STATE OF INDIANA

COUNTY OF LAKE

2013 063789

STATE OF INDIA LAKE COUNTY

2013 AUG 29 PM 3: 48

MICHAEL B. BROWN RECORDER

## **AFFIDAVIT**

- I, Linda Guzman, being duly sworn, state as follows:
- 1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
- 2. I am the owner, along with Carlos Luna, in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Numbered six (6) in block 6 in East Gary Real Estate Company's Third Addition, as per plat thereof recorded in Plat Book 10, page 9 in the Office of the Recorder of Lake County, Indiana.

Commonly known as: OFFICIAI!
2340 Vermillion, Lake Station, Indiana 46405
This Document is the property of

Tax Key Not. 45-09-16-252-015.000-021rder!

## **Grantees' Addresses:**

Linda Guzman, 2744 Vanderburg Street, Lake Station, IN 46405 Carlos Luna, 2735 Union, Lake Station, IN 46405

- 3. Carlos Luna and I acquired title as tenants in common to said real estate by deed of conveyance on the 4th day of February, 2011, and recorded in the Office of the Lake County Recorder on February 21, 2011, as Document No. 2011-010114.
- 4. That Lupe Luna died on the <u>22nd</u> day of <u>January, 2012</u>, at which time Carlos Luna and I acquired title as tenants in common pursuant to property law. See attached Death Certificate for Lupe Luna.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

FILED

... Linda Guzman, Affiant O

5/1

AUG 29 2013

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

25465

STATE OF INDIANA	)
	) SS
COUNTY OF LAKE	)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Linda Guzman, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this <u>20</u> day of <u>August, 2013.</u>

My commission expires: 02/03/2018

Signature:

Lesa A. Potacki

Resident of: Lake County, I

Document is NOT OFFICIAL!

