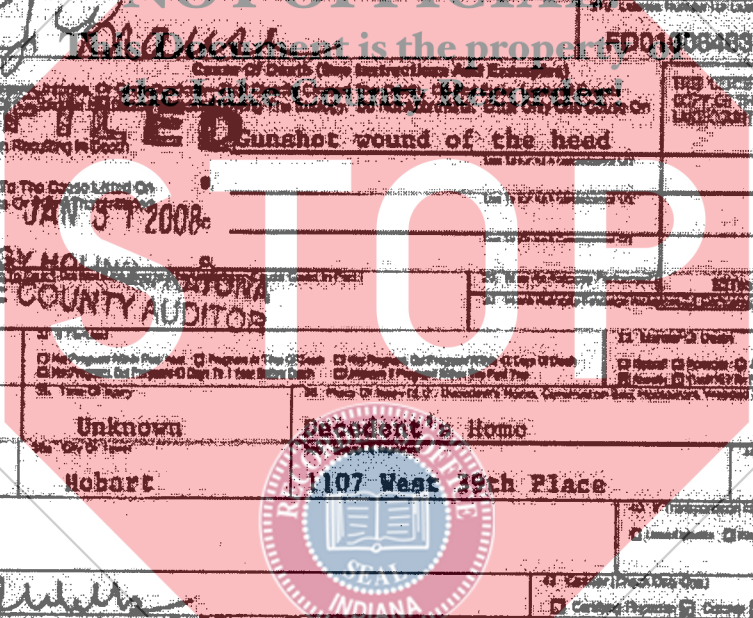




INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2098-08

1. Decedent's Legal Name (Print Name Last, First, Middle Initial)		2. Maiden Name (Print Name Last, First, Middle Initial)		3. Sex	4. Time of Death	5. Date of Death (Month/Day/Year)	
JOSEPH MARION LEVANDOSKI		N/A		Male	2:35 P.M.	January 11, 2008	
6. Social Security Number	7. Age at Death	8. Month of Birth	9. Year of Birth	10. Date of Birth	11. Place of Birth (City, State, and Country)		
315-16-8042 90	90	Month	Year	April 22, 1917	Giboro, Illinois		
12. Cause of Death (Print Name of Doctor, Hospital, or Other Institution)							
St. Mary Medical Center							
13. Place of Death (City, State, and Country)							
Hobart, Indiana							
14. Name of Decedent		15. Name of Informant		16. Relationship of Informant to Decedent		17. Informant's Address (City, State, and Country)	
Emily Levandoski		Emily Pozdol		Iron Worker		Steele	
18. Residence - State		19. County		20. City or Town		21. Zip Code	
IN		Lake		Hobart		46342	
22. Name and Address of Funeral Home (City, State, and Country)							
1107 W. 39th Place, Hobart, IN 46342							
23. Name of Decedent		24. Name of Informant		25. Relationship of Informant to Decedent		26. Informant's Address (City, State, and Country)	
Peter Levandoski		Sophie Levandoski		Cousin		Carmichael, Indiana	
27. Name of Decedent		28. Name of Informant		29. Relationship of Informant to Decedent		30. Informant's Address (City, State, and Country)	
Emily Levandoski		Wife		1107 W. 39th Place, Hobart, IN		46342	
31. Name of Decedent							
Kelly-Carroll Cremation Service, Gary, Indiana 46408							
32. Name and Address of Funeral Home (City, State, and Country)							
Reed Funeral Home, 600 West Old Ridge Rd., P.O. Box 488, Hobart, Indiana 46342							
33. Name of Decedent							
James J. Krauss							
34. Name of Decedent							
Sunshot wound of the head							
35. Name of Decedent							
AN 14 2008							
36. Name of Decedent							
January 11, 2008							
37. Name of Decedent							
Indiana							
38. Name of Decedent							
Hobart							
39. Name of Decedent							
1107 West 39th Place							
40. Name of Decedent							
46342							
41. Name of Decedent							
Sunshot wound							
42. Name of Decedent							
Jeffrey R. Walls, Chief Deputy							
43. Name of Decedent							
2900 West 93rd Avenue, Crown Point, Indiana 46307							
44. Name of Decedent							
N/A							
45. Name of Decedent							
January 14, 2008							
46. Name of Decedent							
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47. Name of Decedent							
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98. Name of Decedent							
N/A							
99. Name of Decedent							
N/A							
100. Name of Decedent							
N/A							



