2014 030168

2014 MAY 27 AM 9: 24

MICHAEL B. BROWN AFFIDAVIT OF SURVIVORSHIP RECORDER

ON THIS 8th DAY OF May, 2014, personally appeared Ida Mae Pittman, the affiant, who being duly sworn her upon oath, did say that:

- 1. Affiant resides at the address given below Affiant's signature;
- 2. Affiant has a life estate in the premises located at 8322 Taft Street, Merrillville, Indiana, and described below;
- 3. Said premises are owned by the Pittman Family Revocable Living Trust trustees, James D. Pittman and Ida Mae Pittman.
 - 4. James reserved a life estate;
 - 5. Said James D. Pittman died testate on the 21st day of July, 2013.
 - 6. The legal description of the said premises in question is:

Lot 147 in Independence Hill 3rd Addition as per plat thereof recorded in Plat Book 24, page 69 in the Office of the Recorder of Lake County, Indiana. Tax ID: 45-12-20-381-023.000-030

This Document is the property of 7. Affiant, Ida Mae Pittman and James D. Pittman were married and continued to be until the date of his death. They were never divorced.

> Ida Mae Pittman, Affiant 8322 Taft Street Merrillville, Indiana

STATE OF INDIANA) SS: COUNTY OF LAKE

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 8th day of May, 2014.

My Commission expires:

February 27, 2022

Resident of Lake County.

AMY ST. MICHAEL

Notary Public SEAL

This instrument prepared by: BARBARA M. SHAVER, ESQ. 9013 Indianapolis Blvd. Highland, IN 46322 219/838-9200

State of Indiana
My Commission Expires February 27, 2022 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.

Return To: Barbara M. Shaver, 9013 Indianapolis Blvd., Highland, IN 46322 Send Tax Bills To: 8322 Taft Street, Merrillville, IN 46410