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

1. Decedent's Legal Name (First, N	Aiddle Leet	076				<u>)0024080</u> 2	····			2683	
_UPE LUNA	modie, cast)				1a. Maiden Nan	ne (if female)	2. Se		Time Of Death	4. Dai	e Of Death (Month/Day
	ge - Yrs	6b. Under 1 Ye	ear   6c. Unde		AZCONA 3d. Under 1 Day	6e. Under 1 Hour 7.	Date of Birth (M	(ALE	12:10 AM		01/22/2012 le or Foreign Country)
308-46-6730	65	Months	Days		Hours	Minutes					te or Foreign Coontry)
Ever in U.S. Armed Forces?		Occurred In A I			nouis	10a. If Death Occurred	06/23/ Somewhere Other		GARY,	IN	
Yes 🗵 No 🗌 Unknown	☐ Inpatien	nt 🔲 Emergend	v Department (	Outpatient	Dead on Arrival	Hospice Facility	Decedent's H			ng-term Care Fa	acility
Facility Name: (If Not Institution	. Give Street	and the second second				Other (Specify)					
NA HOSPICE CENTE 2. City Or Town, State, And Zip C	R										
z. Gity Of Town, State, And Zip C	ode					13. County Of D	eath		ì	al Status At Tir	
ALPARAISO, IN, 4638	33					PORTER			☐ Marr	ied 🔲 Married owed 🔲 No	, But Separated D D
5. Surviving Spouse's Name				15a. (if	lf Wife)Give Maide	n Last Name	16. Dece	dent's Usual Oc	cupation	17. Ki	nd Of Business/Industry
							HOME	WKED		ном	
3. Residence - State		18	Ba, County			18b. City Or Town	THOME	MAKEK		THOW	<u> </u>
IDIANA		LA	KE			LAKE STATIO	N				
Bc. Street And Number						1-1,000,000		18d. Apt. No	D. 18e.	Zip Code	18f. Inside City L
270 EAST 28TH AVEN	NUE									10105	⊠ Yes □ N
9. Decedent's Education	1475.05	3.000	20. Decedent	Of Hispanic C	Origin	21. Dece	dent's Race			46405	
IGH SCHOOL GRADU OMPLETED			HISPANIC	2		White					
2. Father's Name (First, Middle, La	st)	N	71.01.71.110			23. Mother's Name (First	, Middle, Last)			23a. Mother's M	laiden Last Name
DEL AZCONA						DOMANIA AZOO					
Informant's Name			24a. Relat	tionship To De	ecedent	ROMANA AZCO 24b. Mailing Address (Si	NA reet And Number	City, State, Zio	Code)	ASTILLO	
NDA GUZMAN			DAUGI	HTER		2744 VANDERB				L INLAGAO	<b>.</b>
a. Method Of Disposition					25 Plan	e Of Disposition				, 114 4040	3
Burial Cremation Donat	tion 🔲 Entor	mbment 250.	Place Of Dispo	sition (Name	Of Cemetery, Cre	matory, Other Place) 2	5c. Location - City	, Town, And St	ate		
Removal From State Other (Specify):		140	0001.05		)ocu	ment	16				
Was Coroner Contacted?	. 27. N	ame And Comp	COOL CE	ME LERY	y UCU		ORTAGE,	N			
	I				HILY .					1 27a E	
☐ Yes ☒ No				NO	TO	RIPLO	ATI			27a. Fi	uneral Home License N
	REE	S FUNER		NO	TO	5341 CENTRAL A				FH83	uneral Home License N 005613
b. Signature Of Indiana Funeral S MES T. BAILEY, BY 28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest Respira	ELECTF	RONIC SIG	AL HOME SNATURE	OLSON S Doc Cause	CHAPEL, 5	t is the pr	oper F	7c. License Nu D2010002	mber (Of Licens	FH83	005613 Approximate
b. Signature Of Indiana Funeral S MES T. BAILEY, BY  28. Part I. Enter The Chain Of E Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If N mmediate Cause (Final Disease Sequentially List Conditions, If A Line A. Enter The Underlying Co	ELECTF  Events - Discount - Disco	eases, Injuries, Or Ventricular	AL HOME NATURE Or Complical Fibrillation Wi	Cause tions That Cithout Showin	CHAPEL, 5	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to	oper F	7c. License Nun D2010002 s se On	mber (Of Licens	FH83	005613  Approximate Interval: On
b. Signature Of Indiana Funeral SAMES T. BAILEY, BY 28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respire A Line. Add Additinal Lines If N mmediate Cause (Final Disease	ELECTF  Events - Discount - Disco	eases, Injuries, Or Ventricular	AL HOME NATURE Or Complical Fibrillation Wi	Cause tions That Cithout Showin	Of Death (See Directly Caused Ing The Etiology.	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to	pples) Terminal Eventer Only One Cau o (Or As A Consequence	C. License Nu D2010002	mber (Of Licens	FH83	005613  Approximate Interval: On
b. Signature Of Indiana Funeral SAMES T. BAILEY, BY  28. Part I. Enter The Chain Of E  Such As Cardiac Arrest, Respira  A Line. Add Additinal Lines If N  mmediate Cause (Final Disease  Sequentially List Conditions, If A  ine A. Enter The Underlying Ci  the Events Resulting In Death)	ELECTF  Events - Dis- story Arrest, ecessary, e Or Condition  Any, Leading ause (Diseas Last	eases, Injuries, Or Ventricular on Resulting In g To The Causs se Or Injury Th	AL HOME ENATURE Or Complicat Fibrillation Wi Death)	Cause lions That Eithout Showin  A. LEIC  B. MET  C.	Of Death (See Directly Caused Ing The Etiology.	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to	nples) Terminal Eventer Only One Cau	C. License Nu D2010002	mber (Of Licens	FH83	Approximate Interval: Ons
