发. 以

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2012 058933

2012 AUG 30 AM 10: 08

MICHILLER FAJMAN RECORDER

Chicago Title Insurance Company

45-19-23-301-010.000-008

SURVIVORSHIP AFFIDAVIT

| COUNTY OF LAKE | | (120120505 |
|--|---|-----------------------------|
| COUNTY OF LAKE | SS | |
| On this 8-22 12 (insert date) DWAIL PRETER | appear | |
| to me personally known, who being | OT OFFICIAL! g duly sworn on oath did say that: Document is the property | e INSURANCE COMPANY |
| 1. Affiant resides at the add | ress given below affiant's signatur | e; SURA |
| 2 Affiant is | mildrel Li | Peters = |
| 3. Said premises were form | of affiant in the above premises as serly owned as joint tenants or as the following and the following and the following and the following areas. | enants by the entireties by |
| 4 Said | | |
| died on | will left, attach a copy) | |
| 5 The legal description of the | he premises in question is: | |
| | | |

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

AUG 29 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1500 CT G

| 7 V | Where this affidavit relates to a tenancy by the entirties, were the parties ever divorced? |
|-----------|--|
| (| If answer is "Yes," identify the divorce proceedings: |
| 8 A | ffiant's relationship to the deceased was ω_{i} |
| Town Town | Signature Mildred L. Fefers by HER DONALD P. Peters Address 11500 W. 133NDAUT AME, IN 4630 Pocument is Coden LAKE, IN 46303 |
| Cedar | Address //S (O W. 733NDHUE) hake, IN 46303 cument is Cedan Lake, IN 46303 and sworn to before me by the affiant |
| this 8- | This Document is the property of |
| | (insert date) the Lake County Red STARI UGAR Lake County My County My County My County June 25, 2015 |
| My Commis | ssion Expires |
| | This instrument prepared by Dowald P. Peters |
| | COUNTER'S OF THE PARTY OF THE P |
| | SEAL MOIANA MINISTRALIA DE LA CONTRALIA DE LA |

Social Security number in this document, unless required by law 5/1/50

--

LEGAL DESCRIPTION

The South 98 feet of the following described parcel: A part of the Northwest Quarter of the Southwest Quarter of Section 23, Township 33 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, described as follows: Commencing at a point on the North line of Main Street, which is 252 feet West of the Southwest corner of Lot 1, as shown in the recorded plat of Highland Addition, to the Town of Lowell; and running North 198 feet; thence West 122 feet; thence South 198 feet; thence East 122 feet to the point of beginning, all in the Town of Lowell, in Lake County, Indiana.



LEGAL 6/98 SB

| aing requested by | THE RECORDS IN THIS SE | to is al | INDIANA S # 45- are confidential pei | | | RTMEN 7-010 E OF DI | NT . Ø EA | OF 60 TH |
|-----------------------------|----------------------------------|----------------|--|--------------------|----------------|---------------------------|-----------------|----------------|
| YPE/PRINT | 1 DECEASED-NAME (First M | ddle Li | Marvin P. Pe | ters | _ | | 2 SI | ex Male |
| IN ERMANENT BLACK INK | 4 *SOCIAL SECURITY NUMBER | | Se AGE—Lest Birthday (Years) 76 | 5b UNDER Months | 1 YEAR Days | Sc UNDER 1 | DAY | 6. DAT |
| | 8ª WAS DECEDENT A US VETERAN? | | EAR LAST SERVED IN S. ARMED FORCES? | HOSPITAL | inpetie | int | | 9a PLA |

