STATE OF INDIA...
LAKE COUNTY
FILED FOR RECORD

2014 047951

2014 AUG 11 AM 9: 06

MICHAEL B. BROWN RECORDER

## **AFFIDAVIT OF SURVIVORSHIP**

STATE OF INDIANA	
COUNTY OF LAKE	) SS: )

Comes now Deborah S. Mercado, being duly sworn upon her oath, alleges states as follows:

- \*\* AKA Dale J. Nelson

  That she is the daughter of Dale J. Nelson, Sr. and Marlene M. Nelson. \*\*

  \*\*\* AKA Dale J. Nelson

  \*\*\* AKA Marlene Nelson
- 2. That Dale J. Nelson, Sr. died on April 9, 2013, a resident of Lake County, Indiana.
- 3. That Marlene M. Nelson on January 20, 2014, a resident of Lake County, Indiana.
- 4. That prior to the death of Dale J. Nelson, Sr. and Marlene M. Nelson, they were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 479 IN UNIT NO. 7, TURKEY CREEK MEADOWS, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 35, PAGE 108, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 6891 Polk St., Merrillville, IN 46410 roperty of Parcel ID No. 45-12-09-380-012.000-030 County Recorder!

- 5. That the marital relationship which existed between Dale J. Nelson, Sr. and Marlene M. Nelson \*\*\* continued unbroken from the time that they acquired title to the real estate described herein until the death of Dale J. Nelson, Sr. on April 9, 2013, at which time Marlene M. Nelson became the owner of the real estate as surviving tenant by the entireties.
- 6. That a copy of the death certificate of Dale J. Nelson, Sr. is attached hereto, made a part hereof and marked Exhibit "A".
- 7. That a copy of the death certificate of Marlene M. Nelson is attached hereto, made a part hereof and marked Exhibit "B".
- 8. That the gross value of the estate of the decedent, Marlene M. Nelson, as determined for the purposes of Federal Estate Taxes did not require the filing of a Federal Estate Tax Return.

9. That the real estate described herein was not subject to Indiana Inheritance Tax.

DEBORAH S. MERCADO

\*\*\* aka Marlene Maxine Nelson aka Marlene Nelson

03349

FILED

AUG U 8 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

FIDELITY NATIONAL PAGH-2009 # 1

Fr

STATE OF INDIANA SS:
COUNTY OF LAKE

Subscribed and sworn to before me this 31st day of July, 2014.

Notary Public
Printed Name: There are the County of Residence:

Lake

Notary Public
Printed Name: There are the County of Residence:

Lake

Notary Public
Printed Name: There are the County Notaring Springs

Residence:

This Document, unless required by law.

This Document is the property of the Lake County Recorder!

This Document is the property of the Lake County Recorder!

