I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Smid number in this document, unless required by law. 25259

This instrument prepared by Attorney Nathan D. Vis, 29535-45, of BLACHLY, TABORAUBOZIK2816 HARTMAN, 56 S. Washington, Valparaiso, IN 46385. 14041941 IN

JOHN E. PETALAS 15 11400 M-Z LAKE COUNTY AUDITOR NAN-COPE #612932 0131

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Lecal No 000855 EDR No 00000 1. Decede ht's Legal Name (First, Middle, Last) 1a. Malden Name (First, Middle, Last)											
			1a. Maiden Name (If female)			2. Sex			, , , , , , , , , , , , , , , , , , , ,		
RICK SCARTOZZI 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Ho	ur 7. Date	MALI e of Birth (Month		:25 AM Birthplace (City ar		7/2011 n Country)	
	Manha	Davis		Minutes	-	04/00/400	-	IAMAGNID	N.		
	Months Occurred In A Hosp	Days pital:	Hours		ccurred Som	01/28/195 ewhere Other TI		HAMMOND,	N		
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)											
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J RILEY RESIDENCE											
12. City Or Town, State, And Zip Code					13. County Of Death				14. Marital Status At Time Of Death		
MUNSTER, IN, 46321			LAKE				Married Married, But Separated Divorced Widowed Never Married Unknown				
15. Surviving Spouse's Name 15a. (If Wife)Give Maider				n Last Name							
LINDA SCARTOZZI HINOJOSA				CONTROL ROOM OPERATOR MANUFACTURING							
18. Residence - State	County		18b. City Or Town								
INDIANA	LAK	E		DYER							
18c. Street And Number				18d. Apt. No. 18e. Zip Code 18f.					Inside City Limits?		
2517 JAMES DRIVE								4631	6311 ⊠ Yes □ No		
19. Decedent's Education HIGH SCHOOL GRADUATE OF		. Decedent Of Hispa	nic Origin	21	. Decedent	s Race					
COMPLETED NOT HISF			;		nite						
22. Father's Name (First, Middle, Last)				23. Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name			
ROBERT SCARTOZZI				MILDRED SCHMIDT				SCHMIDT			
24. Informant's Name 24a. Relationship To Decedent					24b. Mailing Address (Street And Number, City, State, Zip Code)						
LINDA SCARTOZZI WIFE					2517 JAMES STREET, DYER, IN 46311						
25a. Method Of Disposition	25b. Pla	ce Of Disposition (N	25. Pla ame Of Cemetery, Cre	ce Of Disposition ematory, Other Pla	ce) 25c. l	.ocation - City, T	own, And State				
☐ Burial ☑ Cremation ☐ Donation ☐ Ento	mbment										
Other (Specify):		HTS CREMA	TORY CITT	meni	CEN	CAGO HE	IGHTS, IL				
26. Was Coroner Contacted? 27. N	arne And Complete	Address Of Funeral	Facility					.]-8	7a. Funeral Hom	ne License Number:	
☐ Yes ☑ No PO\	NELL-COLE	MAN FUNER	AL HOME, 320	OO WEST 15	TH AVE		TX, IN 4640		H1080001	1	
27b. Signature Of Indiana Funeral Service Licen EDDIE L. GIOVAIN-LATIMER,		ONIC SIGNAT	TURE				License Numbe	or (Of Licensee):			
			ause Of Death (See	Instructions Ar	d Example	STLY U				Approximate Interval: Onset	
28. Part I. Enter The <u>Chain Of Events</u> - Dis Such As Cardiac Arrest, Respiratory Arrest A Line, Add Additinal Lines If Necessary.	, Or Ventricular Fil	brillation Without St	nat Directly Caused howing The Etiology	Do Not Abbrevia	te Enter 0	nly One Cause	On			To Death	
Immediate Cause (Final Disease Or Condit	ion Resulting In D	eath) A.	ADVANCED CIRRI	HOSIS						ESS THAN 3 ONTHS	
,					Due to (Or	As A Consequence O	n):	• •	7		
Sequentially List Conditions, If Any, Leadir Line A. Enter The Underlying Cause (Disea	ng To The Cause Lase Or Injury That	isted On B Initiated			Due to (Or	As A Consequence O	H):				
The Events Resulting In Death) Last		C.			Due to (Or	As A Consequence O	M):				
		n			,						
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Give									☐ Yes ☒ No		
					30. We	ere Autopsy Find		Complete The Caus	se Of Death?	☐ Yes ☐ No	
31. Did Tobacoo Use Contribute To Death?	32. If Ferna		Pregnant At Time Of Death	Not Pregnant, But I	Pregnant Within 4	2 Days Of Death	33. Manner Of Natural	Death: Homicide	ident 🔲 Pendir	ng Investigation	
Yes Probably No W Unknown	Not Pregn	ant, But Pregnant 43 Days 1	o 1 year Before Death		nt Wimin Tre Pas	st riwer	Suicide	Could Not Be Date			
34. Date Of Injury (Month/Day/Year)	35. Time C	A Injury	803	City Const	AVE IS A !!	RUE AND CON	APLE !	int, wooded Area)	' '	s · No	
38. Location Of Injury - State	38a. City O	r Town	380.15	mera number	The second second	in on eite m	THATHE	38c. Apt. No.	38d. Zip C	ode	
			Trans Co		HALL HERE	,					
39. Describe How Injury Occurred			E 13	EAL And	7 . 0 -	mir	40. If Transpo	rtation injury, Specif	y:		
			Elle IN	MAN ALLEY	187	2011	Diversoperation			,,	
41. Signature, Of Person Certifying Cause Of D LYLE R MUNN, BY ELECTRON		URE	- Amin	Hilling			fier (Check Cnly fying Physician	One) Coroner	, 🔲 Heath C	Officer	
43. Name, Address And Zip Code Of Person Ce							44. Licer	se Number	45. Date 0	Sertified	
LYLE R MUNN , 1190 NORTH STATE ROAD 49, PORTER, IN \$6304							01031	582A	_03/	/17/2011	
46. Additional Funeral Service Provider:			Su new residence in the last of		-		47. *Ak	as:			
48. Signature of Local Health Officer:						49. For Reg	istrar Only - Da	ate Filed (Month/Da	•		
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE MAR 18 2011 AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

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.

1606194 IN