

Subscribed and sworn to before me, a Notary Public, this 19th day of February, 2014.



Bonnie C. Coleman, Notary Public
A Resident of Porter County

My Commission Expires:
September 19, 2016

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.

Document is NOT OFFICIAL!

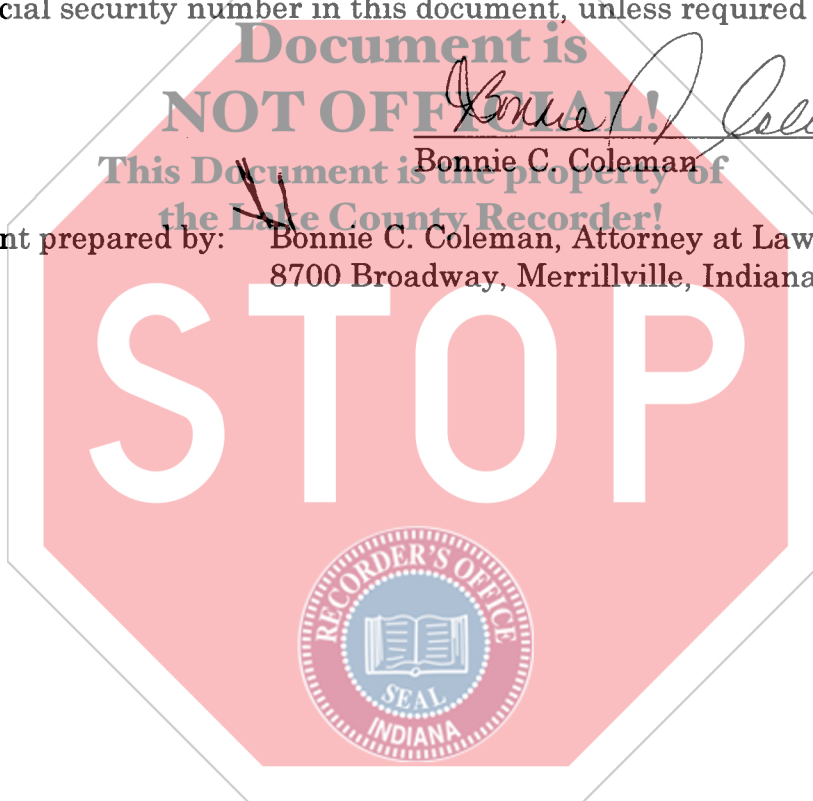


Bonnie C. Coleman

This Document is the property of the Lake County Recorder!

This instrument prepared by: Bonnie C. Coleman, Attorney at Law
8700 Broadway, Merrillville, Indiana 46410

219744.1
16,519





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 01023

Local No 003716

EDR No 00000353242

State No 052141

1. Decedent's Legal Name (First, Middle, Last) BENJAMIN T LUNA				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 01:15 AM		4. Date Of Death (Month/Day/Year) 11/13/2013		
5. Social Security Number		6a. Age - Yrs. 76		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
7. Date of Birth (Month/Day/Year) 09/04/1937		8. Birthplace (City and State or Foreign Country) GARY, IN										
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"/> Hospice Facility <input checked="" 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) 6280 WAXWING CIRCLE												
12. City Or Town, State, And Zip Code HOBART, IN, 46342						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name CAROLYN LUNA				15a. (If Wife) Give Maiden Last Name LOPEZ				16. Decedent's Usual Occupation PRINCIPAL		17. Kind Of Business/Industry EDUCATION		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HOBART			18d. Apt. No.		18e. Zip Code 46342	
18c. Street And Number 6280 WAXWING CIRCLE												
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)				20. Decedent Of Hispanic Origin HISPANIC				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) INES LUNA				23. Mother's Name (First, Middle, Last) FLAVIA LUNA				23a. Mother's Maiden Last Name ESKINEL				
24. Informant's Name CAROLYN LUNA				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 6280 WAXWING CIRCLE, HOBART, IN 46342				
25. Place Of Disposition												
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROLL CREMATION SERVICES				25c. Location - City, Town, And State GARY, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342						27a. Funeral Home License Number: FH83003069				
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01006463						
Cause Of Death (See Instructions And Examples)												
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. MALIGNANT NEOPLASM OF PANCREAS WITH DIABETES MELLITUS, WEIGHT LOSS, AND WITH THE SARCOPENIA Due to (Or As A Consequence Of):												
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. PARKINSONS DISEASE WITH DYSPHAGIA AND DEMENTIA Due to (Or As A Consequence Of):												
C. NOV 15 2013												
D. Susan W Best												
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		29. License Number (Of Licensee): FD01006463				
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No												
SIGMOID VOLVULUS SURGICALLY CORRECTED YEARS AGO												
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 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						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) NOT VALID UNLESS						
41. Signature, Of Person Certifying Cause Of Death: MICHAEL CARL WEISS, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MICHAEL CARL WEISS, 2404 VALPARAISO STREET, VALPARAISO, IN 46383						44. License Number 01030965A			45. Date Certified 11/14/2013			
46. Additional Funeral Service Provider:												
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 15 2013						