MAY 23 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

AMOUNT & CHECK #. OVERAGE. COPY_ NON-COM CLERK_

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, La)2514 ist)			1a. Maiden Na	0003343 me (If female)	000	2. Se		3. Time C	034 of Death		Of Death (Month/Da
AMES D. PITTMAN Social Security Number 6a, Age - Yrs	6b. Under	1 Year 6c	Inder 1 Month	6d. Under 1 Day	Lea Hadard Ha			ALE		8 AM		07/21/2013
82	Months	Days		Total Care	6e. Under 1 Hou	7. Dat	e of Birth (M		ar) 8. E	irthplace (City and State	or Foreign Country)
	eath Occurred I			Hours	Minutes 10a. If Death Oc	curred Son	03/15/ newhere Oth	1931 er Than A Ho	GA	ARY, IN	1	1 2 2 3
Yes No Unknown Inpa	atient -Emer	gency Departm	ent Outpatient	☐ Dead on Arriva	Hassiss Facil	ity 🔲	Decedent's H			ome/Long-t	term Care Fac	ality
Facility Name (If Not Institution, Give St TANTHONY NURSING HC	reet and Number				Other (Specing	у)						
. City Or Town, State, And Zip Code	IVIE		90 pt 1 0 pt 1	100000000000000000000000000000000000000	13. County	y Of Death			110	4. Marital S	Status At Time	Of Death
ROWN POINT, IN, 46307					LAKE					Married	☐ Married, E	But Separated 1
. Surviving Spouse's Name			15a	(If Wife)Give Maide	LAKE		16. Dece	dent's Usual		Widowe		er Married Uni
A MAE PITTMAN			CA	MPBELL			ROLLE	D				
Residence - State		18a. County		MI DEEL	18b. City Or To	own	NOLLE	K			JUS ST	EEL
DIANA c. Street And Number		LAKE			MERRILLV	ILLE						
								18d. Apt.	No.	18e. Zi	p Code	18f. Inside City L
322 TAFT STREET Decedent's Education		1 20 Dans								46	6410	☑ Yes □ N
IGH SCHOOL GRADUATE	OR GED		ent Of Hispan	ic Ungin		Decedent's	Race					
OMPLETED . Father's Name (First, Middle, Last)		INOTH	SPANIC		Whit 23. Mother's Name		de. Last)			22-	Mother's Mail	den Last Name
RGIL LEE PITTMAN -							, custj			238.	Mouners Mai	uen Last Name
Informant's Name		24a. R	elationship To	Decedent	METTIE PIT 24b. Mailing Addres	S (Street /	and Number	City State	Zin Code)	CAF	RTER	
A MAE PITTMAN		WIFI	=		8322 TAFT S					2440		
a. Method Of Disposition	12	Eh Diana Of Di		25 Plan	e Of Disposition					0410		
Burial Cremation Donation E	ntombment	So. Flace Of Di	sposition (Nan	ne Of Cemetery, Cre	matory, Other Place)	25c. L	ocation - City	Town, And	State			
Removal From State Other (Specify):				OOD MEMO	RIAL	6						
	Name And Co	EMETER	7	OCUL		CDO	WN POI	AIT IAI				
		MIDIELE ADDRESS	Of Funeral Fa	acility		TONO	ANIALOI	141, 114				
Yes 🖾 No		/ 1	TOT	COL	FICI	AI	VIVEO	141,114	1111111		27a. Fune	eral Home License Nu
PF Signature Of Indiana Funeral Service Lic	RUZIN & L	ITTLEFU	NERAL S	ERVICE, 811	E FRANCIS	CAN DI	R, CROV	NN POII	IN Ty	16307	FH8300	
PF Signature Of Indiana Funeral Service Lic	ensee:	ITTLEFU	NERAL S	ERVICE, 811	the pro	CAN DI	CROV		VT, IN	16307	FH8300	
PF. Signature Of Indiana Funeral Service Lic OMAS G. PRUZIN , BY ELL	ECTRONIC	TTLE FU	NERAL S	ERVICE, 811 ment is se of Death (See	s the pro	CAN DI	CROV	VN POII	lumber (Of	46307 Licensee):	FH8300	01261 Approximate
PF Signature Of Indiana Funeral Service Lic OMAS G. PRUZIN , BY ELL	ECTRONIC	TTLE FU	NERAL S	ERVICE, 811 ment is se of Death (See	s the pro	CAN DI	CROV	VN POII	lumber (OI	46307 Licensee):	FH8300	01261 Approximate