ECEDENT

ARENTS

FORMANT

SPOSITION

AUSE OF

:RTIFIER

ALTH FICER

| his state agency in orde | r to | NDIANA ST | FATE DEP/ | ARTME | ·NI O | \vdash $H E F$ | AL LH | | | |
|--|--|--|--|--|--|--|--|--|--|---|
| responsibility Disclosur all be no penalty for refus | e is - | NDIANA ST # 45-7 C | 19-23-30 | 11-01 | 0.00 | 0-00. | 8 | | | |
| 7.1-01 | | U | ERTIFICA | EOFL |)EA1r | 1 | State | No | • • • • • • • | |
| THE RECORDS IN THIS S | | | ₹ IC 16-1-19-3 | | | | | 2.75 | | |
| DECEASED—NAME (First II | | Marvin P. Pet | | | 2 SEX Ma | | 3a TIME OF DEAT | [Febru | uary 15 | |
| *SOCIAL SECURITY NUMBER | 5 | ie AGE—Lest Birthday (Years) | Sb UNDER I YEAR Months Days | Sc UNDER Hours | | April 29 | 17 (Ma. Day Yr) | McGe | | State or Foreign Country) |
| -8699 | - VEA | 76 | | <u> </u> | | | EATH (Check only one | MO | | |
| A US VETERAN? | | ARMED FORCES? | HOSPITAL Inpeti | | | | ATH (Check only one Nursing Home | | | |
| No | | N/A | i — _ | Outpatient 🔲 [| | | Residence | | | |
| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | Joon, give st | rest and number) | | | se city to Lowe | | CATION OF DEATH | ad cour Lake | NTY OF DEA | <u></u> |
| o Marital Status (Specify) Married | M | IVIVING SPOUSE file, give meiden name) ildred Wade | | Boiler | NTS USUAL ing most of wo rmaker | orking life Do r | N (Give land of work not use retired) | Unior | | SS/INDUSTRY |
| 34. RESIDENCE—STATE Indiana | 136 CO La | _ | Lowell | | | | 308 N. Nich | | | |
| 3e ZIP CODE 13F INSIDE C | | | 15 WAS DECEDENT | OF HISPANIC (| ORIGIN? specify Cuber | | -American Indian, White etc | | | IT'S EDUCATION hest grade completed) |
| 46356 13g ON A FA | | USA | 7 EPNo DY Mexican, Puerto R | | specify Cours | (Spec | cafy) | (Spec Elementary/Sec | | |
| | Ves □ | USA | | | | Whi | | 6 | | |
| 8 FATHERS NAME (First, Midd William Oscar | Peters | | | | Celia | Cather | Frat Mode Meiden S ine Banks | · <u>-</u> | | |
| on informants name (1) Mildred L. Pete | | | | a address (se . Nichols, | | | oute Number City or 356 | Town. State. Zip (| | Oc Reletionship Wife |
| 1a. METHOD OF DISPOSITION | _ | 1 | 216 DATE AND PLACE | Feb 17, 2 | | f cemetery cre | ametory or | 21c LOCATION- | - | |
| Buriel Cremetion Donetton Other (Spe | - | noval from State | Lake Villag | ge Cemete | ery | | | Lake Vil | | N |
| 28. EMBALMER'S NAME. | | | 225 EMBALMER'S | LICENSE NO | | 23 | WAS DEATH REPOR | ITED TO CORON | VER? | |
| Molly E. Tuck | | / | FD09200 | 0061 | L 15 | | □ No | •• | | |
| Molly E. Tuck | | NO | T O 248 U | | IA | 25 NAME Sheets | | ense number come FH | OF FUNERAL | 277 |
| SIGNATURE OF FUNERAL | DIRECTOR LIVE CONTROL LIVE C | NO' Be or complications that cause on | T O 245 U F | D061 LICENSE NUMBI (of Licensee) D092000 oter nonspecific to | BERTA Office terms, such as | Sheets 604 E | ADDRESS AND LICE S Funeral He Commerci | ense number come FH | OF FUNERAL | 277 IN 46356 Approximate Interval Between |
| SIGNATURE OF FUNERAL | DIRECTOR LIVE CONTROL LIVE C | lure List only one cause on | T O 245 U F | COOSE NUMBI (of Licensee) D092000 | BERTA Office terms, such as | Sheets 604 E | ADDRESS AND LICE S Funeral H. Commerci | ense number come FH al Ave. La | of funeral 1830042 owell, 1 | Approximate Interval Between Onset and Death |
