2014 082435

2014 DEC 29 AM 10: 49

MICHAEL B. DROWN RECORDER

			I to the time of the time of the
STATE OF INDIANA	)	SS:	PARCEL #45-19-05-476-001.000-037 PARCEL #45-19-05-476-002.000-037
COUNTY OF LAKE	)		

## **AFFIDAVIT OF CERTIFICATION OF TRUST**

DOUGLAS J. SHEEHY, being sworn upon oath, states and certifies that:

- 1. He is the duly appointed and acting Successor Trustee of the ANNA L. MAGER TRUST Dated September 14, 1992.
  - 2. The Trust Agreement is in existence and is in full force and effect.
- 3. The original Trustee, ANNA L. MAGER, died October 25, 2014, as evidenced by the redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit "A".
  - 4. There were no amendments made to the Trust prior to the death of ANNA L. MAGER.
- 5. At the death of ANNA L. MAGER, the Trust terms called for the Affiant, DOUGLAS J. SHEEHY, to begin serving as Successor Trustee.
- 6. That the said DOUGLAS J. SHEEHY as Successor Trustee has continued to serve as the Successor Trustee since the death of ANNA L. MAGER.
- 7. That at the death of ANNA L. MAGER, the ANNA L. MAGER TRUST was a one-third (1/3rd) owner of the following described real estate:

THE NORTH ½ OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 5, TOWNSHIP 33 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA.

Commonly known as: 15530 Wicker Ave., Cedar Lake, IN 46303

1

FILED

DEC 29 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITO 017315

17 Ao

- 8. Affiant makes this Affidavit of Certification of Trust for the purpose of showing current status of the ANNA L. MAGER TRUST, dated September 14, 1992, that he is the Successor Trustee named in the Trust, that he has been acting as Successor Trustee since the death of the original Trustee and Grantor on the date heretofore set forth, and for the purpose of showing that he has the right to act for and on behalf of the Trust.
  - 9. That the estate/trust of ANNA L. MAGER was not subject to federal estate tax.

IN WITNESS WHEREOF, Affiant has executed this Affidavit of Certification of Trust on this day of <u>December</u>, 2014.

DOUGLAS J. SHEEHY, Successor Trustee of the Anna b. Mager Trust

STATE OF INDIANA

COUNTY OF LAKE

Document is SS: OT OFFICIAL

This Document is the property of

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared DOUGLAS J. SHEEHY, who acknowledged the execution of this instrument this 23vol day of

December, 2014.

NOTARY PUBLIC SIGNATURE



Theresa L. Clements
Notary Public, State of Indiana
Lake County
My Commission Expires: 07/07/2016

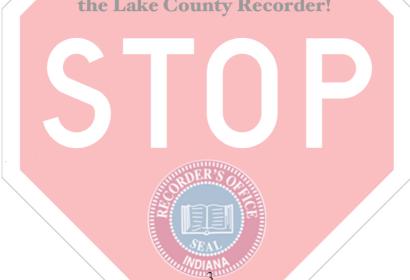
## THIS INSTRUMENT PREPARED BY: WILLIAM J. CUNNINGHAM, ATTORNEY AT LAW (#3471-45) HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP 2637-45TH ST., HIGHLAND, IN 46322 PH: (219) 924-2427 FAX: (219) 924-2481

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.