Dyes No Disciplination of Indiana Funeral Service Lick HOMAS G. PRUZIN, BY ELE B. Part I. Enter The Chain Of Events Line. Add Additinal Lines If Necessary. Inmediate Cause (Final Disease Or Concession)	ensee: ECTRONIO Diseases, Injur st, Or Ventricu	C'SIGNAT ies, Or Complian Fibrillation	Caustantin	SERVICE, 811 Ment is see of Death (See the Directly Caused 1 wing The Etiology.	s the pro	CAN DI Examples Enter Tem Enter Onl	CROW THE STATE CONTROL OF THE CASE CONTROL OF	VN POII	lumber (OI	46307 Licensee):	FH8300	Approximate Interval: Ons
D. Signature Of Indiana Funeral Service Lic IOMAS G. PRUZIN, BY ELI 8. Part I. Enter The <u>Chain Of Events</u> - I uch As Cardiac Arrest, Respiratory Arre Line. Add Additinal Lines If Necessary. nmediate Cause (Final Disease Or Conditional Cause Or Conditional Cause (Final Disease Or Conditional Cause Or Cause	ensee: ECTRONIO Diseases, Injurst, Or Ventricu	C'SIGNAT ies, Or Compilar Fibrillation g In Death)	NERAL S Caus Caus Cations - Tha Without Show	ERVICE, 811 Se of Death (See the Directly Caused) wing The Etiology.	Instructions And In De Not Abbreviate. AKNESS AND DEB	CAN DI Examples Enter Tem Enter Onl	CROW THE STATE CONTROL OF THE CASE CONTROL OF	VN POIII Geliconse I DO 10096 IS 1S A T ECORD UNTY HE	NT, IN Alumber (OF 193) RUE CON FILE	16307 Licensee): OPY OF WITH DEPAR	FH8300	01261 Approximate Interval: Ons
D. Signature Of Indiana Funeral Service Lic IOMAS G. PRUZIN, BY ELI 8. Part I. Enter The Chain Of Events - I uch As Cardiac Arrest, Respiratory Arre Line. Add Additinal Lines If Necessary. nmediate Cause (Final Disease Or Concequentially List Conditions, If Any, Lead ne A. Enter The Underlying Cause (Disease)	ensee: ECTRONIO Diseases, Injurst, Or Ventricu	C'SIGNAT ies, Or Compilar Fibrillation g In Death)	NERAL S Caus Caus Cations - Tha Without Show	SERVICE, 811 Ment is see of Death (See the Directly Caused 1 wing The Etiology.	Instructions And In De Not Abbreviate. AKNESS AND DEB	CAN DI Examples Enter Tem Enter Onl	THE CAUSE	VN POIII Geliconse I DO 1009 IS IS A T ECORD UNTY HE	NT, IN Alumber (OF 193) RUE CON FILE	46307 Licensee):	FH8300 THE TMENT	Approximate Interval: Ons
D. Signature Of Indiana Funeral Service Lic IOMAS G. PRUZIN, BY ELI 8. Part I. Enter The Chain Of Events - I uch As Cardiac Arrest, Respiratory Arre Line. Add Additinal Lines If Necessary. nmediate Cause (Final Disease Or Concequentially List Conditions, If Any, Lead ne A. Enter The Underlying Cause (Disease)	ensee: ECTRONIO Diseases, Injurst, Or Ventricu	C'SIGNAT ies, Or Compilar Fibrillation g In Death)	NERAL S Caus Caus Cations - Tha Without Show	ERVICE, 811 Se of Death (See the Directly Caused) wing The Etiology.	Instructions And In De Not Abbreviate. AKNESS AND DEB	Exam Diese Enter Online IIII	R, CROV	WN POII S License ! D 10096 IS IS A T ECORD UNTY HE	AT, IN A SHARE CON FILE CALTH	DPY OF WITH DEPAR	FH8300 THE TMENT	Approximate Interval: Ons To Death 3 MONTHS
D. Signature Of Indiana Funeral Service Lichomas G. PRUZIN, BY ELI 8. Part I. Enter The Chain Of Events—I such As Cardiac Arrest, Respiratory Arrevalure. Add Additinal Lines If Necessary. Inmediate Cause (Final Disease Or Concequentially List Conditions, If Any, Leadine A. Enter The Underlying Cause (Dishe Events Resulting In Death) Last	ensee: ECTRONIC Diseases, Injury st, Or Ventricu dition Resulting To The Ca ease Or Injury	C'SIGNAT ies, Or Complian Fibrillation g In Death) ause Listed On That Initiated	NERAL S Cause Cattors - That Without Show A. G B. Al C	SERVICE, 811 IMPORT See Of Death (See 1 Directly Caused I wing The Etiology. I ENERALIZED WE/	Instructions And I The Death De Not I Do Not Abbreviate. AKNESS AND DEB	Exam Diese Enter Online IIII	TH THE CAUSE A Consequence	WN POII TO HOOSE IS IS A T ECORD UNITY HE	NT, INVITATION OF THE CONTROL OF THE	16307 Licensee): OPY OF E WITH DEPAR	FH8300 THE TMENT	Approximate Interval: Ons To Death