| SIGNATURE OF FUNERAL IN COMPANY OF PART I Extent the dissection of the company of | DIRECTOR LIVE CONTROL LIVE C | Internal OUE TO (C | FD09200 246 U FI Bused the death Do not end aschline hemorrhag OR AS A CONSEQUENCE | 0061 LICENSE NUMBI (of Licensee) TD0920000 Liter nonspecific t | SERIA DE LE | Sheets 604 E | ADDRESS AND LICE S Funeral H. Commerci | ENSE NUMBER COME FH al Ave. La | OF FUNERAL 1830042 OWELL, I | Approximate Interval Between Onset and Destit INTO AND COMPLETE FEEATH ON FILE WITH THE |
| As SIGNATURE OF FUNERAL IN A SIGNATURE OF FUNERAL IN A SIGNATURE OF FUNERAL IN A SIGNATURE OF FUNERAL INC. IN A SIGNATURE OF FUNERAL INC. IN A SIGNATURE OF CONDITION OF FUNERAL INC. IN A SIGNATURE OF CONDITION OF FUNERAL INC. IN A SIGNATURE OF CONDITION OF FUNERAL INC. IN A SIGNATURE OF FUNERAL INC. IN A SIGN | DIRECTOR LIVE CONTROL LIVE C | Internal Perforat: | FD09200 TO 246 U F) When the death Do not entre size line OUN hemorrhag OR AS A CONSEQUENC 1 OR AS A CONSEQUENCE OR AS A CONSEQUE | D0920000 Top nonspectic to the original state of the original sta | BERT A O61 Orope terms, such as | Sheets 604 E | ADDRESS AND LICE S Funeral H Commerci | ense number come FH al Ave. La | OF FUNERAL 1830042 OWELL, I | Approximate Interval Between Onset and Destit The Full COMPLETE FEEATH ON FILE WITH THE |
| 14e SIGNATURE OF FUNERAL IN A SIGNATURE OF F | DIRECTOR LIVE CONTROL LIVE C | Internal Perforat: Due to g | FD09200 TO 245 U F Sussed the death Do not end a sect line hemorrhag. OR AS A CONSEQUENCION of the OR AS A CONSEQUENCUNS HOT WOULD | O061 LICENSE NUMBI (of Licenses) TD0920000 Noter nonspectic to the CE OFF the Art CE OFF and of to | BERT A O61 Orope terms, such as | Sheets 604 E | ADDRESS AND LICE S Funeral H Commerci | ENSE NUMBER COME FH al Ave. La HIS CERTIFIES TO DPY OF THE CEP- IKE COUNTY HEA | OF FUNERAL 1830042 OWELL, I | Approximate Interval Between Onset and Destit INTERVAL COMPLETE FEEATH ON FILE WITH THE |
| MAEDIATE CAUSE (Final leases or conditions if any which gave less to the immediate cause | DIRECTOR White Control of the Contr | Internal DUE TO CO | FD09200 TO 246 U F) When the death Do not entre size line OUN hemorrhag OR AS A CONSEQUENC 1 OR AS A CONSEQUENCE OR AS A CONSEQUE | O061 LICENSE NUMBI (of Licenses) TD0920000 Noter nonspectic to the CE OFF the Art CE OFF and of to | BERT A O61 Orope terms, such as | Sheets 604 E | ADDRESS AND LICE S Funeral H Commerci | ENSE NUMBER COME FH al Ave. La HIS CERTIFIES TO DPY OF THE CEP- IKE COUNTY HEA | OF FUNERAL 1830042 OWELL, I | Approximate Interval Between Onset and Dassit IS TONE AND COMPLETE OF DEATH ON FILE WITH THE ITMENT |
| 8 PART I Effect the dispersed, shock. MMEDIATE CAUSE (Finel lesses or condition sesulting in deeth) Conditions if any which gave isset to the immediate cause tasting the underlying suse last | DIRECTOR Walk Makes Injuries or hase't falk | Internal OUE TO CO Due to CO Due to CO Due to CO OUE TO CO d | FD09200 TO 245 U F) Sussed the death Do not entre size like hemorrhag OR AS A CONSEQUENC OR AS A CONSEQUENC UNShot WOU OR AS A CONSEQUENC OR AS A CONSEQUENC | D0920000 The roman control of the c | BER A O61 COP C terms, such as the ch | Sheets 604 E | ADDRESS AND LICE S Funeral H COmmerci Spiratory | ENSE NUMBER COME FHE ALL AVE. LA | OF FUNERAL 1830042 OWELL, I | Approximate Interval Between Ones and Death The Paul Complete F DEATH ON FILE WITH THE TIMENT |