William, J. Cunningham, Steorney at Law

## Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



Decedent's Legal Name (First, Middle, Last)	5 E	DR No 0000	ne (if female)	2. Sex 3	. Time Of Death	4. Date Of De	ath (Month/Day/Year)
		BUNGE		FEMALE	12:42 AM		/25/2014
NNA L MAGER Social Security Number   6a. Age - Yrs   6b. Un	der 1 Year   6c. Under 1 Mo	onth 6d. Under 1 Day	6e. Under 1 Hour 7. I	ate of Birth (Month/Day/Yea			
95 Months		Hours	Minutes  10a If Death Occurred S	08/26/1919 omewhere Other Than A Hos	GLENVIEW		
Ever in U.S. Armed Forces? 10. If Death Occurr	A CARLON TWO AND A STATE OF THE	El Cont on Arthur	Hospice Facility	Decedent's Home	Nursing Home/Long-ten	n Care Facility	
100 23	mergency Department Outpar	tient 🔲 Dead on America	Other (Specify)				
Facility Name (If Not Institution, Give Street and Nu TTENBERG LUTHERAN VILLAGI	(later)		13. County Of Dea	ath		atus At Time Of D	
City Or Town, State, And Zip Code	사람들은 사람이 있다며, 사람들은 사람들은 기계를 받는다.		1 AVE		☐ Married ☐ ☑ Widowed	Married, But Se	eparated Divorce
ROWN POINT, IN, 46307		15a. (If Wife)Give Malde	LAKE en Last Name	16. Decedent's Usual	Occupation	17. Kind Of B	Business/Industry
Surviving Spouse's Name				HOMEMAKER		FAMILY R	RESIDENCE
. Residence - State	18a. County		18b. City Or Town				
	LAKE		CEDAR LAKE	18d. Apt	No.   18e. Zip	Code	18f. Inside City Limits
DIANA c. Street And Number				180. Apt			⊠ Yes □ No
3702 PARRISH AVENUE				and Page	46	303	
Decedent's Education	20. Decedent Of H	ispanic Origin	21. Deced	ens trace			
H GRADE OR LESS	NOT HISPAN	VIC	White 23. Mother's Name (First,	Middle, Last)	23a.	Mother's Maiden	Last Name
. Father's Name (First, Middle, Last)					мо	ELLER	
ARL BUNGE , informant's Name	24a. Relations	hip To Decedent	<ul> <li>If the property of the property o</li></ul>	reet And Number, City, State	Zip Code)		
NNA MAGER	SELF		13702 PARRISH	AVENUE, CEDAR	LAKE, IN 463	03	No. 1 Company
	25b. Place Of Disposition	25. Pl	Jace Of Disposition	5c. Location - City, Town, An	d State		
	25h Place Of Disposition	n (Name Of Cemetery, C	rematory, Other Flace) 2	St. Econson. Chy,			
a. Method Of Disposition  Burial Cremation Donation Entombme		n (Name Of Cemetery, C	Jematory, Outer Flace)				
Burial Cremation Donation Entombmer Removal From State	CHAPEL LAWN	MEMORIAL GA		CHERERVILLE, IN		27a, Funeral	I Home License Numb
Buriat Cremation Donation Entombree Removal From State Other (Specify): Was Coroner Contacted?  27. Name A	CHAPEL LAWN nd Complete Address Of Fur	MEMORIAL GA	ARDENS S	CHERERVILLE, IN			
Burial	CHAPEL LAWN	MEMORIAL GA	ARDENS S	CHERERVILLE, IN	V 16303 e Number (Of Licensee	FH83002	
Burial Cremation Donation Entombred Removal From State Other (Specify): Was Coroner Contacted?  27. Name A  Yes  No BURDA	CHAPEL LAWN nd Complete Address Of Fur	MEMORIAL GA	ARDENS S	CHERERVILLE, IN CEDAR LAKE, IN 4 P. 170, Licens	V 16303 e Number (Of Licensee	FH83002	
Burlal	CHAPEL LAWN nd Complete Address Of Fur N FUNERAL HOME NIC SIGNATURE	MEMORIAL GA	ARDENS S	CHERERVILLE, IN CEDAR LAKE, IN 27c. Licens (FD2070)	V 16303 e Number (Of Licensee	FH83002	
Burial ☐ Cremation ☐ Donation ☐ Entombred Removal From State Other (Specify): . Was Coroner Contacted? ☐ Yes ☒ No ☐ BURDAI  b. Signature Of Indiana Funeral Service Licensee: COTTA. BURDAN, BY ELECTRO  28. Part I. Enter The Chain Of Events - Diseases Country Arrest Respiratory Arrest, Or Version Arrest Respiratory A	CHAPEL LAWN nd Complete Address Of Fur N FUNERAL HOME NIC SIGNATURE	MEMORIAL GA merat Facility  E INC, 12901 W  Cause Of Death (St s - That Directly Cause ut Showing The Etiolog	ICKER AVENUE, (  Be Instructions And Example The Death, Do Not Enterly); Do Not Abbreviate, Enterly	CHERERVILLE, IN CEDAR LAKE, IN 27c. Licens (FD2070)	V 16303 e Number (Of Licensee	FH83002	Approximate Interval: Onset To Death