D. Signature Of Indiana Funeral Service Licito MAS G. PRUZIN, BY ELE 8. Part I. Enter The Chain Of Events - I uch As Cardiac Arrest, Respiratory Arret Line. Add Additinal Lines If Necessary. Inmediate Cause (Final Disease Or Conceptuation) List Conditions, If Any, Leadine A. Enter The Underlying Cause (Disease Events Resulting In Death) Last III. Enter Other Significant Conditions Control III. III. Enter Other Significant Conditions Control III. III. Enter Other Signif	ensee: ECTRONIC Diseases, Injury st, Or Ventricu dition Resulting ling To The Ca ease Or Injury	C'SIGNAT C'SIGNAT ies, Or Complian Fibrillation g In Death) ause Listed On That Initiated	NERAL S Cause cations - That Without Show A. G. B. All C. D. D. Ing In The Unco	BERVICE, 811 Ment is se of Death (See Directly Caused I) wing The Etiology. ENERALIZED WE/ ZHEIMERS DEME	Instructions And In Death, De Not Abbreviate. AKNESS AND DEB	Exam ples Exam ples Enter Tem Enter Opl ILITY Due to (Or As	TH THE CAUSE A Consequence	WN POII COLICONS I COL	NT, INVITATION OF THE CONTROL OF THE	16307 Licensee): OPY OFE WITH DEPAR	FH8300 THE TMENT	Approximate Interval: Ons To Death 3 MONTHS
D. Signature Of Indiana Funeral Service Lic IOMAS G. PRUZIN, BY ELE B. Part I. Enter The Chain Of Events - I uch As Cardiac Arrest, Respiratory Arre Line. Add Additinal Lines If Necessary. Inmediate Cause (Final Disease Or Concequentially List Conditions, If Any, Lead and A. Enter The Underlying Cause (Disease Events Resulting In Death) Last III. Enter Other Significant Conditions Control III. Enter Other Significant Condit	ensee: ECTRONIC Diseases, Injury st, Or Ventricu dition Resulting ling To The Ca ease Or Injury butting to Death UCTIVE PULIN GEAL REFLU	C'SIGNAT ies, Or Complian Fibrillation g In Death) ause Listed On That Initiated MONARY DISEASE A MONARY DISEASE A MONARY DISEASE A	NERAL S Cause cations - That Without Show A. G. B. All C. D. D. Ing In The Unco	BERVICE, 811 Ment is se of Death (See Directly Caused I) wing The Etiology. ENERALIZED WE/ ZHEIMERS DEME	Instructions And In Death, De Not Abbreviate. AKNESS AND DEB	Examples Examples Enter Tem Enter Opt Due to (Or As Due to (Or As 29. Was	A Consequence A Consequence A Consequence A Consequence A Consequence	WN POII GOLICONS I OCHOOS ECORD ONTY HI ONTY OUNTY Performed?	RUE CON FILLE	OPY OF WITH DEPAR	FH8300 THE TMENT	Approximate Interval: Ons To Death 3 MONTHS YEARS
Discrete Control of Co	ensee: ECTRONIC Diseases, Injury st, Or Ventricu dition Resulting To The Ca ease Or Injury District Pull 32. If I 32. If I No Note I Note I Note I Note I Note I Note I Note I Note I Note	C'SIGNAT ies, Or Complian Fibrillation g In Death) ause Listed On That Initiated But Not Result MONARY DISE XX DISEASE A Female: t Pregnant Witten Par	NERAL S Cause Cau	BERVICE, 811 See of Death (See of Directly Caused Inving The Etiology. I ENERALIZED WE/ ZHEIMERS DEME	Instructions And In the Death De Not Abbreviate. AKNESS AND DEB	Exam ples Enter Tem Enter Opi LITT Due to (Or As Due to (Or As 29. Was 30. Were	A Consequenta	WN POII OCULIONS I OCU	RUE CON FILE ALTH HEALT To Compar of Death	DPY OF WITH DEPAR	FH8300 THE TMENT CER No ause Of Death	Approximate Interval: Ons To Death 3 MONTHS YEARS