b. Signature Of Indiana Funeral S MES T. BAILEY, BY  18. Part I. Enter The <u>Chain Of E</u> 18. Part I. Enter The <u>Chain Of E</u> 18. Line. As Cardiac Arrest, Respira  18. Line. Add Additinal Lines If N.  18. Immediate Cause (Final Disease  18. Sequentially List Conditions, If N.  19. Line A. Enter The Underlying County	ELECTF  Events - Dis- story Arrest, ecessary, e Or Condition  Any, Leading ause (Diseas Last	eases, Injuries, Or Ventricular on Resulting In g To The Causs se Or Injury Th	AL HOME ENATURE Or Complicat Fibrillation Wi Death)	Cause lions That Eithout Showin  A. LEIC  B. MET  C.	Of Death (See Directly Caused Ing The Etiology.	Instructions And Example Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to Due	pples) Terminal Eventer Only One Cau o (Or As A Consequence	ZC. License Nu D2010002 See On	mber (Of Licens	FH83	Approximate Interval: On To Death
p. Signature Of Indiana Funeral S. MES T. BAILEY, BY 8. Part I. Enter The Chain Of Euch As Cardiac Arrest, Respiration of the Chain Of Euch As Cardiac Arrest, Respiration of the Chain Of Euch As Cardiac Arrest, Respiration of the Chain Of Euch Chain Of E	ELECTF  vents - Dis- story Arrest, ecessary, e Or Condition  Any, Leading ause (Diseas Last	eases, Injuries, Or Ventricular on Resulting In Grant Section 1997 The Causse Or Injury The United Section 1997 The Causses Or Injury The United Section 1997 The United S	AL HOME  Or Complicat Fibrillation Wi  Death)  e Listed On at Initiated	Cause lions That Eithout Showin  A. LEIC  B. MET  C.	Of Death (See Directly Caused Ing The Etiology.	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to Du	pples) Terminal Eventer Only One Cau  o (Or As A Consequence  o (Or As A Consequence	7c. License Nu D2010002 s see On	mber (Of Licens	FH83	Approximate Interval: On To Death
D. Signature Of Indiana Funeral S MES T. BAILEY, BY  8. Part I. Enter The Chain Of E uch As Cardiac Arrest, Respire. Line. Add Additinal Lines If N mmediate Cause (Final Disease equentially List Conditions, If Jine A. Enter The Underlying Cohe Events Resulting In Death)  11. Enter Other Significant Conditional Conditions of the Conditional	ELECTF  vents - Dis- story Arrest, ecessary, e Or Condition  Any, Leading ause (Diseast Last lions Contributations Contributat	eases, Injuries, Or Ventricular on Resulting In The Causisse Or Injury The Litting to Death Butting to Death	AL HOME  NATURE  Or Complication Wi  Death)  Listed On the	Cause Lilions That C ithout Showin  A. LEIC  B. MET  C.  D.  g in The Under	Of Death (See Directly Caused Ing The Etiology. OMYOSARCOM/ TASTASIS TO LU	Instructions And Examine Death, Do Not Enter Do Not Abbreviate. Enter Do Not	pples) Terminal Event or Only One Cau or (Or As A Consequence or (Or As A Consequence or (Or As A Consequence Was An Autopsy Were Autopsy Fi	ZC. License Nun D2010002 SS SS ON SS ON: Performed? hding Available  33. Manner	To Complete TI	FH83	Approximate Interval: On To Death
D. Signature Of Indiana Funeral SIMES T. BAILEY, BY  8. Part I. Enter The Chain Of Exich As Cardiac Arrest, Respirate Line. Add Additinal Lines If Numediate Cause (Final Disease Requentially List Conditions, If June A. Enter The Underlying Cahe Events Resulting In Death)  11. Enter Other Significant Conditionation of the Condition of the Conditionation of the Conditionation of the Conditionation of the Condition of t	ELECTF  Events - Disatory Arrest, ecessary, e Or Condition  Any, Leading ause (Diseatlast Last Last Last)  Death?	eases, Injuries, Or Ventricular on Resulting In g To The Causs se Or Injury Th	AL HOME  ENATURE  Or Complicat Fibrillation Wi  Death)  Listed On at Initiated  of Not Resulting  male:  sgnant Within Past V.  sgnant, But Pregnant	Cause Lilions That Cithout Showin  A. LEIC  B. MET  C.  D.  g In The Under	Of Death (See Directly Caused Ing The Etiology.  OMYOSARCOMA  TASTASIS TO LU  erlying Cause Givin  ant At Time Of Death. [In the Before Death.]	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to  Unit Part 1 29, 30.  Not Pregnant, Bist Pregnant With The	pples) Terminal Event or Only One Cau or Or As A Consequence or (Or As A Consequence or (Or As A Consequence Was An Autopsy Were Autopsy Fil	C. License Nun D2010002 S see On On: On: On: On: Adding Available  Manner Manual Natural	To Complete TI Of Dealth Homicide	es 🔯 None Cause Of Do	Approximate Interval: On To Death
