STATE OF I)	SS: IN R	E: LUCILLE EDW	ARDS, DECE	DENT
•	<u>AFFIDAVIT</u>	FOR TRANS	FER OF REAL P	ROPERTY	
1.	That the above-r	named decedent	died intestate on Ja	anuary 28, 2014	4, while
domiciled in	Lake County, India	ana.			
2.	That forty-five (4	45) days have el	apsed since the dea	th of the deced	lent.
3.	That no applicati	on or petition f	or the appointment	of a personal re	epresentative
is pending or	has been granted i	n any jurisdicti	on, or is contemplat	ted to be filed.	
4.	That the following	ng named perso	n is the only heir of	the decadent:	NOV , &
			Place, son of decede	TANT	OLINO STA
owned by th	This Is, the costs of experimental among the decedent located Lot 23 in per plat Recorde Common Key No:	the sum of Fifth occurrent in Lake County in Block 11 in Thereof, recorder of Lake County in Lake County in State County in Lake County in State County in Lake County in State County in Stat	942 West 21 st Aver	ble funeral expel of real estate ticularly describing 13, in the age 13, in the age 13, in the age 13 are the control of the same the same the control of the same the s	provided under senses. which was sibed as follows to City of Gary, and Office of the ana 46404
same is kno	wn to the affiant:	NONE	01634	CASH — CHECK OVERA	CHARGE 4 4092

NON-COM_

CLERK ____

NN

That the individual entitled to the real estate as a result of the decedent's death 8. are as follows:

Demetrius Shumpert, 460 Taft Place, son of decedent

That by reason of the above-stated matters, the affiant requests that the above-9. list real estate of Lucille Edwards be transferred to him pursuant to the laws of intestate distribution, in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3.

) am tu Ship

	Demetrius Shumpert, Affrant
I sw belief.	NOT OF ICIA/ This Docume Lindon Market Shumper, Affiant
STATE O	F INDIANA) SS:
	OF LAKE
of April	of the foregoing Affidavit for Transfer of Real Property. In witness whereof, I have scribed my name and affixed my official seal.
My comm	ission expires: 12-28-2016 Signature GNet M. Weaver

County

by law

Robert L. Lewis, 10070-45

Resident of Lake

2148 West 11th Avenue Gary, Indiana 46404 219) 944-2755-phone

ROBERT L. LEWIS & ASSOCIATION Sinder penalties for perjury, that I have taken reasonable care to redact each Social Se curity number in this document, unless require