D. Signature Of Indiana Funeral Service Lic HOMAS G. PRUZIN, BY ELI B. Part I. Enter The Chain Of Events - Line. Add Additinal Lines If Necessary. In Mediate Cause (Final Disease Or Concequentially List Conditions, If Any, Leadine A. Enter The Underlying Cause (Disease).	ensee: ECTRONIC Diseases, Injury st, Or Ventricu dition Resulting To The Ca ease Or Injury District Pulls GEAL REFLU No	C'SIGNAT C'SIGN	NERAL S Cause Cau	SERVICE, 811 See of Death (See the Directly Caused II) See of Death (See the Directly Caused III) See of Death (See the Death III) See of Death (See the Death III) See of Death (See the Death III) See of Death III See of	Instructions And In Death, De Not Abbreviate. AKNESS AND DEBENTIA In Part I CCIDENT WITH In Vergrand, But Pregnant War	Examples Enter Term Enter Opt. LITY Due to (Or As Due to (Or As 29. Was A 30. Were not Within 42 Due in The Past Ye	A Consequence A Cons	WN POII Collose Col	RUE CONFILLE ALTH THE ALTH TO Comp TO OF Death Homis Homis	DPY OF WITH DEPAR	FH8300 THE TMENT CER No ause Of Death	Approximate Interval: Ons To Death 3 MONTHS YEARS
D. Signature Of Indiana Funeral Service Lice Community C	ensee: ECTRONIC Diseases, Injury st, Or Ventricu dition Resulting To The Ca ease Or Injury District Pulls GEAL REFLU No	C'SIGNAT ies, Or Complian Fibrillation g In Death) ause Listed On That Initiated But Not Result MONARY DISE XX DISEASE A Female: t Pregnant Witten Par	NERAL S Cause Cau	SERVICE, 811 See of Death (See the Directly Caused II) See of Death (See the Directly Caused III) See of Death (See the Death III) See of Death (See the Death III) See of Death (See the Death III) See of Death III See of	Instructions And In Death, Do Not Abbreviate, AKNESS AND DEB	Examples Enter Term Enter Opt. LITY Due to (Or As Due to (Or As 29. Was A 30. Were not Within 42 Due in The Past Ye	A Consequence A Cons	WN POII Collose Col	RUE CONFILLE ALTH THE ALTH TO Comp TO OF Death Homis Homis	DPY OF WITH DEPAR	FH8300 THE TMENT CER Solve No ause Of Death Accident Stermined 37.	Approximate Interval: Ons To Death 3 MONTHS YEARS YEARS YEARS NOTE: No Section 1.1 Pending Investigation Injury At Work?
Display to the control of the contr	ensee: ECTRONIC Diseases, Injury st, Or Ventricu dition Resulting To The Ca ease Or Injury buting to Death UCTIVE PULIN GEAL REFLU No No 35. Ti	C'SIGNAT C'SIGN	NERAL S Cause Cau	BERVICE, 811 THE SERVICE AND	Instructions And In Death, De Not Abbreviate. AKNESS AND DEBENTIA In Part I CCIDENT WITH In Vergrand, But Pregnant War	Examples Enter Term Enter Opt. LITY Due to (Or As Due to (Or As 29. Was A 30. Were not Within 42 Due in The Past Ye	A Consequence A Cons	WN POII Collose Col	RUE CON FILE ALTH HEALT To Compar of Death Could taurant, We	DPY OF WITH DEPAR 1013	FH8300 THE TMENT CER No ause Of Death Accident termined 37.	Approximate Interval: Ons To Death 3 MONTHS YEARS YEARS YEARS No N
Signature Of Indiana Funeral Service Inc. Signature Of Indiana Funeral Service Inc. Signature Of Indiana Funeral Service Inc. B. Part I. Enter The Chain Of Events - 1. B. Part I. Enter The Chain Of Events - 1. B. Part I. Enter The Chain Of Events - 1. B. Part I. Enter The Chain Of Events - 1. Inc. Add Additinal Lines if Necessary. Inmediate Cause (Final Disease Or Conc. Bequentially List Conditions, If Any, Lead on A. Enter The Underlying Cause (Disease Events Resulting In Death) Last II. Enter Other Significant