D. Signature Of Indiana Funeral S MES T. BAILEY, BY  8. Part I. Enter The Chain Of E uch As Cardiac Arrest, Respire. Line. Add Additinal Lines If N mmediate Cause (Final Disease equentially List Conditions, If Jine A. Enter The Underlying Cohe Events Resulting In Death)  11. Enter Other Significant Conditional Conditions of the Conditional	ELECTF  Events - Disatory Arrest, ecessary, e Or Condition  Any, Leading ause (Diseatlast Last Last Last)  Death?	eases, Injuries, Or Ventricular on Resulting In g To The Causs se Or Injury Th	AL HOME  NATURE  Or Complication William  Death)  Listed On the listed o	Cause Lilions That Cithout Showin  A. LEIC  B. MET  C.  D.  g In The Under	Of Death (See Directly Caused Ing The Etiology.  OMYOSARCOMA  TASTASIS TO LU  erlying Cause Givin  ant At Time Of Death. [In the Before Death.]	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to  Unit Part I 29, 30.  Not Pregnant, But Pregnant Wit	pples) Terminal Event or Only One Cau or Or As A Consequence or (Or As A Consequence or (Or As A Consequence Was An Autopsy Were Autopsy Fil	C. License Nun D2010002 S see On On: On: On: On: Adding Available  Manner Manual Natural	To Complete TI Of Dealth Homicide	es 🔯 None Cause Of Do	Approximate Interval: On To Death  asath? Yes Pending Investigation. Injury At Work?
D. Signature Of Indiana Funeral S MES T. BAILEY, BY  8. Part I. Enter The Chain Of E uch As Cardiac Arrest, Respiratine. Add Additinal Lines If Nonmediate Cause (Final Disease equentially List Conditions, If I are A. Enter The Underlying Che Events Resulting In Death)  1. In Enter Other Significant Conditions of the Events Resulting In Death Did Tobacoo Use Contribute To I are I probably I No I Date Of Injury (Month/Day/Year)	ELECTF  Events - Disatory Arrest, ecessary, e Or Condition  Any, Leading ause (Diseatlast Last Last Last)  Death?	eases, Injuries, Or Ventricular on Resulting In g To The Causs se Or Injury Th	AL HOME  NATURE  Or Complicat Fibrillation Wi  Death)  e Listed On at Initiated  of Not Resulting male: egnant Within Past You grannit, But Pregnant e Of Injury	Cause Lilions That Cithout Showin  A. LEIC  B. MET  C.  D.  g In The Under	of Death (See Directly Caused Ing The Etiology.  OMYOSARCOM TASTASIS TO LU  errying Cause Givin  and At Time of Death Usefore Death 36. Place	Instructions And Example Death, Do Not Enter Do Not Abbreviate, Enter Do Not Pregnant, But Pregnant With The Of Injury (E.G., Decedent	pples) Terminal Event or Only One Cau or Or As A Consequence or (Or As A Consequence or (Or As A Consequence Was An Autopsy Were Autopsy Fil	C. License Nun D2010002 S see On On: On: On: On: Adding Available  Manner Manual Natural	To Complete TI Of Death: Homicide Could Not B	es 🖾 Nc ne Cause Of Do Accident le Determined Area) 3	Approximate Interval: On To Death  Death? Yes Pending Investigation.  Pending Investigation.  Injury At Work?
D. Signature Of Indiana Funeral S MES T. BAILEY, BY  8. Part I. Enter The Chain Of E uch As Cardiac Arrest, Respiratine. Add Additinal Lines If Nonmediate Cause (Final Disease equentially List Conditions, If I are A. Enter The Underlying Che Events Resulting In Death)  1. In Enter Other Significant Conditions of the Events Resulting In Death Did Tobacoo Use Contribute To I are I probably I No I Date Of Injury (Month/Day/Year)	ELECTF  Events - Disatory Arrest, ecessary, e Or Condition  Any, Leading ause (Diseatlast Last Last Last)  Death?	eases, Injuries, Or Ventricular on Resulting In g To The Causi se Or Injury Th  32. If Fer Not Pre 35s. Time	AL HOME  NATURE  Or Complicat Fibrillation Wi  Death)  e Listed On at Initiated  of Not Resulting male: egnant Within Past You grannit, But Pregnant e Of Injury	Cause Lilions That Cithout Showin  A. LEIC  B. MET  C.  D.  g In The Under	of Death (See Directly Caused Ing The Etiology.  OMYOSARCOM TASTASIS TO LU  errying Cause Givin  and At Time of Death Usefore Death 36. Place	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to  Unit Part 1 29, 30.  Not Pregnant, Bist Pregnant With The	pples) Terminal Event or Only One Cau or Or As A Consequence or (Or As A Consequence or (Or As A Consequence Was An Autopsy Were Autopsy Fil	C. License Nun D2010002 S see On On: On: On: On: Adding Available  Manner Manual Natural	To Complete TI Of Dealth Homicide	es 🖾 Nc ne Cause Of Do Accident le Determined Area) 3	Approximate Interval: On To Death  Seath? Yes Pending Investigation. Injury At Work?