Printed Jaket M. Weaver, Notary Public

NOTARY PUBLIC **SEAL** STATE OF INDIANA

JANET M. WEAVER

THE ALT OF HEALTH

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

		CERTIFICA			04 4 - N	o 0043	23	
Local No 000027	E	DR No 0000	00367200 (If female)	2. Sex	State N	e Of Death	4. Date Of	Death (Month/Day/Year)
cedent's Legal Name (First, Widdle, Last)		EDWARDS		FEMA):14 AM	by and State 0	01/28/2014 r Foreign Country)
CILLE EDWARDS cial Security Number 6a. Age - Yrs 6b. Under 1	1 Year 6c. Under 1 M		6e. Under 1 Hour 7.	Date of Birth (Mont				-
75 Months	Days	Hours	Minutes 10a. If Death Occurred	11/17/19 Somewhere Other	Than A Hospital	SENATOB		
er in U.S. Armed Forces? 10. If Death Occurred In		Dood on Arrival	☐ Hospice Facility	Decedent's Hon	ne 🗌 Nursir	g Home/Long-ter	m Care Facili	
63 21 114 22 1		atient Dead on Arrival	Other (Specify)					
acility Name (If Not Institution, Give Street and Number 2 WEST 21ST AVENUE	er)		13. County Of I	Death		14. Marital S	tatus At Time	Of Death ut Separated Divorced
City Or Town, State, And Zip Code			LAKE			☐ Married ☐ Widowed	d ☐ Neve	r Marned LI Unknown
RY, IN, 46404		15a. (If Wife)Give Maide		16. Deced	ent's Usual Occi	pation	-	Of Business/Industry
Surviving Spouse's Name					OPERATO	OR	INLAN	D STEEL CORP
Residence - State	18a. County		18b. City Or Town					
	LAKE		GARY		18d. Apt No.	18e. Z	ip Code	18f. Inside City Limits?
OIANA Street And Number						4	6404	⊠ Yes □ No
12 WEST 21ST AVENUE	20. Decedent Of	Hispanic Origin	21. De	cedent's Race		<u>-</u>		
Decedent's Education GH SCHOOL GRADUATE OR GED	,		Black	or African Am	erican		o Mother's M	aiden Last Name
OMPLETED Father's Name (First, Middle, Last)	NOT HISPA	ANIC	23. Mother's Name (F	irst, Middle, Last)		23	a, Moulet 3 M	
			MILDRED ED	WARDS	City State Zin		SKIN	
Informant's Name	24a. Relatio	onship To Decedent	24b. Mailing Address			- ,	_	
EMETRIUS SHUMPERT	SON	25. Pl	ace Of Disposition	25c Location - Ci		ate		
a. Method Of Disposition		ition (Name Of Cemetery, C	crematory, Other Place)	25c. Location - Cl	ty, Town, And S	aic		
Burial Cremation Donation Entombment Removal From State		Dock	ment	HOBART,	N _			uneral Home License Numb
	EVERGREEN nd Complete Address Of	MEMORIAL PAR					2/a. r	Uneral Home Deemse Hame
	Id Complete Vigoroge	Funeral Facility		TATE				
S. Was Colone Contactor.	LIEM EINERA	Funeral Facility AL DIRECTORS, 2		H AVENUE,	SARY, IN	16404		3007704
M Yes II No CUV & A	LIEN FUNERA	AL DIRECTORS, 2	959 WEST 11T	H AVENUE,	GARY, IN 4 27c. License N FD087002	16404 umber (Of Licens		8007704
☑ Yes ☐ No ☐ GUY & A 7b. Signature Of Indiana Funeral Service Licensee: ATRICIAN L. OWENS , BY ELECTE	LLEN FUNERA	URECUMENT Cause Of Death (S	959 WEST 11T	Examples)	FD087002	16404 umber (Of Licens 98		
☐ Yes ☐ No ☐ GUY & A 7b. Signature Of Indiana Funeral Service Licensee: ATRICIAN L. OWENS , BY ELECTF 28. Part I. Enter The Chain Of Events - Diseases, Such As Cardiac Arrest, Respiratory Arrest, Or Vel A Line. Add Additinal Lines If Necessary.	RONIC SIGNAT Injuries, Or Complica	Cause Of Death (States - That Directly Cause tithout Showing The Etiolo	ee Instructions And eed The Death. Do Not gy. Do Not Abbreviate.	Examples) Enter Terminal Eve Enter Only One C	ents ause On	16404 umber (Of Licens 98		Approximate Interval: Onset
M Yes II No CUV & A	RONIC SIGNAT Injuries, Or Complica	Cause Of Death (States of The Etiology of The	see Instructions And ed The Death. Do Not Abbreviate.	Examples) Enter Terminal Eve Enter Only One C	ents ause On	46404 umber (Of Licens 98		Approximate Interval: Onset
✓ Yes	RONIC SIGNAT Injuries, Or Complica Intricular Fibrillation With the Cause Listed On	Cause Of Death (States - That Directly Cause tithout Showing The Etiolo	see Instructions And ed The Death. Do Not Abbreviate.	Examples) Enter Terminal Eve Enter Only One C	ents ause On VISEASE	16404 umber (Of Licens 98		Approximate Interval: Onset