Conditions Contr. III. Enter	ensee: ECTRONIC Diseases, Injury st, Or Ventricu dition Resulting To The Ca ease Or Injury buting to Death UCTIVE PULIN GEAL REFLU No No 35. Ti	C'SIGNAT ies, Or Complian Fibrillation ig In Death) ause Listed On That Initiated But Not Result MONARY DISE IX DISEASE A Fermale: 1 Pregnant Within Par 1 Pregnant, But Pregram 1 Pregnant, But Pregnant, But Pregram 1 Pregnant, But Pregram 1 Pregnant, But Pregnant, But Pregram 1 Pregnant, But Pregnant	NERAL S Cause Cau	BERVICE, 811 THE SERVICE AND	Instructions And I The Death, Do Not Abbreviate, AKNESS AND DEB ENTIA In Part I CCIDENT WITH Wet Pregnant, But Pregnant With Do I Injury (E.G., Dece	Examples Enter Term Enter Opt. LITY Due to (Or As Due to (Or As 29. Was A 30. Were not Within 42 Due in The Past Ye	A Consequence A Cons	WN POII Collose Col	RUE CON FILE ALTH HEALT To Compar of Death Could taurant, We	DPY OF WITH DEPAR	FH8300 THE TMENT CER No ause Of Death Accident termined 37.	Approximate Interval: Ons To Death 3 MONTHS YEARS YEARS YEARS Pending Investigation
Signature Of Indiana Funeral Service Inc. Signature Of Indiana Funeral Service Inc. OMAS G. PRUZIN, BY ELI B. Part I. Enter The Chain Of Events - 1. B. Part I. Enter The Chain Of Events - 1. B. Part I. Enter The Chain Of Events - 1. B. Part I. Enter The Chain Of Events - 1. Inc. Add Additinal Lines if Necessary. Inmediate Cause (Final Disease Or Conc. Propagation of Conc. If Any, Lead the Conditions, If Any, Lead the A. Enter The Underlying Cause (Disease Events Resulting In Death) Last II. Enter Other Significant Conditions Contribute To Death? III. Enter Other Significant Conditions Contribute To Death?	ensee: ECTRONIC Diseases, Injury st, Or Ventricu dition Resulting To The Ca ease Or Injury buting to Death UCTIVE PULIN GEAL REFLU No No 35. Ti	C'SIGNAT ies, Or Complian Fibrillation ig In Death) ause Listed On That Initiated But Not Result MONARY DISE IX DISEASE A Fermale: 1 Pregnant Within Par 1 Pregnant, But Pregram 1 Pregnant, But Pregnant, But Pregram 1 Pregnant, But Pregram 1 Pregnant, But Pregnant, But Pregram 1 Pregnant, But Pregnant	NERAL S Cause Cau	BERVICE, 811 THE SERVICE AND	Instructions And I The Death, Do Not Abbreviate, AKNESS AND DEB ENTIA In Part I CCIDENT WITH Wet Pregnant, But Pregnant With Do I Injury (E.G., Dece	Examples Enter Term Enter Opt. LITY Due to (Or As Due to (Or As 29. Was A 30. Were not Within 42 Due in The Past Ye	A Consequence A Cons	WN POII Concluded the property of the propert	RUE CON FILL BALTH BALTH COMPARIS COMPARIS COMPARIS COULD C	DPY OF WITH DEPAR HOFFI Ves lete The Co Round Be De R	CER No ause Of Death Letermined Di 37.	Approximate Interval: Ons To Death 3 MONTHS YEARS 17 Yes No Pending Investigation Injury At Work? Yes No
Signature Of Indiana Funeral Service Lic OMAS G. PRUZIN , BY ELE OMAS G. PRUZI	eastly estimates est	C'SIGNAT ies, Or Compliar Fibrillation g In Death) ause Listed On That Initiated But Not Result MONARY DISE EXX DISEASE A Fernale: 1 Pregnant Wat Pregr ime Of Injury iity Or Town	NERAL S Caus Cations - Tha Without Show A. Gi B. Al C D Ing in The Unclasse, CEREI AND HYPERL A Year	SERVICE, 811 See Of Death (See the Directly Caused I) wing The Etiology. SENERALIZED WEATHER DEMERITY CONTROL OF THE SENERALIZED WEATHER DEMERITY CONTRO	Instructions And In Death, Do Not Abbreviate. AKNESS AND DEB ENTIA In Part I CCIDENT WITH I Wel Pregnant With Of Injury (E.G., Dece	Examples Enter Term Enter Opt. LITY Due to (Or As Due to (Or As 29. Was A 30. Were not Within 42 Due in The Past Ye	A Consequence A Cons	WN POII Concluded the property of the propert	RUE CON FILL BALTH BEALTH COMPARISON CO	DPY OF WITH DEPAR HOFFI Ves lete The Co Round Be De R	FH8300 THE TMENT CER No ause Of Death Accident termined 37.	Approximate Interval: Ons To Death 3 MONTHS YEARS 17 Yes No Pending Investigation Injury At Work? Yes No