Disparature Of Indiana Funeral S MES T. BAILEY, BY  8. Part I. Enter The Chain Of Euch As Cardiac Arrest, Respire Line. Add Additinal Lines If Nonmediate Cause (Final Disease equentially List Conditions, If Anne A. Enter The Underlying Cone Events Resulting In Death)  1. Enter Other Significant Conditions of the Events Resulting In Death)  1. Enter Other Significant Conditions of Conditions	ELECTF  Events - Disatory Arrest, ecessary, e Or Condition  Any, Leading ause (Diseatlast Last Last Last)  Death?	eases, Injuries, Or Ventricular on Resulting In g To The Causi se Or Injury Th  32. If Fer Not Pre 35s. Time	AL HOME  NATURE  Or Complicat Fibrillation Wi  Death)  e Listed On at Initiated  of Not Resulting male: egnant Within Past You grannit, But Pregnant e Of Injury	Cause Lilions That Cithout Showin  A. LEIC  B. MET  C.  D.  g In The Under	of Death (See Directly Caused Ing The Etiology.  OMYOSARCOM TASTASIS TO LU  errying Cause Givin  and At Time of Death Usefore Death 36. Place	Instructions And Example Death, Do Not Enter Do Not Abbreviate, Enter Do Not Pregnant, But Pregnant With The Of Injury (E.G., Decedent	pples) Terminal Event or Only One Cau or Or As A Consequence or (Or As A Consequence or (Or As A Consequence Was An Autopsy Were Autopsy Fil	Zc. License Nun D2010002 Ss se On Performed? nding Available 33. Manner Natural Suicide	To Complete Ti Of Death: Homicide Could Not Baurant, Wooded	es 🖾 None Cause Of Do	Approximate Interval: On To Death  Death? Yes Pending Investigation Yes No. 8d. Zip Code
D. Signature Of Indiana Funeral S MES T. BAILEY, BY  8. Part I. Enter The Chain Of E uch As Cardiac Arrest, Respire Line. Add Additinal Lines If N namediate Cause (Final Disease equentially List Conditions, If / ne A. Enter The Underlying Che Events Resulting In Death)  1. Enter Other Significant Conditions of the Events Resulting In Death)  Did Tobacoo Use Contribute To I Yes Probably No Location Of Injury (Month/Day/Year)  Location Of Injury - State	ELECTF  vents - Dis- story Arrest, ecessary, e Or Condition  Any, Leading ause (Diseas Last lions Contributions Co	eases, Injuries, Or Ventricular on Resulting In growth Causing In the Causing In	AL HOME  NATURE  Or Complicat Fibrillation Wi  Death)  e Listed On at Initiated  of Not Resulting male: egnant Within Past You grannit, But Pregnant e Of Injury	Cause Lilions That Cithout Showin  A. LEIC  B. MET  C.  D.  g In The Under	of Death (See Directly Caused Ing The Etiology.  OMYOSARCOM TASTASIS TO LU  errying Cause Givin  and At Time of Death Usefore Death 36. Place	Instructions And Example Death, Do Not Enter Do Not Abbreviate, Enter Do Not Pregnant, But Pregnant With The Of Injury (E.G., Decedent	pples) Terminal Event or Only One Cau or Or As A Consequence or (Or As A Consequence or (Or As A Consequence Was An Autopsy Were Autopsy Fil	Zc. License Nun D2010002 Ss se On Performed? nding Available 33. Manner Natural Suicide	To Complete TI Of Death: Homicide Could Not B	es 🖾 None Cause Of Do	Approximate Interval: On To Death  Death?
D. Signature Of Indiana Funeral SMES T. BAILEY, BY  B. Part I. Enter The Chain Of Euch As Cardiac Arrest, Respiration. Add Additinal Lines If Numerical Enter The Underlying Care Events Resulting In Death)  III. Enter Other Significant Conditions of Injury (Month/Day/Year)  Date Of Injury (Month/Day/Year)  Location Of Injury - State  Describe How Injury Occurred  Signature, Of Person Certifying Care HWANI KUMAR BY	ELECTF  Vents - District - Distri	eases, Injuries, Or Ventricular on Resulting In g To The Causses Or Injury Th 32. If Fer Not Pre 35. Time 38a. City	AL HOME  ENATURE  Or Complicat Fibrillation Wi  Death)  Listed On at Initiated  of Not Resulting male: squant Within Past Vi squant, But Pregnant of Injury  On Town	Cause Litins That E lithout Showin  A. LEIC  B. MET  C.  