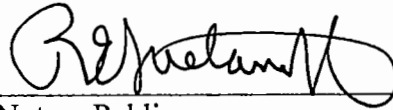




STATE OF INDIANA )  
 ) SS:  
COUNTY OF PORTER )

Subscribed and sworn to before me, a Notary Public this 24<sup>th</sup> day of April,  
2015.



Notary Public  
Printed Name: RICHARD E. SVETANOFF  
Resident of Porter County

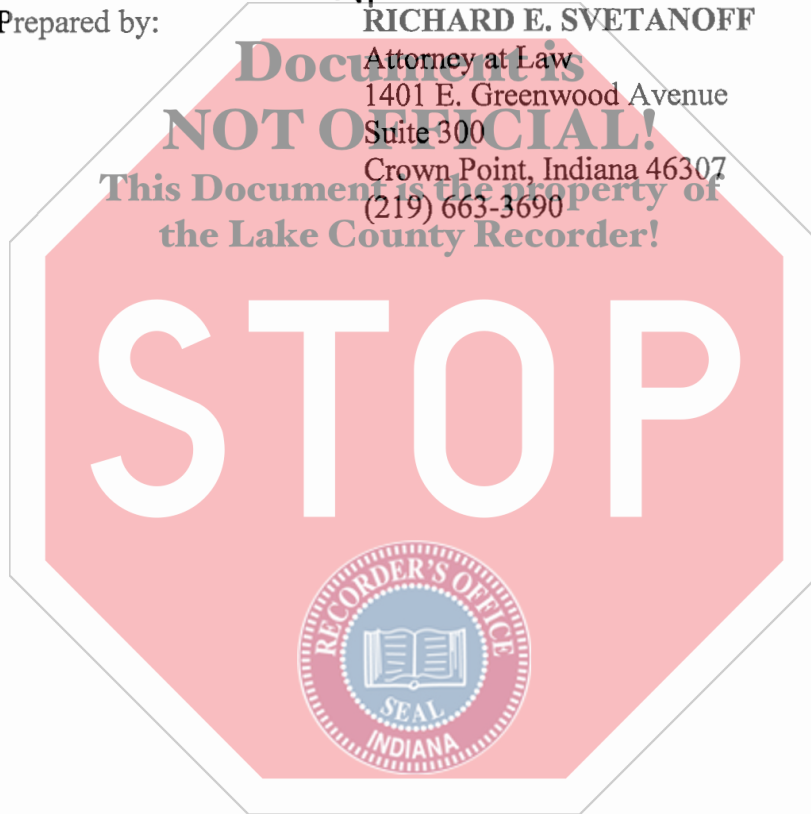
My Commission Expires:  
10-12-16

This Instrument Prepared by:

 RICHARD E. SVETANOFF

Mail to:

Attorney at Law  
1401 E. Greenwood Avenue  
Suite 300  
Crown Point, Indiana 46307  
(219) 663-3690





**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No **002295**

EDR No **00000332583**

State No **031563**

1. Decedent's Legal Name (First, Middle, Last) <b>RICHARD E HOFFMAN</b>			1a. Maiden Name (If female)			2. Sex <b>MALE</b>		3. Time Of Death <b>09:30 AM</b>		4. Date Of Death (Month/Day/Year) <b>07/08/2013</b>		
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>68</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
7. Date of Birth (Month/Day/Year) <b>06/18/1945</b>			8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) <b>10610 WEST 115TH COURT</b>												
12. City Or Town, State, And Zip Code <b>CEDAR LAKE, IN, 46303</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>CAROL HOFFMAN</b>				15a. (If Wife) Give Maiden Last Name <b>BRECLAW</b>				16. Decedent's Usual Occupation <b>SELF EMPLOYED</b>		17. Kind Of Business/Industry <b>LAWN AND GARDEN</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>CEDAR LAKE</b>			18d. Apt. No.		18e. Zip Code <b>46303</b>	
18c. Street And Number <b>10610 WEST 115TH COURT</b>			18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>						
22. Father's Name (First, Middle, Last) <b>EARL R HOFFMAN</b>				23. Mother's Name (First, Middle, Last) <b>IRENE HOFFMAN</b>				23a. Mother's Maiden Last Name <b>KUZEMKA</b>				
24. Informant's Name <b>CAROL HOFFMAN</b>			24a. Relationship To Decedent <b>WIFE</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>10610 WEST 115TH COURT, CEDAR LAKE, IN 46303</b>						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>COMMUNITY CREMATION SERVICE</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303</b>						27a. Funeral Home License Number: <b>FH83002461</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20700051</b>						
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.												
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. <u>CORONARY ARTERY DISEASE</u>			Due to (Or As A Consequence Of):			Approximate Interval: Onset To Death			
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last			B. _____			Due to (Or As A Consequence Of):			<p align="center">THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</p> <p align="center"><b>JUL 10 2013</b></p> <p align="center"><i>Susan W. Best, DO</i></p> <p align="center">LAKE COUNTY HEALTH OFFICER</p>			
			C. _____			Due to (Or As A Consequence Of):						
			D. _____			Due to (Or As A Consequence Of):						
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I.						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. 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 Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41. Signature, Of Person Certifying Cause Of Death: <b>JOHN WILLIAM KLEMME, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>JOHN WILLIAM KLEMME, 9330 SOUTH BROADWAY, CROWN POINT, IN 46307</b>						44. License Number <b>01027097A</b>			45. Date Certified <b>07/09/2013</b>			
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUL 10 2013</b>						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												