☐ Yes ☐ No ☐ GUY & A 7b. Signature Of Indiana Funeral Service Licensee: ATRICIAN L. OWENS , BY ELECTF 28. Part I. Enter The Chain Of Events - Diseases, Such As Cardiac Arrest, Respiratory Arrest, Or Vel A Line. Add Additinal Lines If Necessary.	RONIC SIGNAT Injuries, Or Complica Intricular Fibrillation With the Cause Listed On	Cause Of Death (States of The Etiology of The	see Instructions And ed The Death. Do Not Abbreviate.	Examples) Enter Terminal Eve Enter Only One C /E PULMONARY D Due to (Or As A Consequence)	ents ause On DISEASE Tence Of):	46404 umber (Of Licens 98		Approximate Interval: Onset
Mark Yes No GUY & A ATRICIAN L. OWENS , BY ELECTE 28. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory Arrest, Or Ver A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Res Sequentially List Conditions, If Any, Leading To T Line A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last	RONIC SIGNAT Injuries, Or Complica Intricular Fibrillation Wi Interesting In Death) The Cause Listed On Injury That Initiated	Cause Of Death (Stone That Directly Cause Of Death (Stone That Directly Cause thout Showing The Etiolo A. END STAGE CH B. CONGESTIVE H C. DEMENTIA	see Instructions And ed The Death. Do Not gy. Do Not Abbreviate.	Examples) Enter Terminal Everence Control One C //E PULMONARY D Due to (Or As A Consequence Conseque	ents ause On DISEASE DISEASE	90	ves 🔯	Approximate Interval: Onset To Death
☑ Yes ☐ No GUY & A Th. Signature Of Indiana Funeral Service Licensee: ATRICIAN L. OWENS , BY ELECTE 28. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory Arrest, Or Ver A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Res	RONIC SIGNAT Injuries, Or Complica Intricular Fibrillation Wi Interesting In Death) The Cause Listed On Injury That Initiated	Cause Of Death (Stone That Directly Cause Of Death (Stone That Directly Cause thout Showing The Etiolo A. END STAGE CH B. CONGESTIVE H C. DEMENTIA	see Instructions And ed The Death. Do Not gy. Do Not Abbreviate.	Examples) Enter Terminal Eve Enter Only One C (E PULMONARY D Due to (or As A Consequence) Due to (or As A Consequence)	ents ause On ISEASE Lence Of:	90 Dole To Complete	ves 🔯	Approximate Interval: Onset To Death
■ Yes	ALLEN FUNERATION OF COMPICE SIGNAT Injuries, Or Complication With the Cause Listed On Injury That Initiated The Cause Listed On Injury That Initiated	Cause Of Death (Stinus - That Directly Cause Of Death (Stinus - That Directly Cause (thout Showing The Etiolo A. END STAGE CH B. CONGESTIVE H C. DEMENTIA D	See Instructions And ed The Death. Do Not gy. Do Not Abbreviate. RECONIC OBSTRUCTIVE ABERT FAILURE	Examples) Enter Terminal Eve Enter Only One C VE PULMONARY D Due to (Or As A Consequence to (Or As A	ents ause On DISEASE Hence Of): Hence Of): Hence Of): Hypsy Performed? Ty Finding Availa 33. Mar	ole To Complete ner Of Death: rai Homicide	Yes 🔯 The Cause O	Approximate Interval: Onset To Death No Death?
■ Yes	ALLEN FUNERATION OF COMPICE SIGNAT Injuries, Or Complication of Compile Contribution of Compile Compi	AL DIRECTORS, 2 URE CAUSE OF Death (Sections - That Directly Cause of Death (Sections - That Directly Cause of Death (Sections - That Directly Cause of Dementia - D. Ing in The Underlying Cause of Dementia - D. Items Preparant Al Time of Desired - Dementia - D.	See Instructions And ed The Death. Do Not gy. Do Not Abbreviate. IRONIC OBSTRUCTIVALEART FAILURE Givin in Part I	Examples) Enter Terminal Every Enter Only One C (E PULMONARY D Due to (Or As A Consequence) Due to (Or As A Consequence) 29. Was An Auto 30. Were Autops agrant Within 42 Days Of Designant With	ents ause On ISEASE Jence Of:	Die To Complete mer of Death: ral	Yes The Cause Of Accider	Approximate Interval: Onset To Death No Death? Yes Not