D.  g in The Under	of Death (See Directly Caused Ing The Etiology.  OMYOSARCOM TASTASIS TO LU  errying Cause Givin  and At Time of Death Usefore Death 36. Place	Instructions And Example Death, Do Not Enter Do Not Abbreviate, Enter Do Not Pregnant, But Pregnant With The Of Injury (E.G., Decedent	pples) Terminal Event or Only One Cau or (Or As A Consequence or (Or As A Consequence Or As A Consequence Was An Autopsy Were Autopsy Fire the Past Year St. Home, Construct A 2. Cer	Zc. License Nun D2010002 Ss se On  Performed?  nding Available  33. Manner  Natural  Suicide Suicide Lition Site, Resta	To Complete TI Of Death: Homicide Could Not Baurant, Wooded  38c. Apportation Injury, Injury Injury, Injury	es 🖾 None Cause of Do  Accident te Determined Area) 3  pt. No. 3  Specify:	Approximate Interval: On To Death  Death? Yes Pending Investigation Yes No. 8d. Zip Code
Signature Of Indiana Funeral S MES T. BAILEY , BY  3. Part I. Enter The Chain Of E Line. Add Additinal Lines if N Inmediate Cause (Final Disease equentially List Conditions, If Inne A. Enter The Underlying Cane Events Resulting In Death)  11. Enter Other Significant Condition of Tobacoo Use Contribute To Indiana Probably No Location Of Injury (Month/Day/Year)  Location Of Injury - State  Describe How Injury Occurred  Signature, Of Person Certifying C	ELECTF  Vents - District - Distri	eases, Injuries, Or Ventricular on Resulting In g To The Causses Or Injury Th 32. If Fer Not Pre 35. Time 38a. City	AL HOME  ENATURE  Or Complicat Fibrillation Wi  Death)  Listed On at Initiated  of Not Resulting male: squant Within Past Vi squant, But Pregnant of Injury  On Town	Cause Litins That E lithout Showin  A. LEIC  B. MET  C.  D.  g in The Under	of Death (See Directly Caused Ing The Etiology.  OMYOSARCOM TASTASIS TO LU  errying Cause Givin  and At Time of Death Usefore Death 36. Place	Instructions And Example Death, Do Not Enter Do Not Abbreviate, Enter Do Not Pregnant, But Pregnant With The Of Injury (E.G., Decedent	pples) Terminal Event or Only One Cau or (Or As A Consequence or (Or As A Consequence Or As A Consequence Was An Autopsy Were Autopsy Fire the Past Year St. Home, Construct A 2. Cer	ZC. License Nun D2010002 See On See On Performed? Iding Available 33. Manner Natural Suicide Stie, Resta	To Complete Ti Of Death: Homicide Could Not Baurant, Wooded 38c. Apportation Injury, for Pessenger	es 🖾 Nc ne Cause Of Do Accident le Determined Area) 3 pt. No. 3 Specify:	Approximate Interval: On To Death  Pending Investigation Pending Investigation Injury At Work?
Did Tobacoo Use Contribute To ID Date Of Injury (Month/Day/Year)  Describe How Injury Occurred  Describe How Injury Occurred  Signature, Of Person Certifying OHEMANI KUMAR, BY  Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers A. By Name, Address And Zip Code Of Mers Address And Zip Code	ELECTF  vents - District - Distri	eases, Injuries, Or Ventricular on Resulting In g To The Causses or Injury The see O	AL HOME  ON Complication William  Death)  e Listed On at Initiated  of Not Resulting  male:  signant Within Past V.  signant Within Past V.  or Complication William  of Injury  On Town	Cause Cause Ulions That Cithout Showin A. LEIC B. MET C. D. G In The Under	of Death (See Directly Caused Ing The Etiology.  OMYOSARCOM.  TASTASIS TO LU  and Al Time of Death.  36: Place  38b. Street	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to  JNGS  Due to  In Part I 29, 30,  Not Pregnant, But Pregnant With Junknown It Pregnant Without The Of Injury (E.G., Decedent	pples) Terminal Event or Only One Cau or (Or As A Consequence or (Or As A Consequence Or As A Consequence Was An Autopsy Were Autopsy Fire the Past Year St. Home, Construct A 2. Cer	Cc. License Nun D2010002 Ssee On On: On: Performed? Iding Available  33. Manner Natural Suicide Stiton Site, Resta Driver/Opera Unifer (Check Or Lifying Physicial 44. Lice	To Complete Ti Of Death: Homicide Could Not Baurant, Wooded  38c. Ag portation Injury, for Pessenger In Pessenger Could Not Baurant, Wooded	es 🖾 Nc ne Cause Of Do Accident le Determined Area) 3 pt. No. 3 Specify:	Approximate Interval: On To Death  Pending Investigation of The Interval of To Death  Pending Investigation of To Death  Approximate of Topic of To