| As SIGNATURE OF FUNERAL. B PART I Eyer the dissection of the second tion equal to the second tion gave to the smediate cause tating the underlying | DIRECTOR Walk Makes Injuries or hase't falk | Internal OUE TO CO Due to CO Due to CO Due to CO OUE TO CO d | FD09200 TO 245 U F) Sussed the death Do not entre size like hemorrhag OR AS A CONSEQUENC OR AS A CONSEQUENC UNShot WOU OR AS A CONSEQUENC OR AS A CONSEQUENC | D0920000 The roman control of the c | the ch | Sheets 604 E a cardeo or rea | ADDRESS AND LICE S Funeral H Commerci spiratory | ENSE NUMBER COME FH ALL AND THE CEPTIFIES TO DPY OF THE CEPTIFIES TO KE COUNTY HEAD NAUTOPSY MED? | OF FUNERAL 1830042 OWELL, I PHE ABOVE RITHICATE O ALTH DEPART | Approximate Interval Between Onset and Dassit IS TONE AND COMPLETE OF DEATH ON FILE WITH THE ITMENT |
| MAMEDIATE CAUSE (Finel lasease or conditions if any which gave testing the underlying ause last | DIRECTOR Walk Makes Injuries or hase't falk | Internal OUE TO CO Due to CO Due to CO Due to CO OUE TO CO d | FD09200 TO 245 U F) Sussed the death Do not entre size like hemorrhag OR AS A CONSEQUENC OR AS A CONSEQUENC UNShot WOU OR AS A CONSEQUENC OR AS A CONSEQUENC | D0920000 The roman control of the c | the ch | 25 NAME Sheets 604 E a cardeac or rest are the state of t | ADDRESS AND LICE S Funeral He Commerci Sportory | ENSE NUMBER COOME FH AI AVE. LA HIS CERTIFIES TO DPY OF THE CEP KE COUNTY HEA N AUTOPSY MED? | OF FUNERAL 1830042 OWELL, I PHE ABOVE HIFTICATE O ALTH DEPART | Approximate Interval Between Onset and Death INTERVAL ON FILE WITH THE ITMENT P 2007 E AUTOPSY FINDINGS LABLE PRIOR TO |
| MAEDIATE CAUSE (Final leases or condition if any which gave tests the time that the time test is to the immediate cause tasting the underlying ause last. | DIRECTOR DIRECT | Internal DUE TO (C Perforat: Due to (C Due to (C d One contributing to death b | FD09200 TO 245 U F) weed the deeth Do not end a sech line Demorrhage OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A CONSEQUENCY but not previously stated in | D061 LICENSE NUMBER (of Licensee) D0920000 ver nonespecific to e e e e e cc opp heart cc opp | the ch | Sheets 604 E a cardiec or res CEDENT INT OR 90 D. IRTUM7 INT OR 9 | ADDRESS AND LICE S Funeral H. Commerci: spiratory 28a. WAS AN PERFORM (Yee to Yes) | ENSE NUMBER COOME FH (al Ave. La (ii) CERTIFIES TO (DPY OF THE CEF (KE COUNTY HEA N AUTOPSY MED? (iii) (ii | OF FUNERAL 1830042 OWELL, I PHE ABOVE RTIFICATE O ALTH DEPART | Approximate Interval Between Onest and Death APPLAND COMPLETE OF DEATH ON FILE WITH THE ITMENT E AUTOPSY FINDINGS LABLE PRIOR TO OR ETION OF CAMPE EATH? (Yes or no) ES |
| As SIGNATURE OF FUNERAL IN A SIGNATURE OF FU | DIRECTOR DIRECT | Internal DUE TO (C Perforat: Due to go DUE TO (C d ONE TO (C DUE TO (C d ONE TO (C DUE TO (C D | FD09200 TO 245 U F Support To 245 U F Suppo | D061 LICENSE NUMBI (of Licensea) D0920000 ther nonespecific to the compact of th | the che pregna (Yes, or not the time data. | Sheets 604 E a cardiac or res CEDENT UNIT OR 90 D. RRTUM7 no) and place, and occurred at the | ADDRESS AND LICE S Funeral H Commerci COLA And neck AND AYS Zee WAS AN PERDINA (Yes Ka) Yes d due to the cause(s) a | ENSE NUMBER COME FH al Ave. La HIS CENTIFIES TO DPY OF THE CEP KE COUNTY HEA N AUTOPSY MED? NO AUTOPSY MED? NO AUTOPSY MED? NO AUTOPSY MED? NO AUTOPSY MED? | OF FUNERAL 1830042 OWell, I THE ABOVE HITHCATE O ALTH DEPART 286 WERE AVAIL COMMITTED OF DE | Approximate Interval Between Onset and Deset IS A TRUE AND COMPLETE IS DEATH ON FILE WITH THE TIMENT P 2007 E AUTOPSY FINDINGS LABLE PRIOR TO DE ETION OF CAMES EATH? (Vee or no) ESTATE (Vee or no) Estated |