	ALLEN FUNERATION OF COMPICE SIGNAT Injuries, Or Complication of Compile Contribution of Compile Compi	AL DIRECTORS, 2 URE CAUSE OF Death (Sections - That Directly Cause of Death (Sections - That Directly Cause of Death (Sections - That Directly Cause of Dementia - D. Ing in The Underlying Cause of Dementia - D. Items Preparant Al Time of Desired - Dementia - D.	Dee Instructions And ed The Death. Do Not gy. Do Not Abbreviate. RONIC OBSTRUCTIVALEART FAILURE Givin in Part I	Examples) Enter Terminal Every Enter Only One C (E PULMONARY D Due to (Or As A Consequence) Due to (Or As A Consequence) 29. Was An Auto 30. Were Autops agrant Within 42 Days Of Designant With	ents ause On ISEASE Jence Of:	Die To Complete ner Of Death: rai	Yes The Cause Of Accider t Be Determined Area)	Approximate Interval: Onset To Death No Death? Yes Not Pending Investigationed 37. Injury At Work? No
	ALLEN FUNERATION OF SIGNAT Anjuries, Or Complication of the Cause Listed On Injury That Initiated The Cause Listed On Injury	AL DIRECTORS, 2 URE LANGE OF Death (Southern Service of Death (Southern Service of Death (Southern Service of Death (Southern Service of Dementia Death (Southern Service of Death (So	See Instructions And ed The Death. Do Not gy. Do Not Abbreviate. IRONIC OBSTRUCTIVALEART FAILURE Givin in Part I	Examples) Enter Terminal Every Enter Only One C (E PULMONARY D Due to (Or As A Consequence) Due to (Or As A Consequence) 29. Was An Auto 30. Were Autops agrant Within 42 Days Of Designant With	ents ause On ISEASE Jence Of:	Die To Complete ner Of Death: rai	Yes The Cause Of Accider	Approximate Interval: Onset To Death No Death? Yes Not Pending Investigation ed 37. Injury At Work?
	ALLEN FUNERATION OF COMPICE AND AND PRESENTATION OF COMPICE AND	AL DIRECTORS, 2 URE LANGE OF Death (Southern Service of Death (Southern Service of Death (Southern Service of Death (Southern Service of Dementia Death (Southern Service of Death (So	Givin in Part I Givin in Part I Unimown if Pregnant, But Pre	Examples) Enter Terminal Every Enter Only One C (E PULMONARY D Due to (Or As A Consequence) Due to (Or As A Consequence) 29. Was An Auto 30. Were Autops agrant Within 42 Days Of Designant With	ents ause On DISEASE Hence Of): Hence Of): Propsy Performed? Ty Finding Availa Ath Natural Suichstruction Site, R	ble To Complete mer Of Death: ral Homicide de Could No estaurant, Woode	Yes The Cause Of Accider t Be Determined Area)	Approximate Interval: Onset To Death No Death?
BY Yes \(\) No \(\) No \(\) Signature Of Indiana Funeral Service Licensee: ATRICIAN L. OWENS, BY ELECTED ATRICIAN L. OWENS,	ALLEN FUNERATION OF SIGNAT Anjuries, Or Complication of the Cause Listed On Injury That Initiated The Cause Listed On Injury	AL DIRECTORS, 2 URE LANGE OF Death (Southern Service of Death (Southern Service of Death (Southern Service of Death (Southern Service of Dementia Death (Southern Service of Death (So	Givin in Part I Givin in Part I Unimown if Pregnant, But Pre	Examples) Enter Terminal Every Enter Only One C (E PULMONARY D Due to (Or As A Consequence) Due to (Or As A Consequence) 29. Was An Auto 30. Were Autops agrant Within 42 Days Of Designant With	ents ause On DISEASE Hence Of): Hence Of): Propsy Performed? Ty Finding Availa Ath Natural Suichstruction Site, R	Die To Complete ner Of Death: rai	Yes The Cause Of Accider t Be Determined Area)	Approximate Interval: Onset To Death No Death?
Market No GUY & A The Signature Of Indiana Funeral Service Licensee: ATRICIAN L. OWENS , BY ELECTE 28. Part I. Enter The Chain Of Events - Diseases, Such As Cardiac Arrest, Respiratory Arrest, Or Ver A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Results of Sequentially List Conditions, If Any, Leading To Table Line A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing to the Contribution of the Co	ALLEN FUNERATION OF COMPICE AND COMPICE SIGNAT AND COMPICE AND COM	AL DIRECTORS, 2 URE CUMENT Cause Of Death (Steins - That Directly Cause ithout Showing The Etiolo A. END STAGE CH B. CONGESTIVE H C. DEMENTIA D. Ing In The Underlying Cause Item Pregnant At Time of Death Sec. Sec. Sec. 14 Sec. Sec. Sec. 38 Sec. Sec. Sec. 38 Sec. Sec. Sec. Sec. 38 Sec. Sec. Sec. Sec. Sec. 38 Sec. Se	Givin in Part I Givin in Part I Unimown if Pregnant, But Pre	Examples) Enter Terminal Eve Enter Only One C VE PULMONARY D Due to (Or As A Consequence of Co	ents ause On DISEASE Lence Of): Lence O	pole To Complete mer Of Death: ral Homicide de Could No estaurant, Woode 38c. ransportation Inju operator Passeng ck Only One)	Yes The Cause Of Accider t Be Determined Area)	Approximate Interval: Onset To Death No Death? Yes Not Pending Investigationed 37. Injury At Work? Not Sala. Zip Code