Burlat	CHAPEL LAWN nd Complete Address Of Fur N FUNERAL HOME NIC SIGNATURE Injuries, Or Complication antricular Fibrillation Without	MEMORIAL GA	ICKER AVENUE, of the local structions and Example of The Death, Do Not Enterly, Do Not Abbreviate, Enterly	CHERERVILLE, IN CEDAR LAKE, IN 27c. Licens (FD2070)	V 16303 e Number (Of Licensee	FH83002	Approximate Interval: Onset To Death
Tyes ☑ No  BURDAI  Th. Signature Of Indiana Funeral Service Licensee:  COTTA. BURDAN, BY ELECTRO  28. Part I. Enter The <u>Chain Of Events</u> - Diseases  Such As Cardiac Arrest, Respiratory Arrest, Or Vo  A Line. Add Additinal Lines if Necessary.  Immediate Cause (Final Disease Or Condition Re	CHAPEL LAWN IN COMPlete Address Of Fur IN FUNERAL HOME INIC SIGNATURE INITIAL Fibrillation Without Insulting In Death)	MEMORIAL GA merat Facility  E INC, 12901 W  Cause Of Death (St s - That Directly Cause ut Showing The Etiolog	ARDENS S ICKER AVENUE, O ee Instructions And Example of The Death, Do Not Enter by: Do Not Abbreviate, Enter DER TYREE DER TYR	CHERERVILLE, IN A 27c. Licens FD20700 nples)  r Terminal Events or Only One Cause On	V 16303 e Number (Of Licensee	FH83002	Approximate Interval: Onset To Death
Burial	CHAPEL LAWN  IN COMPLETE ADDRESS OF FUT  N FUNERAL HOME  NIC SIGNATURE  In Injuries, Or Complication  Introduction Without  Sutting In Death)  The Cause Listed On  Injury That Initiated	MEMORIAL GA heral Facility  E INC, 12901 W  Cause Of Death (St s - That Directly Cause at Showing The Etiolog	ARDENS S ICKER AVENUE, O REPORT OF THE PROPERTY OF THE PROPERTY RECORDS  OUR DEPARTMENT OF THE PROPERTY OF THE	CHERERVILLE, IN 27c. Licens FD20700 pples)  7 Terminal Events or Only One Cause On 10 (Or As A Consequence Of):	V 16303 e Number (Of Licensee	FH83002	Approximate Interval: Onset To Death
Burial ☐ Cremation ☐ Donation ☐ Entombred Removal From State Other (Specify):  5. Was Coroner Contacted?  ☐ Yes ☒ No  ☐ No. Signature Of Indiana Funeral Service Licensee: COTTA. BURDAN, BY ELECTRO  28. Part I. Enter The Chain Of Events - Diseases Such As Cardiac Arrest, Respiratory Arrest, Or Ve A Line. Add Additinal Lines If Necessary.	CHAPEL LAWN INTO COMPILE Address OF Fur N FUNERAL HOME INIC SIGNATURE Injuries, Or Complication antricular Fibrillation Without stuffing In Death) The Cause Listed On Injury That Initiated	MEMORIAL GA heral Facility  E INC, 12901 W  Cause Of Death. (So s - That Directly Cause ut Showing The Etiolog  A. SEIZURE DISOR  B. FAILURE TO THE  C. DEMENTIA	ARDENS S ICKER AVENUE, O REPORT OF THE PROPERTY OF THE PROPERTY RECORDS  OUR DEPARTMENT OF THE PROPERTY OF THE	CHERERVILLE, IN 2  CEDAR LAKE, IN 2  27c. Licens FD20700  inples)  r Terminal Events ar Only One Causa On	V 16303 e Number (Of Licensee	FH83002	Approximate Interval: Onset To Death  DAYS  MONTHS
Burlat	CHAPEL LAWN INDICATE AND THE Cause Listed On Injury That Initiated	MEMORIAL GAMERIA FACILITY  EINC, 12901 W  Cause Of Death (St. S That Directly Cause ut Showing The Etiolog  A. SEIZURE DISORU  B. FAILURE TO THE  C. DEMENTIA  D. NONE	ARDENS S ICKER AVENUE, C ee Instructions And Example of The Death Do Not Enterly Do Not Abbreviate. Enterly Does RIVE Due	CHERERVILLE, IN  27c. Licens FD20706  To Comples)  To Terminal Events or Only Oria Causa On  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  Was An Autopsy Performe	16303 a Number (of Licensee) 0051	FH83002 ): S ⊠ No	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE
Burlal ☐ Cremation ☐ Donation ☐ Entombred Removal From State Other (Specify): Was Coroner Contacted? ☐ Yes ☒ No ☐ Was Coroner Contacted? ☐ Yes ☒ No ☐ BURDAN ☐ Signature Of Indiana Funeral Service Licensee: COTT A. BURDAN, BY ELECTRO  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 Re Sequentially List Conditions, If Any, Leading To The Events Resulting In Death) Last  The Events Resulting In Death) Last  art II. Enter Other Significant Conditions Contributing to	CHAPEL LAWN INDICATE AND THE Cause Listed On Injury That Initiated	MEMORIAL GANERAL FACILITY  EINC, 12901 WI  Cause Of Death (St. s - That Directly Cause ut Showing The Etiolog  A SEIZURE DISOR  B. FAILURE TO THE  C. DEMENTIA  D. NONE  The Underlying Cause G	ICKER AVENUE, C  Bee Instructions And Example The Death Do Not Enterly Do Not Abbreviate Enterly Do Not Abbreviate Enterly Do Not Abbreviate Enterly Does This IS A TRUE  Does The Does This IS A TRUE TH	CHERERVILLE, IN  27c. Licens FD20700 mples) r Terminal Events er Only One Cause On  10 (Or As A Consequence Of): 10 (Or As A Consequence Of): Was An Autopsy Performe Were Autopsy Finding Ava	16303 a Number (Of Licensee) 051  Type   Yestable To Complete The	FH83002	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE
Burlal ☐ Cremation ☐ Donation ☐ Entombred Removal From State Other (Specify):  5. Was Coroner Contacted?  ☐ Yes ☒ No ☐ Yes ☒ No ☐ BURDAN  The Signature Of Indiana Funeral Service Licensee: COTT A. BURDAN, BY ELECTRO  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 Re Sequentially List Conditions, If Any, Leading To Taline A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last  art II. Enter Other Significant Conditions Contributing to  DNE  I. Did Tobaccoo Use Contribute To Death?	CHAPEL LAWN INDICATE AND COMPLETE AND COMPLE	MEMORIAL GAMERIA FACILITY  EINC, 12901 WI  Cause Of Death (St. s -That Directly Cause ut Showing The Etiolog A. SEIZURE DISOR B. FAILURE TO THE C. DEMENTIA D. NONE The Underlying Cause G	ARDENS S  ARDENS	CHERERVILLE, IN  27c. Licens FD20700  Inples) In Terminal Events or Only One Cause On  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  Was An Autopsy Performe  Were Autopsy Finding Ava I F WITH THE	16303  a Number (Of Licensee) 1051  Tyes lable To Complete The anner Of Death:	FH83002  S  No Cause Of Death	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE
Burlat	CHAPEL LAWN Ind Complete Address Of Fur N FUNERAL HOME NIC SIGNATURE I, Injuries, Or Complication antricular Fibrillation Without sutting In Death) The Cause Listed On Injury That Initiated Death But Not Resulting In  32. If Female:  Not Pregnant But Pregnant 43	MEMORIAL GA heral Facility  E INC, 12901 W  Cause Of Death (St s - That Directly Cause of St S - That Directly Cause  Demonstration  Demonstration  Demonstration  Description  Descripti	ARDENS S  ICKER AVENUE, O  REP  CE INSTRUCTIONS AND Exare  COLUMN TO THE DEATH, DO NOT ENTER  DUE  THOUSE TO THE DEATH  DUE  THIS IS A TRUSH  HE RECORD ON THE	CHERERVILLE, IN  CEDAR LAKE, IN 4  27c. Licens FD20700  Inples)  1 Terminal Events or Only One Causa on  1 (Or As A Consequence Of):  1a (Or As A Consequence Of):  Was An Autopsy Performe  Was An Autopsy Finding Ava I Will Hill I WITH THE H DEPARTMEN A Days of Destin	16303 a Number (Of Licensee) 051  Type   Yestable To Complete The	FH83002  S No Cause Of Death  Accident   Determined	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE
Burlal ☐ Cremation ☐ Donation ☐ Entombred Removal From State Cher (Specify): Was Coroner Contacted?  