| MAKEDIATE CAUSE (Finel lisease or condition esulting in deeth) Conditions if any which gave testing the underlying suse last PART II Other aignificant condition one) | DIRECTOR DIRECT | Internal DUE TO (C Perforat: DUE TO (C DUE TO | FD09200 TO 245 U F Support To 245 U F Suppo | D061 LICENSE NUMBI (of Licensea) D0920000 ther nonespecific to the compact of th | the che pregna (Yes, or not the time data. | Sheets 604 E scarded or res a carded or res acarded at an acarded at the time did | ADDRESS AND LICE S Funeral Ho Commerci COmmerci Appretory TH CO LA AND AYS 28a. WAS AN PERFORA (Yes LO Yes) d due to the cause(a) a before and place and du | ENSE NUMBER COME FH al Ave. La HIS CERTIFIES TO DPY OF THE CEF INE COUNTY HEA N AUTOPSY MED? SE STATED and due to the cause(a) | OF FUNERAL 1830042 OWell, I PHE ABOVE HTIFICATE O ALTH DEPART 286 WERE AVAIL COM OF PE | Approximate Interval Between Onset and Deeth Onset and Deeth IR TO WITH THE WITH THE THE THE WITH THE THE THE WITH THE THE THE THE THE THE THE THE THE T |
| As SIGNATURE OF FUNERAL IN A SIGNATURE OF FU | DIRECTOR DIRECT | Internal DUE TO (C Perforat: DUE TO (C DUE TO | FD09200 TO 245 U F Support To 245 U F Suppo | D061 LICENSE NUMBI (of Licensea) D0920000 ther nonespecific to the compact of th | the che pregna (Yes, or not the time data. | Sheets 604 E scarded or res a carded or res acarded at an acarded at the time did | ADDRESS AND LICE S Funeral Ho Commerci Commerci Appretory 28a. WAS AN PERFORM (Yes LO Yes d due to the cause(a) a before and place and du MEDICAL LICENSE | ENSE NUMBER COME FH al Ave. La IIIS CERTIFIES TO DPY OF THE CEP INCE COUNTY HEA IN AUTOPSY MED? | OF FUNERAL 1830042 OWell, I PHE ABOVE RTIFICATE O ALTH DEPART 286 WERE AVAIL COAM OF PE | Approximate Interval Between Onest and Deeth Onest and Deeth IS A THE AND COMPLETE FOR DEATH ON FILE WITH THE TIMENT 9 2007 E AUTOPSY FINDINGS LABLE PRIOR TO DE ETION OF CAUSE EATH? (Ves or no) estated |
| MAKEDIATE CAUSE (Finel lisease or condition esulting in deeth) Conditions if any which gave testing the underlying suse last PART II Other aignificant condition one) | DIRECTOR DIRECT | Internal DUE TO CO DUE TO | FD09200 PD09200 PD0 | D061 LICENSE NUMBI (of Licensee) D0920000 Inter nonspecific to the composition of the c | the che pregna (Yes, or not the time data. | Sheets 604 E scarded or res a carded or res acarded at an acarded at the time did | ADDRESS AND LICE S Funeral Ho Commerci COmmerci Appretory TH CO LA AND AYS 28a. WAS AN PERFORA (Yes LO Yes) d due to the cause(a) a before and place and du | ENSE NUMBER COME FH al Ave. La IIIS CERTIFIES TO DPY OF THE CEP INCE COUNTY HEA IN AUTOPSY MED? | OF FUNERAL 1830042 OWell, I PHE ABOVE RTIFICATE O ALTH DEPART 286 WERE AVAIL COAM OF PE | Approximate Interval Between Onset and Deeth Interval Between Onset and Deeth Interval Between Onset and Deeth Interval |
| As SIGNATURE OF FUNERAL IN A SIGNATURE AND TITLE OF PART IN A SIGNATURE AND TITLE OF NAME AND ADDRESS OF IN A SIGNATURE AND TITLE OF NAME AND ADDRESS OF IN A SIGNATURE AND TITLE OF NAME AND ADDRESS OF IN A SIGNATURE AND TITLE OF NAME AND ADDRESS OF IN A SIGNATURE AND TITLE OF NAME AND ADDRESS OF IN A SIGNATURE AND TITLE OF NAME AND ADDRESS OF IN A SIGNATURE AND TITLE OF IN A SIGNATURE OF IN A SIGNATURE AND TITLE OF IN A SIGNATURE OF IN A SI | DIRECTOR DIRECT | Internal DUE TO CO DUE TO | FD09200 TO 245 U F) Sussed the death Do not