

2014 078198

2014 DEC -9 AM 11: 08

MICHAEL B. BROWN RECORDER

AFFIDAVIT OF SURVIVORSHIP

Joanne Yugo, of adult age, being first duly sworn, upon deposes and says:

That Joanne Yugo, is the Wife of Michael Yugo, deceased, who died on 08/01/2013 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

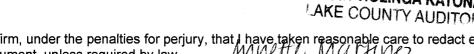
and hereinafter sometimes called "the Real Estate" for convenience by a Deed from r Geraldine M. Quinn, as trustee under the provisions of that certain Trust Agreement dated the 2nd day of January, 1992, and known as the Quinn Loving Trust recorded 06/06/1994 as Document No. 94041938 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the

tax records, and, if necessary to show the title to the above spouse of the decedent.	ve described real estate in the name of Joanne Yugo, surviving
And further affiant sayeth not this 2nd day of December,	2014.
	Janus Gran
	Joanne Yugo
State of Indiana, County of Lake ss:	
Subscribed and sworn to before me, the undersigned, a l day of December, 2014.	Notary Public in and for the County and State aforesaid, this 2nd
WITNESS my hand and Notarial Seal.	
My Commission Expires: 1-21-27	Annette Martines
Annette Marnnez	Signature of Notary Public
Printed Name of Notary Public	016846
Notary Public County and State of Residence	
This instrument was prepared by: Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P6960 202 S. Michigan Street, Ste. 300, South Bend, IN 46601	12 FILE 0 5EM
Property Address: 3721 West 90th Court, Merrillville, IN 46410	DEC 0 5 2014 PORTER PUBLIC STATE
p	EGGY HOLINGA KATONA AKE COUNTY AUDITOP File No.: 14-39659



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.

White Many Many (Type or Print Name) __ (Type or Print Name) document, unless required by law.



LEGAL DESCRIPTION

Lot Numbered 15 in Marian Woods Subdivision, Unit No. 2 as per plat thereof recorded in Plat Book 36, page 58 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s): 08-15-0387-0006