The Signature Of Indiana Funeral Service Licensee: COTT A. BURDAN, BY ELECTRO  Buch As Cardiac Arrest, Respiratory Arrest, Or Vea A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition Respiratory Arrest, Or Vea A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition Respiratory Arrest, Or Vea A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition Respiratory Arrest, Or Vea A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition Respiratory Arrest, Or Vea Conditions, If Any, Leading To The Events Resulting In Death) Last  The Events Resulting In Death) Last  Poly Enter Other Significant Conditions Contributing to the Condition Contribution of Contribution Contributi	CHAPEL LAWN Ind Complete Address Of Fur N FUNERAL HOME NIC SIGNATURE I, Injuries, Or Complication antricular Fibrillation Without sutting In Death) The Cause Listed On Injury That Initiated Death But Not Resulting In  32. If Female:  Not Pregnant Within Past Year	MEMORIAL GA heral Facility  E INC, 12901 W  Cause Of Death (St s - That Directly Cause of St S - That Directly Cause  Demonstration  Demonstration  Demonstration  Description  Descripti	ARDENS S  ARDENS	CHERERVILLE, IN  CEDAR LAKE, IN 4  27c. Licens FD20700  Inples)  1 Terminal Events or Only One Causa on  1 (Or As A Consequence Of):  1a (Or As A Consequence Of):  Was An Autopsy Performe  Was An Autopsy Finding Ava I Will Hill I WITH THE H DEPARTMEN A Days of Destin	16303 a Number (Of Licensee) 051 yestable To Complete The anner Of Death: fural   Homicide   cide   Could Not Be Restaurant, Wooded A	FH83002  s  No Cause Of Death  Accident	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE  Pending Investigation  rijury At Work?  Yes No
Burlal ☐ Cremation ☐ Donation ☐ Entombred Removal From State ☐ Cher (Specify): 5. Was Coroner Contacted? ☐ Yes ☒ No ☐ Yes ☒ No ☐ Was Zoroner Contacted? ☐ Signature Of Indiana Funeral Service Licensee: COTT A. BURDAN, BY ELECTRO  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 Re Sequentially List Conditions, If Any, Leading To 1 Line A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last  art II. Enter Other Significant Conditions Contributing to DNE ☐ Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown ☐ Date Of Injury (Month/Day/Year)	CHAPEL LAWN Ind Complete Address Of Fur N FUNERAL HOME NIC SIGNATURE I, Injuries, Or Complication antricular Fibrillation Without sutting In Death) The Cause Listed On Injury That Initiated Death But Not Resulting In  32. If Female:  Not Pregnant But Pregnant 43	MEMORIAL GA herat Facility  E INC, 12901 W  Cause of Death (St s - That Directly Cause of St - That Directly Cause	ARDENS S  ICKER AVENUE, O  REPORT OF THE PART OF THE PROPERTY RECURS OF THE PART OF THE PROPERTY OF THE PROPER	CHERERVILLE, IN  27c. Licens FD20700 mples) r Terminal Events er Only Oria Causa On  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  Was An Autopsy Performe  Were Autopsy Finding Ava II F WITH THE H DEPARTMEN AS No Performe Service Autopsy Finding Ava II F WITH THE H DEPARTMEN SIA No Performe Service Autopsy Finding Ava II F WITH THE H DEPARTMEN SIA No Performe Service Autopsy Finding Ava II F WITH THE H DEPARTMEN SIA No Performe Service Autopsy Finding Ava II F WITH THE H DEPARTMEN SIA No Performe Service Autopsy Finding Ava II F WITH SIA No Performe Service Autopsy Fi	16303 a Number (Of Licensee) 0051  The property of Petersee (Complete The armer of Death: tural   Homicide   Licide   Could Not Be	FH83002  s  No Cause Of Death  Accident	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE  Pending Investigation njury At Work?
Burial	CHAPEL LAWN INDIC SIGNATURE Injuries, Or Complication antricular Fibrillation Without suffing In Death) The Cause Listed On Injury That Initiated Death But Not Resulting In  32. If Fernale: Not Pregnant, But Pregnant 43 I  35. Time Of Injury	MEMORIAL GANERAL FACILITY  EINC, 12901 WI  Cause Of Death (St. s -That Directly Cause ut Showing The Etiolog A SEIZURE DISORI B. FAILURE TO THE C. DEMENTIA D. NONE The Underlying Cause G THE Days To 1 year Beloke Death  36. Pi	CERT SECOND ON THE RECORD ON T	CHERERVILLE, IN  CEDAR LAKE, IN 4  27c. Licens FD2070t  To Comples) To Consequence On:  To Cor As A Consequence On:  To Cor As A Consequence On:  Was An Autopsy Performe  Were Autopsy Finding Ava  With The Complete Consequence On:  Was An Autopsy Finding Ava  With The Complete Consequence On:  Was An Autopsy Performe  Were Autopsy Finding Ava  The Complete Construction Site.	16303 a Number (Of Licensee) 051 yes lable To Complete The anner Of Death: tural  Homicide  Code Could Not Be Restaurant, Wooded A	FH83002 ):  S ⊠ No Cause Of Death    Accident □ E Determined rea) 37. I  C No. 38d.	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE  Pending Investigation  njury At Work?  Yes