Signature Of Indiana Funeral S MES T. BAILEY, BY  B. Part I. Enter The Chain Of Euch As Cardiac Arrest, Respire Line. Add Additinal Lines If Nonmediate Cause (Final Disease equentially List Conditions, If Anne A. Enter The Underlying Cone Events Resulting In Death)  III. Enter Other Significant Conditions of the Events Resulting In Death)  Did Tobacoo Use Contribute Total Probably No Use Probably No Use Contribute Total Proba	ELECTF  vents - District - Distri	eases, Injuries, Or Ventricular on Resulting In g To The Causses or Injury The see O	AL HOME  ON Complication William  Death)  e Listed On at Initiated  of Not Resulting  male:  signant Within Past V.  signant Within Past V.  or Complication William  of Injury  On Town	Cause Cause Ulions That Cithout Showin A. LEIC B. MET C. D. G In The Under	of Death (See Directly Caused Ing The Etiology.  OMYOSARCOM.  TASTASIS TO LU  and Al Time of Death.  36: Place  38b. Street	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to  JNGS  Due to  In Part I 29, 30,  Not Pregnant, But Pregnant With Junknown It Pregnant Without The Of Injury (E.G., Decedent	pples) Terminal Event or Only One Cau or (Or As A Consequence or (Or As A Consequence Or As A Consequence Was An Autopsy Were Autopsy Fire the Past Year St. Home, Construct A 2. Cer	Cc. License Nun D2010002 Ssee On On: On: Performed? Iding Available  33. Manner Natural Suicide Stiton Site, Resta Driver/Opera Unifer (Check Or Lifying Physicial 44. Lice	To Complete Ti To Complete Ti Could Not B Baurant, Wooded  38c. Apportation Injury, for Pessenger Thy One) Contense Number 3934A	es 🖾 Nc ne Cause Of Do Accident le Determined Area) 3 pt. No. 3 Specify:	Approximate Interval: On To Death  Pending Investigation Pending Investigation Injury At Work?
Did Tobacoo Use Contribute To I Did Tobacoo Use Contribute To	ELECTF  vents - Distatory Arrest, ecessary, e Or Condition  Any, Leading ause (Diseatlast Last Last Last Last Last Last Last L	eases, Injuries, Or Ventricular on Resulting In Resulting In Ing To The Causs Se Or Injury The Ing To The I	AL HOME  ENATURE  Or Complicat Fibrillation Wi  Death)  Listed On the li	Cause Cause Ulions That Cithout Showin A. LEIC B. MET C. D. G In The Under	of Death (See Directly Caused Ing The Etiology.  OMYOSARCOM.  TASTASIS TO LU  and Al Time of Death.  36: Place  38b. Street	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to  JNGS  Due to  In Part I 29, 30,  Not Pregnant, But Pregnant With Junknown It Pregnant Without The Of Injury (E.G., Decedent	poper   2   F   Inples   Terminal Event of Only One Cau  o (Or As A Consequence of Or As A	ZC. License Nun D2010002 See On See On Performed? Inding Available 33. Manner Natural Suicide Stie, Resta Drive/Opera Lifer (Check Or tifying Physician 44. Lic 0103 47. 76	To Complete Ti Of Death: Homicide Could Not Baurant, Wooded 38c. Aj portation Injury, for Pessenger Inly One) n Con- cense Number 3934A	es 🖾 None Cause Of Do	Approximate Interval: On To Death  Pending Investigati  Pending Investigati  In Injury At Work? Yes No.  8d. Zip Code  Diher (Specify)  Heath Officer  5. Date Certified
Did Tobacoo Use Contribute To I Did Tobacoo Use Contribute To	ELECTF  vents - Distatory Arrest, ecessary, e Or Condition  Any, Leading ause (Diseatlast Last Last Last Last Last Last Last L	eases, Injuries, Or Ventricular on Resulting In Resulting In Ing To The Causs Se Or Injury The Ing To The I	AL HOME  ENATURE  Or Complicat Fibrillation Wi  Death)  Le Listed On least initiated  Ut Not Resulting  male: Listed On least initiated  Listed On least initiated  Death: Listed On least initiated  Control of Injury  On Jown  ENATURE  Death:  K ROAD;  ATURE	Cause Litins That E lithout Showin  A. LEIC  B. MET  C.  D.  I has been been been been been been been bee	Of Death (See Directly Caused I ng The Etiology.  OMYOSARCOM  TASTASIS TO LU  TASTASIS TO LU  THYING Cause Givin  TASTASIS TO LU  TASTASIS TO	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to 1  JINGS  Due to 2  JINGS  Due to 3  JUNES  Due to 4  JUNES  Due to 4  JUNES  Due to 5  JUNES  Due to 6  Due to 7  JUNES  Due to 7  JUNES  Due to 7  JUNES  Due to 8  JUNES  JUNE	pples) Terminal Event or Only One Cau or (Or As A Consequence or (Or As A Con	ZC. License Nun D2010002 See On See On Performed? Inding Available 33. Manner Natural Suicide Stie, Resta Drive/Opera Lifer (Check Or tifying Physician 44. Lic 0103 47. 76	To Complete Ti Of Death: Homicide Could Not Baurant, Wooded  38c. Apportation Injury, for Pessenger Inly One) Concernse Number 3934A Akas: Date Filed (Mod	es 🖾 None Cause Of Do  Accident be Determined Area) 3  pt. No. 3  Specify: Pedestrian  Oner 4	Approximate Interval: On To Death  Pending Investigation of The Interval of To Death  Pending Investigation of To Death  Approximate of Topic of To