Mary Yes No GUY & A The Signature Of Indiana Funeral Service Licensee: ATRICIAN L. OWENS , BY ELECTE 28. Part I. Enter The Chain Of Events - Diseases, Such As Cardiac Arrest, Respiratory Arrest, Or Ver A Line. Add Additinal Lines if Necessary. Immediate Cause (Final Disease Or Condition Res Sequentially List Conditions, If Any, Leading To T Line A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing to TYPERTENSION 31. Did Tobacoo Use Contribute To Death? Mary Yes Probably No Unknown 34. Date Of Injury (Month/Day/Year) 35. Location Of Injury - State 41. Signature, Of Person Certifying Cause Of Death: 16. OCCUPANCE LEGAS DE RY ELECTE 41. Signature, Of Person Certifying Cause Of Death: 17. OCCUPANCE LEGAS DE RY ELECTE 41. Signature, Of Person Certifying Cause Of Death: 18. OCCUPANCE LEGAS DE RY ELECTE 39. Proposition of Person Certifying Cause Of Death: 18. OCCUPANCE LEGAS DE RY ELECTE 41. Signature, Of Person Certifying Cause Of Death:	RONIC SIGNAT Injuries, Or Complica ontricular Fibrillation Winsulting In Death) The Cause Listed On Injury That Initiated 32. If Female: Not Pregnant Within Past Not Pregnant, But Pregnand, Sut	AL DIRECTORS, 2 URE CUMENT Cause Of Death (Steins - That Directly Cause ithout Showing The Etiolo A. END STAGE CH B. CONGESTIVE H C. DEMENTIA D. Ing In The Underlying Cause Item Pregnant At Time of Death Sec. Sec. Sec. 14 Sec. Sec. Sec. 38 Sec. Sec. Sec. 38 Sec. Sec. Sec. Sec. 38 Sec. Sec. Sec. Sec. Sec. 38 Sec. Se	Givin in Part I Givin in Part I Unimown if Pregnant, But Pre	Examples) Enter Terminal Eve Enter Only One C VE PULMONARY D Due to (Or As A Consequence of Co	ents ause On DISEASE Hence Of): DISEASE Hence Of): DISEASE HENCE OF HENC	pole To Complete mer Of Death: ral Homicide de Could No estaurant, Woode 38c. ransportation Inju operator Passeng ck Only One)	Yes The Cause Of Accider t Be Determined Area) Apt. No. Iny, Specify: Pedestrian	Approximate Interval: Onset To Death No Death?
Mary Yes No	ALLEN FUNERATION OF COMPICE AND	AL DIRECTORS, 2 URE UND Cause Of Death (Stions - That Directly Cause ithout Showing The Etiolo A. END STAGE CH B. CONGESTIVE H C. DEMENTIA D. It Year Pregnant At Time of Death (Stage Check) And AS Days To 1 year Before Death (Stage Check) 36.	P959 WEST 11T Is the and the Death. Do Not gy. Do Not Abbreviate. RONIC OBSTRUCTIVALEART FAILURE Givin in Part I Otherwood if Pregnant, But Pre Control of Pregnant of Pre	Examples) Enter Terminal Eve Enter Only One C VE PULMONARY D Due to (Or As A Consequence of Co	ents ause On ISEASE Jence Of): Jence Of	pole To Complete mer Of Death: ran Homicide de Could No estaurant, Woode 38c. ransportation Inji operator Passeng ck Only One) sician 4. License Numb	Yes The Cause Of Accider t Be Determined Area) Apt. No. Iny, Specify: Pedestrian	Approximate Interval: Onset To Death No Death? Yes Not Pending Investigationed 37. Injury At Work? Not Sala. Zip Code
BY Yes No GUY & A b. Signature Of Indiana Funeral Service Licensee: ATRICIAN L. OWENS , BY ELECTE 28. Part I. Enter The Chain Of Events - Diseases, Such As Cardiac Arrest, Respiratory Arrest, Or Ve A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Res Sequentially List Conditions, If Any, Leading To T Line A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing to YPERTENSION 31. Did Tobacoo Use Contribute To Death? YPERTENSION 32. Date Of Injury (Month/Day/Year) 33. Location Of Injury - State 41. Signature, Of Person Certifying Cause Of Death: JOSEPH C. LEGASPI , BY ELECTI 43. Name, Address And Zip Code Of Person Certifyin	ALLEN FUNERATION OF COMPICE AND	AL DIRECTORS, 2 URE UND Cause Of Death (Stions - That Directly Cause ithout Showing The Etiolo A. END STAGE CH B. CONGESTIVE H C. DEMENTIA D. It Year Pregnant At Time of Death (Stage Check) And AS Days To 1 year Before Death (Stage Check) 36.	