Discribe How Injury Occurred Signature Of Indiana Funeral Service IPF B. Part I. Enter The Chain Of Events - I B. Part I. Enter The Chain Of Events - I B. Part I. Enter The Chain Of Events - I B. Part I. Enter The Chain Of Events - I B. Part I. Enter The Chain Of Events - I B. Part I. Enter The Chain Of Events - I B. Part I. Enter The Chain Of Events - I B. Part I. Enter Of Events II B. Part I. Enter Of Events Of Events Of Events Of I B. Part I. Enter Of I B. Part II B. Par	eath:	C'SIGNAT ies, Or Compliar Fibrillation g in Death) suse Listed On That Initiated MONARY DISEASE A Fernale: I Pregnant Within Part I Pregnant, But Pregr ime Of Injury Sity Or Town	NERAL S Caus Cations - Tha Without Show A. Gi B. Al C D Ing in The Unclasse, CEREI AND HYPERL A Year	BERVICE, 811 THE SERVICE AND	Instructions And In Death, Do Not Abbreviate. AKNESS AND DEB ENTIA In Part I CCIDENT WITH I Wel Pregnant With Of Injury (E.G., Dece	Examples Enter Term Enter Opt. LITY Due to (Or As Due to (Or As 29. Was A 30. Were not Within 42 Due in The Past Ye	A Consequence A Cons	OUNTY COUNTY	RUE CON FILL BALTH 3 1 20 HEALT HEALT HEALT Could taurant, Wassportation I also Pass	HOFFI Ves lete The Co Bc. Apt. Not	FH8300 THE THE TMENT CER No ause Of Death Accident Othermined O. 38d.	Approximate Interval: Ons To Death 3 MONTHS YEARS 17 Yes No Pending Investigation Injury At Work? Yes No Zip Code
Signature Of Indiana Funeral Service IDMAS G. PRUZIN , BY ELI B. Part I. Enter The Chain Of Events - 1. B. Part I. Enter The Chain Of Events - 1. B. Part I. Enter The Chain Of Events - 1. B. Part I. Enter The Chain Of Events - 1. B. Part I. Enter The Chain Of Events - 1. II. Enter Add Additinal Lines if Necessary. Inmediate Cause (Final Disease Or Conditions, If Any, Lead ne A. Enter The Underlying Cause (Disease Events Resulting In Death) Last II. Enter Other Significant Conditions Control III. Enter Other Significant Conditions III. III. III. III. III. III. III. II	eath: RECTRONIC Signal Course	C'SIGNAT ies, Or Compilar Fibrillation g In Death) But Not Result MONARY DISE XX DISEASE A Female: It Pregnant With Par It P	NERAL S Cause cations - Tha Without Shoo A. G B. Al C D ing in The Unc ASE, CEREI ND HYPERL 4 Year Preg ant 43 Days To 1 ye	BERVICE, 811 See Of Death (See the Directly Caused I wing The Etiology.	Instructions And In Death, Do Not Abbreviate. AKNESS AND DEB ENTIA In Part I CCIDENT WITH I Wel Pregnant With Of Injury (E.G., Dece	Examples Enter Term Enter Opt. LITY Due to (Or As Due to (Or As 29. Was A 30. Were not Within 42 Due in The Past Ye	A Consequence A Cons	WN POIII Caliconse I Colorse I Color	RUE CON FILL BALTH 3 1 20 HEALT HEALT HEALT Could taurant, Wassportation I also Pass	HOFFI Yes Bc. Apt. No.	THE TIMENT CER No ause Of Death Accident termined 37. co. 38d. city: destrian Other	Approximate Interval: Ons To Death 3 MONTHS YEARS 17 Yes No Pending Investigation Injury At Work? Yes No