45-12-30-402-004.000-030





INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

MALE 0.2 0.0 PM 0.8/01/20 0.8/01/2	Local No 002565 EDR No 00000336440							14 0	State No U354U3 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year					
S Social Society Social Social Social Social Social Social Social Social Society Social Social Social Social Social Social Social Social Society Social Social Social Social Social Social Social Social Society Social Social Social Social Social Social Social Social Society Social So	Decedent's Legal Name (First, Middle, Last) 1a. Maiden Name (If female)													
									08/01/2013					
Seventron Seve	. Social Security Number 6a. A	ge - Yrs	6b. Under 1	Year 6c. Under	1 Month 6d. Und	der 1 Day	6e. Under 1 Ho	ur 7. Date	of Birth (Mo	onth/Day/Year) 1	B. Birthplace (C	ity and State	or Foreign Country)	
Teach Name (I Not Institution, Chris Steep and Name) Decedent's Home Name Na				1 -						GARY, IN	,			
Ves Unitarion Implement Emergency Department Outputers Dead on Annual Dead on A	Ever in U.S. Armed Forces?	10. If Death Occurred In A Hospital: 10a. If Death Occ							d Somewhere Other Than A Hospital					
13. County O'Death 14. Martail Status At Time O'Death 14. Martail Status At Time O'Death 15. County O'Death 14. Martail Status At Time O'Death 15. County O'Death 1	B										, ,			
13 Caurly OTD-seth 14 Martie Status A Time of Death 15 Martie Status A Time of D			et and Number)								-		
ERILLYILLE IN, 46410 LAKE 15a. (if Wire)Gove Marien Last Name 15. Decederr's Usual Occupation 17. Kind of Businessin NANE YUGO Restaures: Statuse 18a. County 18b. City or Town MERRILLVILLE 18d. Apt No. 18c. 2ip Code 18f. Ireade 18d. Apt No. 18c. 2ip Code 18d. Apt No. 18d. Apt No.							13. Coun	ty Of Death			14. Marital S	tatus At Time	e Of Death	
16. (If WWo)Give Marken Last Name 16. (If WWo)Give Marken Last Name 17. Nond of Businesson											Married	Married,	But Separated Div	
ANNE YUGO RESIdence State I 18a County I 18b City O Town MERRILLVILLE I 18d Apt No. 18e Zip Code I 18d I nade Street And Number: 21 WEST 90TH COURT Decoder's Education 22 West 190TH COURT Decoder's Education ANNE YUGO ANNE YUGO ANNE YUGO ANN YUGO Informatic Name ANNE YUGO ANN YUGO ANNE YUGO ANN YUGO ANN YUGO ANNE YUGO		410			15a (If Wife)	Give Maiden I			16. Dece	dent's Usual Occup				
Table Tabl									•					
DIANA LAKE MERRILLVILLE 18d. Apt. No. 16e. Zip Code 18f. Inside 21 WEST 90TH COURT Deceder/18 Education 22 Deceder/18 Education CHELORS DEGREE (BA, AB, BS) NOT HISPANIC White CHELORS DEGREE (BA, AB, BS) NOT HISPANIC White ANN YUGO WIFE 3721 WEST 90TH COURT, MERRILLVILLE, IN 46410 25e. Place Of Disposition Buries (Brief, Medie, Last) ANN YUGO MERRILLVILLE 18d. Apt. No. 16e. Zip Code 18f. Inside 18d. Apt. No. 16e. Zip Code				10a County	SYAL		10h City Or	Four	ELECT	RICAL ENGI	NEER	BUSIN	IESS OWNER	
18d Apt No.	Residence - State			loa. County			16b. City Of	IOWII						
21 WEST 90TH COURT Decedent's Education CHELOR'S DEGREE (BA, AB, BS) NOT HISPANIC White Pather's Name (First, Middle, Last) 23. Mother's Mance (First, Middle, Last) 24. Relationably To Decedent ANN YUGO ANN YUGO ANNE YUGO 25. Place of Disposition Desired From State ANNE PUGO 27. Name And Complete Address (Street And Number, City, State, Zip Code) 37.21 WEST 90TH COURT, MERRILLVILLE, IN 46410 27. Place of Disposition Desired From State NORTHWEST INDIANA CREMATION SVS CROWN POINT, IN ACTION YUGO 27. Name And Complete Address of Featural Energy ANNE YUGO 28. Place of Disposition NORTHWEST INDIANA CREMATION SVS CROWN POINT, IN 27. Pureral Home Lice ACTION AND ACTION ACTION ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION ACTION ACTION AND ACTION AND ACTION AND ACTION ACTION ACTION AND ACTION AC				LAKE			MERRILL	VILLE		10d Apt No	100 7	n Codo	18f. Inside City Lin	
20 Decedent of Rispanic Origin 21. Decedents Race 25. Decedents Ra	. Street And Number									180. Apt. No.	16e. ZI	p Code	Yes No	
CHELOR'S DEGREE (BA, AB, BS) NOT HISPANIC White 23 Mother's Name (First, Middle, Last)		JRT									46	3410	M tes □ No	