January 14, 2008

767



CERTIFICATE OF DEATH

Local No 001360

SSN No 000000197369

State No 019209

1. Decedent's Legal Name (Full Middle Name) EMILY J LEVANDOSKI		4. Maiden Name (If Married) POZDOL		6. Sex FEMALE		7. Time of Death 03:15 AM		8. Date of Death (Month/Day/Year) 04/29/2011	
5. Social Security Number 812-18-4892		9. Under 1 Year 67		10. Under 1 Month 01/23/1924		11. Date of Birth (Month/Day/Year) 01/23/1924		12. Birthplace (City and State of Parents Country) NEW CHICAGO, IN	
13. Facility Name (If Not a Residence, Give Street and Number) ST MARY MEDICAL CENTER INC		14. City or Town, State, and Zip Code HOBART, IN 46342		15. County of Death LAKE		16. Marital Status At Time of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		17. Race of Decedent (Specify)	
18. Residence - Place INDIANA		19. County LAKE		20. City or Town HOBART		21. Decedent's Usual Occupation HOMEMAKER		22. Place of Usual Residence HOME	
23. Street and Number 1107 WEST 38TH PLACE		24. Apt. No. 48342		25. Zip Code 46342		26. Trade or Profession <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27. Decedent's Education 8TH GRADE OR LESS		28. Decedent's Race NOT HISPANIC		29. Decedent's Hair White		30. Decedent's Eyes Blue		31. Decedent's Height 5'00"	
32. Father's Name (First, Middle, Last) JOSEPH POZDOL		33. Mother's Name (First, Middle, Last) ANGELINE POZDOL		34. Decedent's Birthplace (City, State, Zip Code) KHYTEK		35. Decedent's Birthplace (City, State, Zip Code) KHYTEK		36. Decedent's Birthplace (City, State, Zip Code) KHYTEK	
37. Decedent's Name LINDA KISH		38. Relationship to Decedent DAUGHTER		39. Mailing Address (If Not a Usual Residence, Give City, State, Zip Code) 352 NORTH VIEW DRIVE, VALPARAISO, IN 46389		40. Decedent's Usual Residence (City, State, Zip Code) 352 NORTH VIEW DRIVE, VALPARAISO, IN 46389		41. Decedent's Usual Residence (City, State, Zip Code) 352 NORTH VIEW DRIVE, VALPARAISO, IN 46389	
42. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Natural From Death <input type="checkbox"/> Other (Specify)		43. Place of Disposition (Name of Cemetery, Crematorium, Other Place) CALVARY CEMETERY		44. Location - City, Town, and State PORTAGE, IN		45. Who Coroner Observed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		46. Name and Complete Address of Funeral Home REEFS FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342	
47. Signature of Indian Funeral Service Director JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE		48. License Number (If Applicable) FO01008463		49. Signature of Coroner (Give Instructions and Examples) HEART FAILURE ACUTE ON CHRONIC DISEASE, 10 YEARS		50. Cause of Death (Final Disease or Condition Resulting in Death) HEART FAILURE ACUTE ON CHRONIC DISEASE, 10 YEARS		51. Approximate Interval: Ocean To Death	
52. 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 Ecology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. HEART FAILURE ACUTE ON CHRONIC DISEASE, 10 YEARS		53. Part II. Enter Other Significant Conditions Contributing to Death (If Any) Resulting In The Underlying Cause Given In Part I. A. ATRIAL FIBRILLATION B. HYPERTENSION C. RESPIRATORY FAILURE		54. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. Were Anybody Finding Noted To Complete The Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		56. Signature of Coroner (Give Instructions and Examples) HEART FAILURE ACUTE ON CHRONIC DISEASE, 10 YEARS	
57. Did Anyone Ever Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		58. Date of Injury (Month/Day/Year) 01/23/1924		59. Location of Injury - State LAKE COUNTY, INDIANA		60. Location of Injury - City LAKE COUNTY, INDIANA		61. Location of Injury - Street and Number LAKE COUNTY, INDIANA	
62. Describe How Injury Occurred		63. Signature of Person Certifying Cause of Death ERIC FREDERICK SCHULTE, BY ELECTRONIC SIGNATURE		64. Name, Address And Zip Code Of Person Certifying Cause of Death ERIC FREDERICK SCHULTE, 7668 BROADWAY #140, MERRILLVILLE, IN 46410		65. License Number (If Applicable) 010552084		66. Date of Signature 05/03/2011	
67. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		68. For Registration Only - (Do Not Fill In) MAY 03 2011		69. For Registration Only - (Do Not Fill In) MAY 03 2011		70. For Registration Only - (Do Not Fill In) MAY 03 2011		71. For Registration Only - (Do Not Fill In) MAY 03 2011	

State Form 54300 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to verify responsibility. Disclosure is voluntary and there will be no penalty for refusal.