Burial	CHAPEL LAWN INDIC SIGNATURE Injuries, Or Complication antricular Fibrillation Without suffing In Death) The Cause Listed On Injury That Initiated Death But Not Resulting In  32. If Fernale: Not Pregnant, But Pregnant 43 I  35. Time Of Injury	MEMORIAL GANERAL FACILITY  EINC, 12901 WI  Cause Of Death (St. s -That Directly Cause ut Showing The Etiolog A SEIZURE DISORI B. FAILURE TO THE C. DEMENTIA D. NONE The Underlying Cause G THE Days To 1 year Beloke Death  36. Pi  38b.	ARDENS S  ICKER AVENUE, O  REPORT OF THE PART OF THE PROPERTY RECURS OF THE PART OF THE PROPERTY OF THE PROPER	CHERERVILLE, IN  27c. Licens FD20700  Inples)  Terminal Events or Only One Cause On  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  Was An Autopsy Performe  Were Autopsy Finding Ava I F WITH THE  WITH THE  Series Autopsy Finding Ava I F WITH THE  SIN No  10 Part Ver  2014. Construction Site.	16303	FH83002 ):  S No Cause Of Death  Accident   Foresteen   S7.    No.   38d.	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE  Pending Investigation Injury At Work?  Yes No  Zip Code
Burlat	CHAPEL LAWN Ind Complete Address Of Fur N FUNERAL HOME NIC SIGNATURE Injuries, Or Complication antricular Fibrillation Without sutting In Death) The Cause Listed On Injury That Initiated Death But Not Resulting In  32. If Female: Not Pregnant Within Peet Year Not Pregnant & St. Time Of Injury  38a. City Or Town	MEMORIAL GAR heral Facility  E INC, 12901 W  Cause Of Death (Si s - That Directly Cause ut Showing The Etiolog  A. SEIZURE DISOR  B. FAILURE TO THE  C. DEMENTIA  D. NONE  The Underlying Cause G  TI Pregnant At Time Of Death  Days To 1 year Belove Death  136. Pi  380.	CERT SECOND ON THE RECORD ON T	CHERERVILLE, IN  27c. Licens FD20700  ples) Terminal Events or Only Oria Causa On  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  Was An Autopsy Performe Were Autopsy Finding Ava  Were Autopsy Finding Ava  With 1 HE H DEPARTMEN AS  No. 12 Days of Oesth See Performe  Were Autopsy Finding Ava  1 FWITH THE H DEPARTMEN AS  No. 12 Days of Oesth See Performe  With OFFICER 40. If Days  LTH OFFICER 40. II DAYS  L	16303     16303     2	FH83002 ):  S No Cause Of Death  Accident   Determined rea)  37. II  No. 38d.	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE  Pending Investigation Injury At Work?  YES NO  Zip Code
Burlat ☐ Cremation ☐ Donation ☐ Entombred Removal From State Other (Specify):  Was Coroner Contacted?  ☐ Yes ☒ No ☐ Was Coroner Contacted? ☐ Yes ☒ No ☐ BURDAN  B. Signature Of Indiana Funeral Service Licensee: COTT A. BURDAN, BY ELECTRO  28. Part I. Enter The Chain Of Events - Diseases Such As Cardiac Arcest, Respiratory Arrest, Or Ve A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition Re  Sequentially List Conditions, If Any, Leading To Taine A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last  art II. Enter Other Significant Conditions Contributing to The Events Resulting In Death Contribution to The Contribution of Tobacco Use Contribute To Death?  