234 Mother's Name (First, Middle, Last) 234 Mother's Mark (First, Middle, Last) 235 Mother's Mark (First, Middle, Last) 236 Mother's Mark (First, Middle, Last) 237 Mother's Mark (First, Middle, Last) 238 Mother's Mark (First, Middle, Last) 238 Mother's Mark (First, Middle, Last) 239 Mother's Mark (First, Middle, Last) 239 Mother's Mark (First, Middle, Last) 230 Mother's Mark (First, Mi	Decedent's Education			20. Decedent	Of Hispanic Origin		21	. Decedent's	Race					
ANN YUGO AND Adding Address (Street And Number, City, State, Zip Code) ANN YUGO AND Adding Address (Street And Number, City, State, Zip Code) ANN YUGO ANN HERRILLVILLE, IN 46410 Exception ANN YUGO ANN YUGO ANN YUGO ANN YUGO ANN YUGO ANN YUGO ANN HERRILLVILLE, IN 46410 Exception ANN YUGO ANN YUGO ANN HERRILLVILLE, IN 46410 ANN YUGO ANN HERRILLVILLE, IN 46410 Exception ANN YUGO ANN HERRILLVILLE, IN 46410 Exception AND YUGO ANN HERRILLVILLE, IN 46410 Exception AND YUGO ANN HERRILLVILLE, IN 46410 Exception AND YUGO AND HERRILLVILLE, IN 46410 Exception AND YUGO AND HERRILLY AND HERRILLVILLE, IN 46410 Exception AND YUGO AND H			AB, BS)	NOT HISE	PANIC									
ANNE YUGO WIFE 3721 WEST 90TH COURT, MERRILLVILLE, IN 46410 25. Place Of Disposition Burlal & Cremation Donaton Entombment Removal From State Other (Specify): NORTHWEST INDIANA CREMATION SVS CROWN POINT, IN Wass Corone Contacted? 27. Name And Complete Address of Funeral Equity Deer Specify: NORTHWEST INDIANA CREMATION SVS CROWN POINT, IN Wass Corone Contacted? 27. Name And Complete Address of Funeral Equity Deer Specify: WES No BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307 FH83002445 Signature Of Indiana Funeral Service Locarsee MES F. BURNS, BY ELECTRONIC SIGNATURE Cause Of Death (See Instructions And Examples) Approach As Cardiac Arrest, Respiratory Arrest, Or Vertricular Fibrillation Without Showing The Eulorgy Do Not Abbreviate Enter Only One Cause On Interving Cause (Disease Or Injury That Initiated Cause (Final Disease Or Injury That Initiated Cause (Final Conditions, If Any, Leading To The Cause Listed On Real Enter The Underlying Cause (Disease Or Injury That Initiated Cause (Final Conditions Contributing to Death?) 10. In the Cause (Final Disease Or Injury That Initiated Cause (Final Conditions Contributing to Death?) 11. Enter Other Significant Conditions Contributing to Death? 12. Use Significant Conditions Contributing to Death? 13. If Female: 14. If Female: 15. If Female: 1	Father's Name (First, Middle, L	ast)				2	23. Mother's Nan	e (First, Mid	dle, Last)		. 23a.	. Mother's Ma	aiden Last Name	
Informant's Name 24a. Relationship To Decedent 24b. Mailing Address (Street And Number, City, State, Zip Code)	ARION YUGO						ANN YUGO)			POI	DUNOVI	ICH	
25. Place Of Disposition Bural				24a. Rela	tionship To Decede				And Number	, City, State, Zip Co				
Method Of Disposition Donation Entombment	ANNE YUGO			WIFE		3	3721 WEST	90TH (COURT,	MERRILLVI	LLE, IN 46	6410		
Burial Cremation Donation Entombment Removal From State Donation Entombment Removal From State Donation 27. Name And Complete Address of Fueral Eacity Yes No	Mathad Of Disposition		1 24	Eb Diago Of Diago	cition (Name Of Co			20) 1 250 1	continu Cit	v Town And State				
Other (Specify): NORTHWEST INDIANA CREMATION SVS CROWN POINT, IN		ation 🔲 En		op. Flace Of Dispo	SHIOIT (IVAITIE OF CE	sinetery, Gren	iatory, Other Fla		.ocauon - Cit	y, 10WII, Alla State				
Yes No BURNS FUNERAL HOME (CROWN POINT), 10 101 BROADWAY, CROWN POINT, IN 46307 FH83002445 Yes No BURNS FUNERAL HOME (CROWN POINT), 10 101 BROADWAY, CROWN POINT, IN 46307 FH83002445 Yes Signature of Indiana Funeral Service Licensee: WES F. BURNS, BY ELECTRONIC SIGNATURE				ODTINATO		C11	men	1119	2001 50	INIT INI				
Signature Of Indiana Funeral Service Licensee: MES F. BURNS , BY ELECTRONIC SIGNATURE Cause Of Death (See Instructions And Examples) 3. Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (So Instructions And Examples) 3. Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (So Instructions And Examples) 3. Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (So Instructions And Examples) 3. Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (So Instructions And Examples) 4. Approximate Cause (Final Disease Or Condition Resulting In Death) 5. Time Of Injury That Initiated Diseases Or Conditions, If Any, Leading To The Cause Listed On Research (Society Couled The Cause Couled The Cause Listed On Research (Society Couled The Cause Couled The Cause Couled The Cause Couled The Cause Couled The Cou		27.				REMATI	ON SVS	CRO	DVVN PC	NN I, IN		27a. Fu	neral Home License Nu	
