

Relationship to Owner:

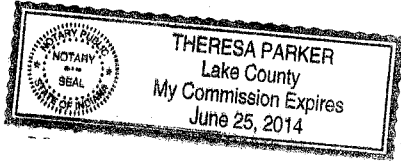
Spouse

Portion of Property:

ALL

Shelly S. Vick

SHELLY S. VICK



Subscribed and sworn to before me, a Notary Public in and for said County and State, this

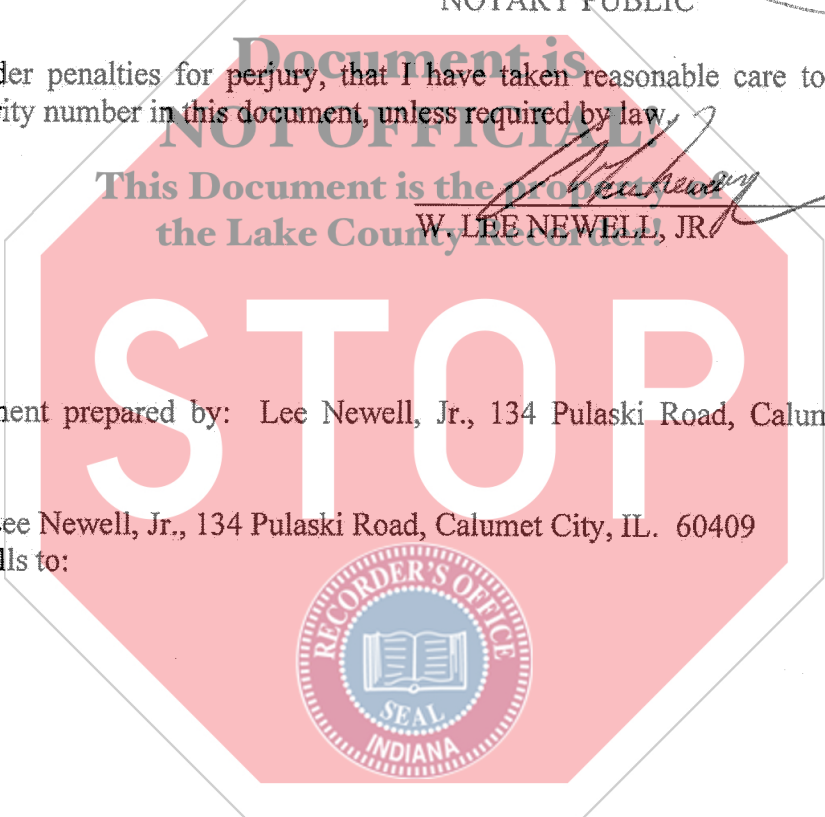
7 day of May, 2014

My Commission Expires:
Resident of Lake County

Theresa Parker
NOTARY PUBLIC

I affirm under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Lee Newell, Jr.
W. LEE NEWELL, JR.



This Instrument prepared by: Lee Newell, Jr., 134 Pulaski Road, Calumet City, IL. 60409

Return to: Lee Newell, Jr., 134 Pulaski Road, Calumet City, IL. 60409
Send Tax Bills to:

LEGAL DESCRIPTION RIDER

Shades Addition to Cedar Lake Plat AA Block 4
Lots 13, 14, 15 and 16 as shown in Plat Book 12
Page 33 in Lake County, Indiana

Address of Property: 7522 Lake Shore Drive,
Cedar Lake, Indiana





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 10572

Local No 000588

EDR No 00000371181

State No 008063

1. Decedent's Legal Name (First, Middle, Last) LOUIS H VICK				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:44 PM	4. Date Of Death (Month/Day/Year) 02/19/2014		
5. Social Security Number [REDACTED]		6a. Age - Yrs 60	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) 10/21/1953		8. Birthplace (City and State or Foreign Country) MERRILLVILLE, IN	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 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) 7522 NORTH LAKESHORE DRIVE										
12. City Or Town, State, And Zip Code CEDAR LAKE, IN, 46303					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 SHELLY VICK			15a. (If Wife) Give Maiden Last Name JEFFERY			16. Decedent's Usual Occupation CARPENTER		17. Kind Of Business/Industry CONSTRUCTION		
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town CEDAR LAKE			18d. Apt. No.	18e. Zip Code 46303	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 7522 NORTH LAKESHORE DRIVE		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) HOWARD VICK				23. Mother's Name (First, Middle, Last) BETTY VICK			23a. Mother's Maiden Last Name BAKEMAN			
24. Informant's Name SHELLY VICK		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 7522 NORTH LAKESHORE DRIVE, CEDAR LAKE, IN 46303						
25. Place Of Disposition										
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) HOLY NAME CEMETERY			25c. Location - City, Town, And State CEDAR LAKE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303					27a. Funeral Home License Number: FH83002461			
27b. Signature Of Indiana Funeral Service Licensee: SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700051				
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. LIVER CANCER		Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death		
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.		Due to (Or As A Consequence Of):		THIS IS A TRUE COPY OF RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		
				C.		Due to (Or As A Consequence Of):		FEB 24 2014		
				D.		Due to (Or As A Consequence Of):		Susan W. Best, DO LAKE COUNTY HEALTH OFFICER		
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 Finding 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 type="checkbox"/> No <input checked="" 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)			38. 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)				
41. Signature, Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, 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: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311						44. License Number 01052342A		45. Date Certified 02/21/2014		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 24 2014				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										