Yes ☐ Probably ☒ No ☐ Unknown  Date Of Injury (Month/Day/Year)  I. Location Of Injury - State  I. Signature, Of Person Certifying Cause Of Death: DISTINE MARIE TEODORI BY E	CHAPEL LAWN Ind Complete Address Of Fur N FUNERAL HOME NIC SIGNATURE Is, Injuries, Or Complication antricular Fibrillation Without sutting In Death Death But Not Resulting In Index Cause Listed On Injury That Initiated Death But Not Resulting In Index Pregnant Within Past Year Not Pregnant But Pregnant 43 In Not Pregnant Sur Pregnant 43 In Not Preg	MEMORIAL GAMERITA PACILITY  EINC, 12901 WI  Cause Of Death (St. SThat Directly Cause ut Showing The Etiolog at Showing The Underlying Cause Gamerita at Time Of Death Days To 1 year Belgie Death 35. Pi	CERT SECOND ON THE RECORD ON T	CHERERVILLE, IN  27c. Licens FD20700  mples)  1 Terminal Events or Only One Cause On  10 (Or As A Consequence Of):  11 (Or As A Consequence Of):  12 (Or As A Consequence Of):  13 (Or As A Consequence Of):  14 (Or As A Consequence Of):  15 (Or As A Consequence Of):  16 (Or As A Consequence Of):  17 (Or As A Consequence Of):  18 (Or As A Consequence Of):  19 (Or As A Consequence Of):  10 (Or As A Consequence Of):  11 (Or As A Consequence Of):  12 (Or As A Consequence Of):  13 (Or As A Consequence Of):  14 (Or As A Consequence Of):  15 (Or As A Consequence Of):  16 (Or As A Consequence Of):  17 (Or As A Consequence Of):  18 (Or As A Consequence Of):  19 (Or As A Consequence Of):  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  11 (Or As A Consequence Of):  12 (Or As A Consequence Of):  13 (Or As A Consequence Of):  14 (Or As A Consequence Of):  15 (Or As A Consequence Of):  16 (Or As A Consequence Of):  17 (Or As A Consequence Of):  18 (Or As A Consequence Of):  19 (Or As A Consequence Of):  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  11 (Or As A Consequence Of):  12 (Or As A Consequence Of):  13 (Or As A Consequence Of):  14 (Or As A Consequence Of):  15 (Or As A Consequence Of):  16 (Or As A Consequence Of):  17 (Or As A Consequence Of):  18 (Or As A Consequence Of):  19 (Or As A Consequence Of):  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  11 (Or As A Consequence Of):  12 (Or As A Consequence Of):  13 (Or As A Consequence Of):  14 (Or As A Consequence Of):  15 (Or As A Consequence Of):  16 (Or As A Consequence Of):  17 (Or As A Consequence Of):  18 (Or As A Consequence Of):  19 (Or As A Consequence Of):  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  11 (Or As A Consequence Of):  12 (Or As A Consequence Of):  13 (Or As A Consequence Of):  14 (Or As	16303     16303     2	FH83002 ):  S No Cause Of Death  Accident   Determined rea)  37. II  No. 38d.	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE  Pending Investigation Injury At Work?  Yes No  Zip Code
Burlat	CHAPEL LAWN INC COMPlete Address OF Fur N FUNERAL HOME NIC SIGNATURE Injuries, Or Complication Particular Fibrillation Without Including In Death) The Cause Listed On Injury That Initiated Death But Not Resulting In 32. If Female: Not Pregnant Within Pest Year Not Pregnant & Utiling In 35. Time Of Injury  38a. City Or Town	MEMORIAL GANDER OF THE CONTROL OF THE Underlying Cause of Death (St. S That Directly Cause ut Showing The Etiolog A. SEIZURE DISORIES.  B. FAILURE TO THE C. DEMENTIA  D. NONE  The Underlying Cause G. T.	CERT AVENUE, OF THE PROPERTY CONTROL OF THE PROPERTY C	CHERERVILLE, IN  CEDAR LAKE, IN  27c. Licens FD20700  Inples)  Terminal Events or Only One Cause On  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  Was An Autopsy Performe  Were Autopsy Finding Ava I F WITH THE  With A Consequence Of):  10 (Or As A Consequence Of):  11 (Or As A Consequence Of):  12 (Or As A Consequence Of):  13 (Or As A Consequence Of):  14 (Or As A Consequence Of):  15 (Or As A Consequence Of):  16 (Or As A Consequence Of):  17 (Or As A Consequence Of):  18 (Or As A Consequence Of):  19 (Or As A Consequence Of):  19 (Or As A