BURNS FUNEXAL HOME (CROWN POINT), 1010 BROADWAY, CROWN POINT), 1140300 FIRSOU2445 BURNS BURNS BY ELECTRONIC SIGNATURE Document Service Licensees	Type Man				X()/I				Y F.					
Appropriate Section And Examples) 8. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter Terminal Events uch As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Interv. To De Lune. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A DENOID CYSTIC CANCER WITH LUNG AND LINES METERS Due to (Or As A Consequence Off THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE RECORD ON FILE WITH THE ACCUMENT OF THE RECORD ON FILE WITH THE Cause Listed On the A. Enter The Underlying Cause (Disease Or Injury That Initiated the Events Resulting In Death) Last C. Due to (Or As A Consequence Off) AUG 05 2013 The Cause Listed On the Events Resulting In Death) Last C. Due to (Or As A Consequence Off) Due to (Or As A Consequence Off) AUG 05 2013 The Cause Listed On the Events Resulting In Death (Death Injury That Initiated the Events Resulting In Death) Last Did Tobacco Use Contribute To Death? Yes Probably No Unknown Did Tobacco Use Contribute To Death? Yes Probably No Unknown Date Of Injury (Month/Day/Year) 32. [Female: Not Pregnant Within 12 Days of Death Not Pregnant Within 12 Days of Death Society Not Pregnant Within 13 Death Society Not										WN POINT,	IN 46307		002445	
Approach See Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused file Instructions And Examples) Approach As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Line. Add Additinal Lines if Necessary. Inmediate Cause (Final Disease Or Condition Resulting In Death) A ADENOID CYSTIC CANCER WITH LUNG AND LIVER METS Due to (Or As A Consequence Of). THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE B. Due to (Or As A Consequence Of). THE SIS A TRUE COPY OF THE RECORD ON FILE WITH THE Due to (Or As A Consequence Of). AUG 0 5 2013 THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE Due to (Or As A Consequence Of). AUG 0 5 2013 THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE Due to (Or As A Consequence Of). AUG 0 5 2013 THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE Due to (Or As A Consequence Of). AUG 0 5 2013 THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE Due to (Or As A Consequence Of). AUG 0 5 2013 THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE Due to (Or As A Consequence Of). AUG 0 5 2013 THE RECORD ON FILE WITH THE Due to (Or As A Consequence Of). AUG 0 5 2013 THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE THE RECORD ON FILE WITH THE Due to (Or As A Consequence Of). AUG 0 5 2013 THE RECORD ON FILE WITH THE THE RECORD ON FILE WIT	MES F. BURNS , BY	ELECT	RONIC 8	SIGNATURE	Docu	ment	is the	proj	pert		er (Or Licerise e	·/·		
A ADENOID CYSTIC CANCER WITH LUNG AND LIVER METS Due to (Or As A Consequence Of): THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT THE VIDE to (Or As A Consequence Of): The Events Resulting In Death) Last Due to (Or As A Consequence Of): Due to (Or A	Such As Cardiac Arrest, Respi	ratory Arres	Diseases, Injui st, Or Ventric	ries, Or Complica ular Fibrillation W	tions - That Direc	tly Caused T	he Death, Do N	ot Enter Te	rminal Even	ts use On			Approximate Interval: Ons To Death	
B. Due to (or As A consequence Of): De to (or As A consequence Of	nmediate Cause (Final Disea	se Or Cond	dition Result <mark>in</mark>	g In Death)	A. ADENOI	D CYSTIC C	ANCER WITH		LIVER ME	3		~~ ^ E	YEARS	