By Signature Of Indiana Funeral Service ICIOMAS G. PRUZIN, BY ELICIOMAS G. PRU	eath: RECTRONIC Signal Course	C'SIGNAT ies, Or Compilar Fibrillation g In Death) But Not Result MONARY DISE XX DISEASE A Female: It Pregnant With Par It P	NERAL S Cause cations - Tha Without Shoo A. G B. Al C D ing in The Unc ASE, CEREI ND HYPERL 4 Year Preg ant 43 Days To 1 ye	BERVICE, 811 See Of Death (See the Directly Caused I wing The Etiology.	Instructions And In Death, Do Not Abbreviate. AKNESS AND DEB ENTIA In Part I CCIDENT WITH I Wel Pregnant With Of Injury (E.G., Dece	Examples Enter Term Enter Opt. LITY Due to (Or As Due to (Or As 29. Was A 30. Were not Within 42 Due in The Past Ye	A Consequence A Cons	WN POII To License 1 To 1000 T	RUE CON FILE ALTH HEALT TO TO Death Could tadurant, Was sport attorn Pass Only One) an Only One)	HOEFI With OFFI Work Be De boded Ares Bc. Apt. No.	FH8300 THE TMENT CER No ause Of Death Accident 37. [0. 38d. Cify: destrian Other	Approximate Interval: Ons To Death 3 MONTHS YEARS YEARS Pending Investigation Injury At Work? Yes No Zip Code
D. Signature Of Indiana Funeral Service Licio DMAS G. PRUZIN , BY ELE 8. Part I. Enter The Chain Of Events - It uch As Cardiac Arrest, Respiratory Arrest. Inc. Add Additinal Lines If Necessary. Inmediate Cause (Final Disease Or Concequentially List Conditions, If Any, Leadne A. Enter The Underlying Cause (Disease Events Resulting In Death) Last II. Enter Other Significant Conditions Control III. Enter Other Significant C	eath: RECTRONIC Signal Course	C'SIGNAT ies, Or Compilar Fibrillation g In Death) But Not Result MONARY DISE XX DISEASE A Female: It Pregnant With Par It P	NERAL S Cause cations - Tha Without Shoo A. G B. Al C D ing in The Unc ASE, CEREI ND HYPERL 4 Year Preg ant 43 Days To 1 ye	BERVICE, 811 See Of Death (See the Directly Caused I wing The Etiology.	Instructions And In Death, Do Not Abbreviate. AKNESS AND DEB ENTIA In Part I CCIDENT WITH I Wel Pregnant With Of Injury (E.G., Dece	Examples Enter Term Enter Opt. LITY Due to (Or As Due to (Or As 29. Was A 30. Were not Within 42 Due in The Past Ye	A Consequence A Cons	OUNTY HE OUN	RUE CONFILE ALTH 3 1 20 HEALTH HOMINION TO DEATH HOMINION TO DEATH HOMINION TO DEATH Only One) The Could be confident of the could be cou	HOEFI With OFFI Work Be De boded Ares Bc. Apt. No.	FH8300 THE TMENT CER No ause Of Death Accident 37. [0. 38d. Cify: destrian Other	Approximate Interval: Ons To Death 3 MONTHS YEARS 17
By Signature Of Indiana Funeral Service ICIOMAS G. PRUZIN, BY ELICIOMAS G. PRU	eath: RONIC SI Trifying Cause Co	CROWN	NERAL S Cause cations - Tha Without Shoo A. G B. Al C D ing in The Unc ASE, CEREI ND HYPERL 4 Year Preg ant 43 Days To 1 ye	BERVICE, 811 See Of Death (See the Directly Caused I wing The Etiology.	Instructions And In Death, Do Not Abbreviate. AKNESS AND DEB ENTIA In Part I CCIDENT WITH I Wel Pregnant With Of Injury (E.G., Dece	Due to (Or As Due to	A Consequence A Cons	OUNTY HIS OF THE CORD OF THE C	RUE CON FILE ALTH HEALT TO TO Death Could taurant, Was sportation I could taurant, Was sportation I could taurant was sport	DPY OF WITH DEPAR 113 HOFFI Yes lete The Ci Cide A Root Be Deponded Area 8c. Apt. No.	FH8300 THE TMENT CER No ause Of Death Accident btermined 37. Co. 38d. Cify: destrian Other	Approximate Interval: Ons To Death 3 MONTHS YEARS YEARS Pending Investigation Injury At Work? Yes No Zip Code (Specify)

State Form 53395 ATTENTION ESTATE: The Social Society # in being requested by this state