Southerly line of Lots 29 and 30, a distance of 52.28 feet to the place of beginning.