P959 WEST 11T Is the and the Death. Do Not gy. Do Not Abbreviate. RONIC OBSTRUCTIVALEART FAILURE Givin in Part I Otherwood if Pregnant, But Pre Control of Pregnant of Pre	Examples) Enter Terminal Eve Enter Only One C (E PULMONARY D Due to (Or As A Consequ Due to (Or As A Consequ 29. Was An Auto 30. Were Autops Within 12 Days of De Within The Past Year eccedent's Home, Cor	ents ause On DISEASE Dence Of): Dence O	pole To Complete uner of Death: ran Homicide Could No estaurant, Woods 38c. A. License Numb. 1059155A 47. "Akas:	Yes The Cause Of Accider t Be Determined Area) Apt. No.	Approximate Interval: Onset To Death No Death? Yes No tt Pending Investigation ed 37. Injury At Work? No 38d. Zip Code Other (Specify) Heath Officer 45. Date Certified 01/30/2014
Mary Yes No GUY & A Th. Signature Of Indiana Funeral Service Licensee: ATRICIAN L. OWENS , BY ELECTE 28. Part I. Enter The Chain Of Events - Diseases, Such As Cardiac Arrest, Respiratory Arrest, Or Ver A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Res Sequentially List Conditions, If Any, Leading To T Line A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing to APPERTENSION 31. Did Tobacoo Use Contribute To Death? Yes Probably No Unknown 34. Date Of Injury (Month/Day/Year) 38. Location Of Injury - State 41. Signature, Of Person Certifying Cause Of Death: JOSEPH C. LEGASPI , BY ELECTE 43. Name, Address And Zip Code Of Person Certifyin JOSEPH C. LEGASPI , 9307 CALL 46. Additional Funeral Service Provider.	ALLEN FUNERATION OF COMPICE SIGNAT Injuries, Or Complica ontricular Fibrillation Winsulting In Death) The Cause Listed On Injury That Initiated Do Death But Not Resulting Injury That Initiated 32. If Female: Not Pregnant Within Pass Not Pregnant, But Pregnand, B	AL DIRECTORS, 2 URE CLIMENT (Section of Death (P959 WEST 11T Is the and the Death. Do Not gy. Do Not Abbreviate. RONIC OBSTRUCTIVALEART FAILURE Givin in Part I Otherwood if Pregnant, But Pre Control of Pregnant of Pre	Examples) Enter Terminal Eve Enter Only One C (E PULMONARY D Due to (Or As A Consequ Due to (Or As A Consequ 29. Was An Auto 30. Were Autops Within 12 Days of De Within The Past Year eccedent's Home, Cor	ents ause On DISEASE Dence Of): Dence O	pole To Complete mer of Death: ral Homicide de Could No estaurant, Woode 38c. All Consension 1059155A 47. *Akas:	Yes The Cause Of Accider t Be Determined Area) Apt. No.	Approximate Interval: Onset To Death No Death?
Mary Yes No GUY & A The Signature Of Indiana Funeral Service Licensee: ATRICIAN L. OWENS , BY ELECTE 28. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory Arrest, Or Ve A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Res Sequentially List Conditions, If Any, Leading To T Line A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing to INPERTENSION 31. Did Tobacoo Use Contribute To Death? Yes Probably No Unknown 34. Date Of Injury (Month/Day/Year) 38. Location Of Injury - State 41. Signature, Of Person Certifying Cause Of Death: JOSEPH C. LEGASPI, BY ELECTI 43. Name, Address And Zip Code Of Person Certifyin	ALLEN FUNERATION OF COMPICE SIGNAT AND A PROPRIET OF INJURY STATE OF CAUSE LISTED OF TOWN TIME O	AL DIRECTORS, 2 URE CLIMENT (Section of Death (See Instructions And ed The Death. Do Not gy. Do Not Abbreviate. IRONIC OBSTRUCTIVALEART FAILURE Givin in Part I Delivered in Pergnant Pregnant Place Of Injury (E.G., Di	Examples) Enter Terminal Everence Content of the Pulmonary Due to (Or As A Consequence Con	ents ause On DISEASE Dence Of: Depty Performed? Py Finding Availa Austraction Site, R August On Certifying Phy Certifying Phy For Registrar O	pole To Complete mer of Death: ral Homicide de Could No estaurant, Woode 38c. All Consension 1059155A 47. *Akas:	Yes The Cause Of Accider t Be Determined Area) Apt. No. Apt. No. Apt. No. Coroner Determined Area Apt. No. (Month/Day/Yer (Month/Day/Yer Apt. No.	Approximate Interval: Onset To Death No Death?

State Form \$839.20 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT