

Witness my hand and Notary Seal this 16th day of August, 2016.

Resident of Lake County, Indiana

Signature Lesia A. Potacki

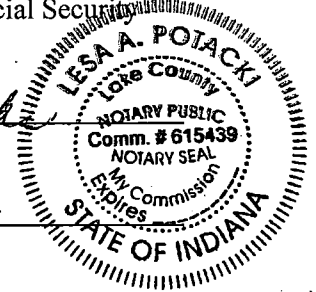
My Commission Expires: 2/13/2018

Printed Lesia A. Potacki

I affirm, under penalties for perjury, that I have taken reasonable care to read that each Social Security number in this document, unless required by law.

Catrina A. Cabush
Name

This instrument prepared by: Catrina A. Cabush





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 88035

Local No 001530

EDR No 00000510580

State No 022312

Form fields including: 1. Decedent's Legal Name (WALTER J POLINSKI), 2. Sex (MALE), 3. Time Of Death (07:45 AM), 4. Date Of Death (05/06/2016), 5. Social Security Number, 6a. Age - Yrs (73), 7. Date of Birth (10/13/1942), 8. Birthplace (CHICAGO, IL), 11. Facility Name (416 SUMMER DRIVE), 12. City Or Town, State, And Zip Code (SCHERERVILLE, IN, 46375), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Married), 15. Surviving Spouse's Name (PATRICIA POLINSKI), 16. Decedent's Usual Occupation (SUPERVISOR), 17. Kind Of Business/Industry (METAL MANAGEMENT), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (SCHERERVILLE), 18c. Street And Number (416 SUMMER DR), 18d. Apt. No., 18e. Zip Code (46375), 18f. Inside City Limits? (Yes), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Father's Name (WALTER J POLINSKI), 23. Mother's Name (HELEN MARIE POLINSKI), 23a. Mother's Maiden Last Name (SHIMKUS), 24. Informant's Name (PATRICIA POLINSKI), 24a. Relationship To Decedent (WIFE), 24b. Mailing Address (416 SUMMER DR, SCHERERVILLE, IN 46375), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (CHAPEL LAWN MEMORIAL GARDENS), 25c. Location - City, Town, And State (SCHERERVILLE, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373), 27a. Funeral Home License Number (FH19900052), 27b. Signature Of Indiana Funeral Service Licensee (JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE), 27c. License Number (FD09200077), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (Cause of Death: END STAGE COLON CANCER), 28. Part II. Enter Other Significant Conditions Contributing to Death (END STAGE COLON CANCER), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death (Natural), 34. Date Of Injury (MAY 07 2016), 35. Time Of Injury (8:15 AM), 36. Place Of Injury (Decedent's Home), 37. Injury At Work? (No), 38. Location Of Injury - State (INDIANA), 38a. City Or Town (SCHERERVILLE), 38b. Street & Number (416 SUMMER DR), 38c. Apt. No., 38d. Zip Code (46375), 39. Describe How Injury Occurred (LAKE COUNTY HEALTH OFFICER), 40. If Transportation Injury, Specify (None), 41. Signature, Of Person Certifying Cause Of Death (KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311), 44. License Number (01052342A), 45. Date Certified (05/09/2016), 46. Additional Funeral Service Provider, 47. *Akas, 48. Signature of Local Health Officer (SUSAN W. BEST, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (MAY 12 2016)