Merrillville, Indiana 46410

(219) 769-1892

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

18a. County  NDIANA  NDIANA  NERRILLVILLE  18d. Apt. No.  18e. Zip Code  18f. Inside City Limi  NDIANA  18c. Street And Number  18d. Apt. No.  18e. Zip Code  18f. Inside City Limi  NDIANA  25. Decedent's Race  White  25a. Mother's Race  White  25a. Mother's Name (First, Middle, Last)  25a. Mother's Name (First, Middle, Last)  25b. Place Of Disposition  15a. Method Of Disposition  15a. Method Of Disposition  15b. Place Of Disposition  15c. Name Of Cemetary, Crematory, Other Place)  25c. Location - City, Town, And State  Cother (Specify):  15c. Location - City, Town, And State  15c. Location - City, Town, And State		004	1000				10031.	70/10		State	a No	0176	375		
ALE INVESTORS RESIDENCE SERVICE AND SERVICE SE	Local	No UU I	308		EDI			13-13	2. Sex				4. Date O	f Death (N	lonth/Day/Yea
ALE PURE COUNTY  TO THE EVEN DE COUNTY VALUE OF THE COUNTY VALUE OF THE COUNTY OF THE									МА	LE					
Town FUS ADMITTED   The Bit   Debtor   The A Proposed	DALE J NELSON SK 5. Social Security Number   6a.	. Age - Yrs	6b. Under 1	Year 6c. Unde	r 1 Month	6d. Under 1 Day	6e. Under 1	Hour 7. Da			8. Bir	thplace (Ci	ty and State o	r Foreign (	Country)
For FULL AFRON   Control		74	Months	Days		Hours						RING V	ALLEY, I	L	
One   St.   Librorom     President of St.   Presi	Ever in U.S. Armed Forces?			A Hospital:							ital ursino Ho	me/Lona-ter	rm Care Facili	y	
Fundament of Not Lustebor Control State and furnishing HETHODIST HORY State Control State (1997)   State (199	] Yes ⊠ No ☐ Unknowi	n ⊠ Inpatie	nt 🔲 Emerge	ency Department (	Outpatient	Dead on Arrival	Other (Sp		5000d0.1K					-	
Top of the part	1 Facility Name (If Not Institut	tion, Give Stree	t and Number	)			<u></u>								
MARIENT   MARI	METHODIST HOSPI  2. City Or Town, State, And Zin	Code	HLAKE				13. Co	ounty Of Death			1				
Security State   Secu								=					Married, Bu	t Separate Married	ed Ll Divord Unknowr
ARLENE NELSON    Residence - State   Table   Country   Table   Country   Table   Table		16410			15a	(If Wife)Give Maide		<u> </u>	16. Deced	lent's Usual O	ccupation	I	17. Kind 0	f Busines	s/Industry
SARCHEN NELSON   198. Coordy	G. Guiviving openses in ame								PDICKI	AVED			CONST	RUCT	ION
NOTANA  LAKE  MERRILLVILLE  161. Apt No. 16s. 20 Cooks  169. Instet City Limits  169. Street Number  169. Street Number  169. Street Number  169. December (Indigent Origin  NOT HISPANIC  NOT HISPANI	MARLENE NELSON			18a. County	IMII	LLEK	18b. City	Or Town	BRICKL	AILN			1001101		
State   Part   Comment   State   Part   State   P				LAVE			MERRI	IVIIIF							
RESH POLIC STREET	NDIANA 18c. Street And Number			LANE			Tivi Et (1 ())			18d. Apt. N	lo.	18e. Zip	Code	18f. Ins	ide City Limits
22 December States	OOA DOLK STREET											46	3410	<b>⊠</b> Y	es 🗌 No
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ARLENE NELSON  O'AND D. NELSON  ARREST NEW CONTROL OF		DUATE O	R GED	NOT HIS	PANIC		,	<b>V</b> hite							
ARLENE NELSON    Sale Preliationship To Decoders   Sale Maring Address (Direct And Mariner City, Sales, 2ip Down)	22. Father's Name (First, Middle	Last)		111011111			23. Mother's h	łame (First, Mi	idle, Last)			23a.	Mother's Maio	len Last N	ame
All feltaloring in Jessesses	OVALD NELSON											RED	SHAW		
Skinghold Of Deposition	24. Informant's Name			24a. Rela	ationship T	o Decedent									
Same   Document   Do	MARLENE NELSON			WIFE					T, MERF	RILLVILLI	E, IN 4	6410			