enter a section of the death dea | D061 LICENSE NUMBIG (of Licensee) D0920000 Inter nonspecific to the composition of the | the chemical program of the time date. | Sheets 604 E cardec or rest a cardec or rest accepent NAT OR 90 D NATUM? no) and place, and occurred at the | ADDRESS AND LICE S Funeral H Commerci Commerci Sepretory TH CO LA AND AVS 28a. WAS AN PERFORM (Yes Ves I due to the cause(a) a before data and place late and place and due MEDICAL LICENSE N/A | ENSE NUMBER COME FHE AI AVE. LA | OF FUNERAL IS30042 OWELL, I STATE ABOVE THE AB | Approximate Interval Between Onset and Deeth Interval Between Onset and Deeth Interval Between Onset and Deeth Interval |
| MART II Other aignificant conditions on the immediate cause last PART II Other aignificant conditions on the immediate cause last PART II Other aignificant conditions on the immediate cause last PART II Other aignificant conditions on the immediate cause last PART II Other aignificant conditions on the immediate cause last PART II Other aignificant conditions on the immediate cause last PART II Other aignificant conditions on the immediate cause last PART II Other aignificant conditions on the immediate cause last PART II Other aignificant conditions on the immediate cause last last last last last last last last | DIRECTOR DIRECT | Internal DUE TO CO DUE TO | FD09200 TO 245 U F) Sussed the death Do not enter a section of the death dea | D061 LICENSE NUMBIG (of Licensee) D0920000 Inter nonspecific to the composition of the | the chemical program of the time date. | Sheets 604 E cardec or rest a cardec or rest accepent NAT OR 90 D NATUM? no) and place, and occurred at the | ADDRESS AND LICE S Funeral H Commerci Commerci Sepretory TH CO LA AND AVS 28a. WAS AN PERFORM (Yes Ves I due to the cause(a) a a time data and place late and place and du MEDICAL LICENSE N/A | ENSE NUMBER COME FH al Ave. La tis CERTIFIES TO DPY OF THE CEP IKE COUNTY HEA NAUTOPSY MED? and due to the cause(s) NO t, Indi | OF FUNERAL 1830042 OWell, I PHE ABOVE ARTIFICATE O ALTH DEPART 286 WERE AVAIL COA OF PT 286 WERE AVAIL COA AVAIL CO | Approximate Inserval Between Conset and Death The Find Told Complete F DEATH ON FILE WITH THE ITMENT 9 2007 E AUTOPSY FINDINGS LABLE PRIOR TO DETION OF CAUSE EATH? (Vee or no) es stated as stated SIGNED (Month, Day Year) lary 19, 2007 |
| MAKEDIATE CAUSE (Final lisease or condition equiting in deeth) Conditions if any which gave testing the underlying ause last PART II Other significant condition So SIGNATURE AND TITLE OF SIGNATURE OF SIGNA | DIRECTOR DIRECT | Internal DUE TO CO Perforat: DUE TO CO DUE TO | FD09200 TO 245 U F) Lused the death Do not enter such line hemorrhag OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A CONSEQUENCY Dut not previously stated in examination and/or investigation. OF DEATH UTEM 260 (7) 2900 Wes RY 346 TIME OF | D0920000 tor nonspecific to the art occurred at the signation, in my opinion, of the signation, in my opinion, of the signation of the signation, in my opinion, of the signation of the signature of the signatu | the chemic such as the chemic su | Sheets 604 E scarded or res a carded or res accedent int or 90 D intrum? no) and place, and occurred at the d at the time di 29c ure, Cr | ADDRESS AND LICE S Funeral H Commerci Commerci Sepretory TH CO LA AND AVS 28a. WAS AN PERFORM (Yes Ves I due to the cause(a) a a time data and place late and place and du MEDICAL LICENSE N/A | ENSE NUMBER COME FHE AI AVE. LA | OF FUNERAL 1830042 OWELL, I OWELL, I OWELL, I 286 WERE AVAIL OF DE OF DE | Approximate Interval Between Onest and Death FIGURE AND COMPLETE F DEATH ON FILE WITH THE ITMENT P 2007 E AUTOPSY FINDINGS LABLE PRIOR TO DESTRUCT OF CAMPLE EATH (Vee or no) ESTIMATE (Vee or no) Lated as stated SIGNED (Month, Day Year) Lary 19, 2007 |