Did Tobacoo Use Contribute To I Did Tobacoo Use Contribute To	ELECTF  vents - Distatory Arrest, ecessary, e Or Condition  Any, Leading ause (Diseatlast Last Last Last Last Last Last Last L	eases, Injuries, Or Ventricular on Resulting In Resulting In Ing To The Causs Se Or Injury The Ing To The I	AL HOME  ENATURE  Or Complicat Fibrillation Wi  Death)  Le Listed On least initiated  Ut Not Resulting  male: Listed On least initiated  Listed On least initiated  Death: Listed On least initiated  Control of Injury  On Jown  ENATURE  Death:  K ROAD;  ATURE	Cause Litins That E lithout Showin  A. LEIC  B. MET  C.  D.  I had Days To 1 year  PORTAC	Of Death (See Directly Caused I ng The Etiology.  OMYOSARCOM  TASTASIS TO LU  TASTASIS TO LU  THYING Cause Givin  TASTASIS TO LU  TASTASIS TO	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to  JNGS  Due to  In Part I 29, 30,  Not Pregnant, But Pregnant With Junknown It Pregnant Without The Of Injury (E.G., Decedent	pples) Terminal Event or Only One Cau or (Or As A Consequence or (Or As A Con	ZC. License Nun D2010002 See On See On Performed? Inding Available 33. Manner Natural Suicide Stie, Resta Drive/Opera Lifer (Check Or tifying Physician 44. Lic 0103 47. 76	To Complete Ti Of Death: Homicide Could Not Baurant, Wooded 38c. Aj portation Injury, for Pessenger Inly One) n Con- cense Number 3934A	es 🖾 None Cause Of Do  Accident be Determined Area) 3  pt. No. 3  Specify: Pedestrian  Oner 4	Approximate Interval: Or To Death  Pending Investigati Pending Investigati Individual Interval: Or To Death  Pending Investigati Individual Interval: Or To Death  Death? Yes No. 8d. Zip Code
D. Signature Of Indiana Funeral S MES T. BAILEY, BY  8. Part I. Enter The Chain Of Euch As Cardiac Arrest, Respire Line. Add Additinal Lines If Numediate Cause (Final Disease equentially List Conditions, If Anne A. Enter The Underlying Che Events Resulting In Death)  1. Enter Other Significant Conditions of The Underlying Che Events Resulting In Death)  2. Did Tobacoo Use Contribute To Indiana Conditions of Injury (Month/Day/Year)  Date Of Injury (Month/Day/Year)	ELECTF  vents - Distatory Arrest, ecessary, e Or Condition  Any, Leading ause (Diseatlast Last Last Last Last Last Last Last L	eases, Injuries, Or Ventricular on Resulting In Resulting In Ing To The Causs Se Or Injury The Ing To The I	AL HOME  ENATURE  Or Complicat Fibrillation Wi  Death)  Le Listed On least initiated  Ut Not Resulting  male: Listed On least initiated  Listed On least initiated  Death: Listed On least initiated  Control of Injury  On Jown  ENATURE  Death:  K ROAD;  ATURE	Cause Litins That E lithout Showin  A. LEIC  B. MET  C.  D.  I had Days To 1 year  PORTAC	Of Death (See Directly Caused I ng The Etiology.  OMYOSARCOM  TASTASIS TO LU  TASTASIS TO LU  THYING Cause Givin  TASTASIS TO LU  TASTASIS TO	Instructions And Exam The Death, Do Not Enter Do Not Abbreviate, Enter A OF UTERUS  Due to 1  JINGS  Due to 2  JINGS  Due to 3  JUNES  Due to 4  JUNES  Due to 4  JUNES  Due to 5  JUNES  Due to 6  Due to 7  JUNES  Due to 7  JUNES  Due to 7  JUNES  Due to 8  JUNES  JUNE	pples) Terminal Event or Only One Cau or (Or As A Consequence or (Or As A Con	ZC. License Nun D2010002 See On See On Performed? Inding Available 33. Manner Natural Suicide Stie, Resta Drive/Opera Lifer (Check Or tifying Physician 44. Lic 0103 47. 76	To Complete Ti Of Death: Homicide Could Not Baurant, Wooded  38c. Apportation Injury, for Pessenger Inly One) Concernse Number 3934A Akas: Date Filed (Mod	es 🖾 None Cause Of Do  Accident be Determined Area) 3  pt. No. 3  Specify: Pedestrian  Oner 4	Approximate Interval: On To Death  Pending Investigati  Pending Investigati  In Injury At Work? Yes No.  8d. Zip Code  Diher (Specify)  Heath Officer  5. Date Certified