Due to (Or As A consequence Of): AUG 0 5 2013 It II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Givin in Part I 29. Was An Autopsy Performed? Yes No 30. Were Autopsy Finding Available To Complete Cause Of Death? Yes Pregnant All Time Of Death Not Pregnant, But Pregnant Within 42 Days of Death Suicide Could Not Be Determined Date Of Injury (Month/Day/Year) 32. If Female: Not Pregnant Within Past Year Pregnant All Time Of Death Not Pregnant Within 42 Days of Death Suicide Could Not Be Determined 33. Were Autopsy Finding Available To Complete Cause Of Death Not Pregnant Within 42 Days of Death Suicide Could Not Be Determined 34. Place 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 Wo Yes Location Of Injury - State 38a. City Or Town 38b. Street & Number 38b. Street & Number								Due to (Or	As A Consequen	THIS IS A	TRUE CO	WITH T	HE	
Due to (Or As A consequence Off): AUG 0 5 2013 It II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Givin in Part I 29. Was An Autopsy Performed? Yes No	Sequentially List Conditions, If Any, Leading To			ause Listed On v That Initiated	В			Due to (Or	As A Consequen	PERLUCKI	HEALTH	EPART	AENT	
D. AUG 0 5 2013 It II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Givin in Part I 29. Was An Autopsy Performed?				y mat minutou	C				1	VE COOK				
till. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I 29. Was An Autopsy Performed? 30. Were Autopsy Finding Available To Compress Cause Of Death? Yes Probably No Unknown 32. If Female: Not Pregnant At Time Of Death? Not Pregnant At Time Of Deat								Due to (Or	As A Gonsequen	A I II	n 5 20	13		
Did Tobacco Use Contribute To Death? Yes Probably No Unknown Date Of Injury (Month/Day/Year) 32. If Female: Not Pregnant Within Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not Pregnant Within The Past Year Not Pregnant At Time of Death Not Pregnant Within The Past Year Not	t II. Enter Other Significant Con-	ditions Contr	ributing to Deat	th But Not Resultin		Cause Givin	In Part I	29. Wa	s An Autops	Performed?				
Did Tobacco Use Contribute To Death? Yes Probably No Unknown Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant Within Past Year Pregnant Within Past Year Pregnant Within Past Year Pregnant Within The Past Year Preg					3 ,	,								
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 Wo Yes Location Of Injury - State 38a. City Or Town 38b. Street & Number 38c. Apt. No. 38d. Zip Code	Did Tobacoo Use Contribute T	o Death?							1	\$22.0 MARKET	Dooth		1	
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 Wo Yes Location Of Injury - State 38a. City Or Town 38b. Street & Number 38c. Apt. No. 38d. Zip Code	Yes ⊠ Probably ☐ No ☐	Unknown								AJOUS AA	†lamlelÆA.∐	H-COME AT 1	Pending nvestigation	
Location Of Injury - State 38a. City Or Town 38b. Street & Number 38c. Apt. No. 38d. Zip Code	Date Of Injury (Month/Day/Yea	ır)	-		t 43 Days 10 1 year Befor		The second secon	A-1					37. Injury At Work?	
SEAL				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				建					☐ Yes ☐ No	
Describe How Injury Occurred 40. If Transportation Injury, Specify: Driver/Operator Passenger Padedrian Chler (Specify)	Location Of Injury - State		38a.	City Or Town		38b. Stre	et & Number			/ /	38c. Apt.	No. 3	8d. Zip Code	
Describe How Injury Occurred 40. If Transportation Injury, Specify. Diriver/Operator Passenger Padestrian Other (Specify)							SELV /	THE STREET						
			D			ERRININI	DIANA	55/				pecify:	Other (Specify)	
Signature, Of Person Certifying Cause Of Death: THRYN HENKLE MULLIGAN , BY ELECTRONIC SIGNATURE 42. Certifying Physician	THRYN HENKLE M	ŪLLIGA	N, BY EL		SIGNATUR	Ε				ertifying Physician	☐ Coron			
Name, Address And Zip Code Of Person Certifying Cause Of Death: 44. License Number 45. Date Certifie	name, Address And Zip Code	Ut Person C	ertifying Cause	e Of Death:						44. Licer	ise Number	4	5. Date Certified	
	KATHRYN HENKLE MULLIGAN , 919 MAIN STREET, SUITE 102, DYER,					R, IN 46311						08/02/2013		
Additional Funeral Service Provider: 47. *Akas:	Additional Funeral Service Pro	vider:				-				47. *Ak	as:			
Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month/Day/Year):														
ISAN W. BEST, VIA ELECTRONIC SIGNATURE AUG 02 2013	-								49. For R	egistrar Only - Da	ite Filed (Monti	n/Day/Year):		

State Form 53395 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.