| MAMEDIATE CAUSE (Final lasease or condition if any which gave last to the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last PART II Other significant condition on the immediate cause tasting the underlying ause last tasting tasting the underlying ause last tasting | DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DEPUT TURE DEPUT DEPUT TURE | Internal DUE TO CO Perforat: DUE TO CO DUE TO | FD09200 TO 245 U F) Sussed the death Do not enter a sech line hemorrhag OR AS A CONSEQUENCY OR AS A CONSEQUENCY UNShot WOUT OR AS A CONSEQUENCY Dut not previously stated to examination and/or investigation. OF DEATH UTEM 26/07, 2900 Wes RY 34b TIME OF RY RY 34b TIME OF RY RY 34b TIME OF | D091 LICENSE NUMBER (of Licensee) D0920000 Inter nonspecific to the composition of the | the chemical such as the time date. Avenue NJURY AT William Such as the chemical such as th | 25 NAME Sheets 604 E CEDENT INT OR 90 D. INTUM? 100 and place, and occurred at the d at the time de 29c LIE, CT | ADDRESS AND LICE S Funeral Ho Commerci Sepretory TH CO ADDRESS AND LICE S Funeral Ho CO ADDRESS AND LICE S Funeral Ho CO LA TH CO ADDRESS AND LICE S ADDRESS AND LICE N/A TOWN Point 344 DESCRIBE HOT 344 DESCRIBE HOT | ENSE NUMBER COME FH al Ave. La HS CERTIFIES TO DPY OF THE CEP KE COUNTY HEA N AUTOPSY MED? TO DE STAND TO THE COUNTY HEA | OF FUNERAL 1830042 OWELL, I OWELL, I OWELL, I 286 WERE AVAIL OF DE OF DE | Approximate Inserve Between Onest and Death The EATH ON FILE WITH THE ITMENT E AUTOPSY FINDINGS LABLE PRIOR TO DEFINE CAMPE EATH (Vee or no) EATH (Vee or no) Extra (Vee or no) Extra (Vee or no) Lary 19, 2007 |
| MAMEDIATE CAUSE (Finel lasease or condition if any which gave testing the underlying suse last PART I Other significant condition one) O NAME AND ADDRESS OF DORING MELYON, IT HEALTH OFFICER'S SIGNAT | DIRECTOR DIRECTOR DIRECTOR DIRECTOR CORTIFYIN HEALTH C CORONER FCERTIFIER Depur TURE | Internal DUE TO (C Perforat: Due to (C Due to | FD09200 PD09200 PD0 | D061 LICENSE NUMBI (of Licensee) D0920000 Inter nonspecific to the control of | the chemical states and the time deta. NULLY AT W. Yes or no. | 25 NAME Sheets 604 E CEDENT INT OR 90 D INTUM? 100 and place, and occurred at the d at the time de 29c LIE, CT | ADDRESS AND LICE S Funeral H. Commerci Commerci Sepretory TH CO LA TH CO L | ENSE NUMBER COME FH al Ave. La HIS CERTIFIES TO DPY OF THE CEP- INCE COUNTY HEA IN AUTOPSY MED? IN O IN | OF FUNERAL IS30042 OWEIL, I PHE ABOVE TRIFICATE O ALTH DEPART 286 WERE AVAIL COAL OF DE 286 WERE AVAIL COAL OF DE 286 WERE AVAIL COAL OF DE 287 WERE AVAIL COAL OF DE 288 WERE AV | Approximate Interval Between Onest and Death FIGURE AND COMPLETE DEATH ON FILE WITH THE ITMENT P 2007 E AUTOPSY FINDINGS LABLE PRIOR TO DISTRICT (Vee or no) EATH (Vee or no) EATH (Vee or no) Lated as stated SIGNED (Month, Day Year) 146307 SILED (Month, Day Year) |

Lowell, Indiana

Residence

No.

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver pess

34g DATE PRONDUNCED DEAD (Month. Day, Year)

February 15, 2007

SUMO 004 State Form 40440 (B4/0 00) Bard