Butted   Commission   Donation   Ententhment   Rentrol from Signature   Rentrol for Rentrol for Signature   Rentrol for Rentrol for Rentrol for Rentrol for Rentrol fo	25a Method Of Disposition		12	5b. Place Of Dispo	osition (Na	25. Pla ame Of Cemetery, Cro	ce Of Dispositio ematory, Other	n Place) 25c.	Location - City	, Town, And S	State		·-··		
Other (Specify)   Other (Spe	🗍 Burial 🔀 Cremation 🔲 D	onation 🔲 Ent				Jocus	men	t is							
Render   27. Name And Complete Address of Forcet Feedlay   1945   28.   1945   29.   1945   29.   1945   29.   1945   29.   1945   29.   1945   29.								GA	RY, IN				T 07- 5		Lianna Numb
APR   2013   Continue   Continu	26. Was Coroner Contacted?	27.	Name And Co	omplete Address C	of Funeral	Facility		CIA					2/a, Fune	rai nome	License Numb
APR   2013   Continue   Continu	Yes 🛭 No	RE	NDINA F	UNERAL H	OME I	NC, 5100 CLE	VELAND	STREET,	GARY, II	V 46408				07819	
28. Part I. Enter The Chain Of Events - Diseases, Injunes, Or Complications - That Direct Caused The Death Do Not Enter Fermiles Events of His Is A TRUE COPY OF Such As Cardiac Arrest, Respiratory Arrest, Or Ventroular Familiation Without Showing The Eticlogy, Do Not Abbreviate Enter Only Death His Is A TRUE COPY OF The Cause of Poles of the Complete Control of the Complete Control of the Complete Control of the Complete Control of the C	27b. Signature Of Indiana Fune	ral Service Lice	nsea:	11112	LUI		is the	prop		IC. Licerise iv		of Licensee)	):		
29. Part I. Enter The Chain Of Executive - Diseases, Injuries, Or Complexitation - The Underlying Chairs (President Corp.) A Part of Complexition - The Enter Corp. A Part of Complexition - The Enter Corp. A Part of Complex Corp. A Part of Corp. A Part of Complex Corp. A Part of Complex Corp. A Part of Corp. A Part of Complex Corp. A Part of				LI.	IC Ca	use Of Death (See									
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Sequentially List Conditions, if Any Leading To The Active Existence of Trighty That Initiated C.    Constitution of The Events Resulting in Death   Last	Immediate Cause (Final Dis	ease or cond	IIIOH (Voadiu)	ig iir bedair				Due to (C	r As A Consequenc			<del></del>		]	
The Events Resulting In Death   Last  C.	Sequentially List Conditions	, If Any, Lead	ing To The C	ause Listed On	В	CONGESTIVE HEA	ART FAILURE	Due to (C	r As A Consequenc	• Oi): A	R	2 20	3		
Part II. Enter Other Significant Conditions Contribution to Death But Not Resulting in The Underlying Gause Givin In Part I  29. Was in Autocope Replaced On The Land Part Of Base of Death?  31. Did Tobacoo Use Contribute To Death?    Yes	The Events Resulting in De	ath) Last		,	C			Due to (C	r As A Consequence	e Of):				- +	
Part II. Enter Other Significant Conditions Contributing to Death Plut Not Resulting in The Underlying Cause Givin In Part   29. Was A Autoexy Endorroad Jun 17   18.					D.						nu	Bi	100		
33. If Female:	Part II. Enter Other Significant C	onditions Contr	ibuting to Dea	th But Not Resultin	ng In The	Underlying Cause Giv	in In Part I	29. W	as An Autopsy						
1. Did Tobacco Use Contribute 10 Death   Pending Investigation   Pending Inv								30. W	ere Autopsy F				Cause Of Dea	th?	Yes 🔲 No
Yes   Probably   No   Unknown   Not Prognat 3 Days To 1 year Batic Death   Unknown   Not Prognat 3 Days To 1 year Batic Death   Unknown   Not Prognat 3 Days To 1 year Batic Death   Unknown   Not Prognat 3 Days To 1 year Batic Death   No   No   No   No   No   No   No   N			32.	If Female: Not Pregnant Within Pasi	t Year	Pregnant At Time Of Death	Not Pregnant,	But Pregnant Within	42 Days Of Death				Accident	Pending	Investigation