Consequence Of):  10 (Or As A Consequence Of):  10 (Or As A Consequence Of):  11 (Or As A Consequence Of):  12 (Or As A Consequence Of):  13 (Or As A Consequence Of):  14 (Or As A Consequence Of):  15 (Or As A Consequence Of):  16 (Or As A Consequence Of):  17 (Or As A Consequence Of):  18 (Or As A Consequence Of):  19 (Or As A Consequence Of):  19 (Or As A Consequence Of):  10 (Or As A Consequence Of):  11 (Or As A Consequence Of):  12 (Or As A Consequence Of):  13 (Or As A Consequence Of):  14 (Or As A Consequence Of):  15 (Or As A Consequence Of):  16 (Or As A Consequence Of):  17 (Or As A Consequence Of):  18 (Or As A Consequence Of	16303	FH83002 ):  S No Cause Of Death  Accident   Determined rea)  37. II  No. 38d.	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE  Pending Investigation Injury At Work?  YES NO  Zip Code
Burial ☐ Cremation ☐ Donation ☐ Entombred Removal From State Other (Specify):  Was Coroner Contacted?  ☐ Yes ☒ No ☐ Yes ☒ No ☐ BURDAN  Signature Of Indiana Funeral Service Licensee: COTT A. BURDAN, BY ELECTRO  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 Re  Sequentially List Conditions, If Any, Leading To The Line A Friter The Underlying Cause (Disease Or	CHAPEL LAWN INC COMPlete Address OF Fur N FUNERAL HOME NIC SIGNATURE Injuries, Or Complication Particular Fibrillation Without Including In Death) The Cause Listed On Injury That Initiated Death But Not Resulting In 32. If Female: Not Pregnant Within Pest Year Not Pregnant & Utiling In 35. Time Of Injury  38a. City Or Town	MEMORIAL GANDER OF THE CONTROL OF THE Underlying Cause of Death (St. S That Directly Cause ut Showing The Etiolog A. SEIZURE DISORIES.  B. FAILURE TO THE C. DEMENTIA  D. NONE  The Underlying Cause G. T.	CERT AVENUE, OF THE PROPERTY CONTROL OF THE PROPERTY C	CHERERVILLE, IN  A 27c. Licens FD20700  In Jerninal Events or Only One Cause On  Its (Or As A Consequence Of):  Its (Or As A Consequence Of):  Was An Autopsy Performe  Were Autopsy Finding Ava IF WITH THE HEDPARTMENT AND No. No. No. 20 pays of Death In GOTA Construction Site,  ITH OFFICER 40. If Death  42. Cartifier (Ch. 20 cartifier (Ch. 20 cartifying P)	16303   Parish   Pa	FH83002  SE No Cause Of Death  Accident   Determined rea)   37. II  C  No. 38d.  Specify:  Pedestan  Other	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE  Pending Investigation Injury At Work?  Yes No  Zip Code  (Specify)  Date Certified
Burlat	CHAPEL LAWN Ind Complete Address Of Fur N FUNERAL HOME NIC SIGNATURE I, Injuries, Or Complication antricular Fibrillation Without sulfing In Death) The Cause Listed On Injury That Initiated  Death But Not Resulting In  32. If Female: Not Pregnant But Pregnant 43 I  35. Time Of Injury  36a. City Or Town  LECTRONIC SIGN Cause Of Death: S. COURT ST., CF	MEMORIAL GANDER OF THE CONTROL OF THE Underlying Cause of Death (St. S That Directly Cause ut Showing The Etiolog A. SEIZURE DISORIES.  B. FAILURE TO THE C. DEMENTIA  D. NONE  The Underlying Cause G. T.	CERT AVENUE, OF THE PROPERTY CONTROL OF THE PROPERTY C	CHERERVILLE, IN  A 27c. Licens FD20700  In Jerninal Events or Only One Cause On  Its (Or As A Consequence Of):  Its (Or As A Consequence Of):  Was An Autopsy Performe  Were Autopsy Finding Ava IF WITH THE HEDPARTMENT AND No. No. No. 20 pays of Death In GOTA Construction Site,  ITH OFFICER 40. If Death  42. Cartifier (Ch. 20 cartifier (Ch. 20 cartifying P)	16303	FH83002  S No Cause Of Death  Accident I f Determined real 37. II  No. 38d.  Specify: Pedestrian Other  45. I	Approximate Interval: Onset To Death  DAYS  MONTHS  YEARS  NONE  Pending Investigation  Injury At Work?  Yes No  Zip Code  (Specify)  Date Certified s

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and these will be no penalty for refusal.