Date Of Injury (MontryDay/Year)   38. Location Of Injury - State   38a. City Or Town   38b. Street & Number   38c. Apt. No.   38d. Zip Code				Not Pregnant, But Pregna		o 1 year Before Death	Unknown if Pre	gnant Within The Pa	st Year					Injury At	Work?
39. Describe How Injury Occurred  40. If Transportation Injury, Specify:   Other (Specify)	34. Date Of Injury (Month/Day/)	(ear)	35.	Time Of Injury		So. Plac	ce Of Injury (E.C	a., Decedent's	Tome, Consuc	iction site, ive	statul arit,	1100ded /11	Su,   5,		
39. Describe How Injury Occurred  40. If Transportation Injury, Specify:   Describe How Injury Occurred   40. If Transportation Injury, Specify:   Describe How Injury Occurred   42. Certifier (Check Only One)	29 Location Of Injury - State		38a.	City Or Town		38b. S	treet & Number	2° E			Т	38c. Apt.	No. 38	d. Zip Coo	ie
41. Signature, Of Person Certifying Cause Of Death:  ABDUL KAWAMLEH, BY ELECTRONIC SIGNATURE  43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  44. License Number  45. Date Certified  46. Additional Funeral Service Provider  MONE  48. Signature of Local Health Officer:  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  EXHIBIT  EXHIBIT	36. Education of injury - State					E 1.5	EAL								
41. Signature, Of Person Certifying Cause Of Death:  ABDUL KAWAMLEH, BY ELECTRONIC SIGNATURE  42. Certifying Physician Coroner Certified Certif	39 Describe How Injury Occur	red					DIANA.W	<i>y</i>		40. If Tra	nsportation	on Injury, St	pecify:	her (Snecify)	-,
ABDUL KAWAMLEH, BY ELECTRONIC SIGNATURE  43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  44. License Number  45. Date Certified  46. Additional Funeral Service Provider  NONE  48. Signature of Local Health Officer.  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  EXHIBIT						The state of the s	military.							, (оргону)	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  ABDUL KAWAMLEH	41. Signature, Of Person Certi	fying Cause Of	Death:	C SIGNATU	IRE			/				e) Coron			
48. Additional Funeral Service Provider  NONE  49. For Registrar Only - Date Filed (Month/Day/Year)  APR 12 2013  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  EXHIBIT	43. Name, Address And Zip Co	de Of Person C	Certifying Caus	se Of Death:										Date Ce	tified
47. Akas: NONE 48. Signature of Local Health Officer. SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  EXHIBIT	ARDIN ΚΑΝΛΑΜΙ⊏Η	6375 H	S HWY A	M STE B. F	PORTA	GE, IN 46368						5A		04/1	1/2013
49. For Registrar Only - Date Filed (Month/Day/Year) SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  EXHIBIT	46. Additional Funeral Service	Provider	2.,,,,,							47.	*Akas:				
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)  EXHIBIT	48. Signature of Local Health C	Officer:							49. For R	egistrar Only					
EXHIBIT	SUSAN W. BEST, V	IA ELECT	RONIC S	IGNATURE	AAENIDAA	NT TO CEDTIEICA	TE OF DEATH	L (ENTRY OF	ORIGINALL			APR 12	2013		
<b>3</b> ~ A 11				A	MENUME	INT TO CERTIFICA	TE OF DEAT	T (ENTRY OF	ORIGINALI						
<b>3</b> ~ A 11													EXH	BIT	
State Form 53395 ATTENTION ESTATE. The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and												<b>h</b>			
State Form 53335 ATTENTION ESTATE The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and												<b>2</b>	"\	11	
	State Form 53395 ATTENT	ION ESTATE	The Social S	ecurity # is being	requeste	ed by this state ager	ncy in order to	pursue respo	rsibility. Disc	losure is volu	intary an	3 -		Acres .	
													3 ( ) ( ) ( ) ( ) ( )	g di pedal	

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 07782

ecedent's Legal Name (F	I No OOO	2/4	ED	A Charles of the Control of the Cont	000036569 Name (If female)	) S	tate No 0034	U U 4. Date Of Death (Month/Day/Year
RLENE MAXINE	NELSON	or Uldad Va	6c. Under 1 Month	MILLER 6d. Under 1 D	av 6e. Under 1 Hour 7	FEMALE  Date of Birth (Month/Day/)	12:20 PM	01/20/2014 and State or Foreign Country)
Social Security Number 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6b. Under 1 Year Months	Days	Hours	Minutes	08/09/1940	YANKEE TO	
ver in U.S. Armed Forces	7 10. If Death	Occurred in A Hos		Total Land	☐ Hospice Facility	Somewhere Other Than A		Çare Facility
res ⊠ No ☐ Unkno Facility Name (If Not insti		man I am a tr	Department Outpatien	Dead on Ar	rival Other (Specify)			
UTHLAKE CENT	ER FOR ME	NTAL HEA	<u> ЦТН</u>		13. County Of D	)eath	14. Marital Stat	us At Time Of Death
RRILLVILLE, IN.	46410				LAKE			Married, But Separated Divorc
Surviving Spouse's Name			152	i. (If Wife)Give M	ajden Last Name	16. Decédents Usi	al Occupation	(V - Kind D) Business/Industry
Residence - State		18a	County		18b. City Or Town	UNEMPLOYE	<b>D</b>	UNEMPLOYED:
DIANA		LAK			MERRILLVILL			
Street And Number						18d. A	pt. No. 18è. Zip C	ode / 181 Inside City Umits ☐ Yes ⊠ No
91 ROLK STREE Decedent's Education		20	. Decedent Of Hispa	nic Origin	21. Dece	dent's Race	464	10
SH SCHOOL GRA MALETED	ADUATE OR	R GÉD N	OT HISPANIC		White			
Father's Name (First, Midd	ė, Last)				23. Mother's Name (Firs	t, Middle, Last)	23a M	other's Maiden Last Name
LE J. MILLER Informant's Name			24a. Relationship T	o Decedent	EDNA MILLER 24b. Mailing Address (S	treet And Number, City, Stat	CORI e, Zip Code)	VELT:
BORAH MERCA	PO.		DAUGHTER	1		EN STREET, MER	RILLVILLE, IN 46	410
Method Of Disposition		25b. Pla	ce Of Disposition (N	ame Of Cemetery	Place Of Disposition Crematory, Other Place)	25c. Location - City, Town, A	nd State	And the second s
Removal From State	onadon (L) Enton		V CARROLL V	PEMATOR		DAPVINI		
other (Specify): Vas Cproner Contacted?	27, Nr		Y CARROLL ( Address Of Funeral		FFICI	SARY, IN	ST A STATE OF THE	27a: Funeral Home License Numbe
Yes ⊠ No			RAL HOME I	NC, 5100 C	LEVELAND STREE	T, GARY, IN 4640	8	FH83007819
Signature Of Indiana Fun THONY S. REND	INA JR, BY	ELECTRON			See Instructions And Exa	FD0101	e Number (Of Licensee): 0402	Approximate
). Part I. Enter The <u>Chair</u> uch As Cardiac Arrest, Ro	Of Events - Dise	eases, Injuries, O Or Ventricular Fil	r Complications - Ti brillation Without Sh	nat Directly Caus owing The Etiol	sed The Death. Do Not Ente ogy. Do Not Abbreviate. Ent	er Terminal Events er Only One Cause On		Intervals Onset To Death
Line. Add Additinal Line imediate Cause (Final Di	s in Necessary.			SEPSIS				- WEEKS
equentially List Condition				DIABETES MEL	Linus	to (Ot As A Consequence Of):		YEARS
ne A, Enter The Underly ne Events Resulting In De	ng Cause (Diseas		Initiated	1000年末	FAILURE DUE TO SEPSIS	(b (Of As A Coheequence Of)		WEEKS
					Dug	to (Of As A Consequence Of):		
II. Enter Other Significant C	onditions Contribu	ting to Death But N		Inderlying Cause	Givin in Part I	. Was An Autopsy Performe	J Jes	⊠ No
Did Tobacoo Use Contribu	e To Death?	32. If Femal			THIS IS A TI	SUE COPY OF 33 M	anner of Death:	L Yes LI No
∕es ☐ Probably ☐ No	Unknown	Not Pregni	ent, But Pregnant 43 Days To		THE RECORD L		iturat III Homicide III Ai	2.15. AP 编设建设的规则、数 4 7 P2/15/51 建强 25/26/52 / 2.15
Date Of Injury (Month/Day/	rear)	35, Time C	Yinjury	36.	Place Of Injury (E.G., Deceder	its Rome, Construction Site.	Residerant, Wooded Area)	37 injury At Work? ☐ Yes ☐ No
Location Of Injury - State	<del></del>	38a. City Oi	Town	386	Street & Number JAN	2 5 2014	38c. Apt. No	38d. Zip Code
Describe How Injury Occur	red			E	/VDIANGE S	5 A 140 II	Transportation Injury, Speci	fv:
		-			LAKE COUNTY	HEALTH DEFINED	Transportation Injury, Speciological Transportation Passenge (Speciological Ped	va@id'unless
		CTRONIC S	IGNATURE			Certifying Ph	eck Only One) ysician     Coroner   4. License Number	Health Officer
Signature, Of Person Cert OI ISSA ALZEIDA	de Of Parens Cod	aryang Cause Of De	resv 1.	<b></b>	1		4. License number 1 1053003A	45 Date Certified 01/24/2014
Signature, Of Person Cert DI ISSA ALZEIDA Vame, Address And Zip Co	de Of Person Certi	ROTH AVE N	MERRITANIT	E INIZEA10			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 11/4//114
Signature, Of Person Certicolor ISSA ALZEIDA Name, Address And Zip Co OI ISSA ALZEIDA Additional Funeral Service	ode Of Person Certi	B9TH AVE, N	MERRILLVILL	E, IN 46410	,		47. *Ahas:	01/21/2014
Signature, Of Person Cert DI ISSA ALZEIDA Name, Address And Zip Co DI ISSA ALZEIDA Additional Funeral Service NE Signature of Local Health (	ode Of Person Certi  N , 311 E. 8  Provider:			E, IN 46410			47. *Alas: I nly - Date Filed (Month/Da	ay/Year):
Signature, Of Person Cert DI ISSA ALZEIDA Name, Address And Zip Co DI ISSA ALZEIDA Additional Funeral Service NE	ode Of Person Certi  N , 311 E. 8  Provider:		TURE		CATE OF DEATH (ENTRY	49. For Registrar O	47. *Ahas:	ay/Year):
ignature, Of Person Cert I ISSA ALZEIDA (ame, Address And Zip Co OI ISSA ALZEIDA (dditional Funeral Service VE	ode Of Person Certi  N , 311 E. 8  Provider:		TURE			49. For Registrar O	47. *Ahas: nly - Date Filed (Month/Di JAN 27 20	ay/Year):