LAKE COUNTY FILED FOR RECORD Mail Tax Bills to: 3412 W. 77th Ave. 2017 048122 2017 AUG -2 PH 4: 07 Merrillville, IN 46410 MICHAEL B. BROWL STATE OF INDIANA RECORDER) SS: **COUNTY OF LAKE** FILED IN RE THE ESTATE OF: CLYDE O. HAWKINS SR., AUG 2 2017 Deceased.

AFFIDAVIT OF SURVIVORSHIP

JOHN E. PETALAS LAKE COUNTY AUDITOR

STATE OF INDIANA

Comes now VANESSA ROBINSON, daughter of the Decedent, first being duly sworn upon her oath deposes and says:

1. That the above named Decedent, CLYDE O. HAWKINS SR. aka CLYDE HAWKINS SR. aka CLYDE O. HAWKINS, died intestate on November 24, 1996. His death certificate is attached to this affidavit. Reasonable care has been taken to redact the social security number from the document.

- 2. Decedent, CLYDE O. HAWKINS SR., was survived by his wife, Olavelt Hawkins.
- 3. That the Decedent, CLYDE O. HAWKINS SR., and his wife, Olavelt Hawkins, jointly owned a fee simple interest in the property listed below, as husband and wife:

Tax ID# 45-08-10-183-016.000-004

Lot 12 and the South half of Lot 13, Block 10, Gary Land Company's Ninth Subdivision, in the City of Gary, as shown in Plat Book 13, Page 15, in Lake County, Indiana.

Commonly known as: 1340 Carolina Street, Gary, IN

4. That as a result of the Decedent's death she now vested as sole owner of a fee simple interest in the real property described in Paragraph 3 above.

Vanessa Robinson, Affiant

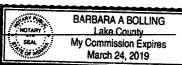
Subscribed to and sworn before me Notary Public for the above State and County, personally

1 1191 B25,50

appeared Vanessa Robinson this 2^{γ}

day of August, 2017,

My Commission Expires:



Barbara A. Bolling/ Notary Public



FENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

VOID IF ALTERED OR ERASED

1CC + 3 Free VETS INDIANA STATE DEPARTMENT OF HEALTH

	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	NTIAL PER IC 16-1-19-3	12	SEX	3a TIME OF DEATH	36 DATE OF I	DEATH (Money Day, Yr.)
T 1. DECEASED NAME (F)	rst Middle. Last)	Hawkins Sr		Male	11:01 ₹	101 6 1	ber 24, 1996
·	IBEA Sa AGE—Les	st Birthday 5b. UNDER 1 Y				15 miles	City and State or Foreign Countr
4. *SOCIAL SECURITY NUM	(Years)	75 Months C	Days Hours Minu	Manne	T 19, 1921 EATH (Check only one. 5	Arkan	sas -
Be WAS DECEDENT A U.S. VETERAN?	Bb. YEAR LAST SER	VED IN HOSPITAL XX	Kr-Kijent	OTHER	- · ·		
YES	1945	HUSPITAL THE	ER/Outpatient DOA		☐ Residence	1 E. V.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	institution, give street and num		9c.		CATION OF DEATH	94 COUNTY	CEDEATH Lake
Methodist	Hospital No	orthlake		Gar		The second second	BUSINESS/INDUSTRY
10. MARITAL STATUS (Specify)	11. SURVIVING SPO	OUSE an neme)	12a DECEDENTS done during m	USUAL OCCUPATION of of working life. Do	ON (Give kind of work not use retired)	Gary W	indow Cleanin
Married	Olave	TE WOKTHE	Z	eman T	13d. STREET AND NUME		
138 RESIDENCE-STATE	13b. COUNTY	13c CITY TOWN	Gary	12000	1340 Car		Street
Indiana	La CIUZ	KE 15 WAS DECEI	DENT OF HISPANIC ORIC	A STATE OF THE STA	E-American Indian.	17 [DECEDENT'S EDUCATION only highest grade completed
13é ZIP CODE 13f. INSI	No XXXIII WHAT	T COUNTRY? COUNTRY?	Yes (If yes, spec	rly Cuban. Diec	ck White, etc.	Elementary/Secon	
46407 139 ON	AFARM? U.S.	A DOCT	ment	ic B	lack		11th
A.A.S	Yes /	Hocu	1	9. MOTHERS NAME	(First Middle, Maiden Su	rname)	100 S
18. FATHER'S NAME (First		VOTO	FFICI	ATO	Pavne		
John	Hawkins 1	1 20b. M	AILING ADDRESS (Street	and Number or Rural	Rouse Number, City or To	wn State Zip Co	de) 20c millionenip
Olavelt		Documen	toisaloeipa	operty	Gary, Madian	1a 4040	W.L.
218. METHOD OF DISPOS		he Lake Or	PLACE OF DISPOSITION	(Name of carnetery.		c. LOCATION—	City or Town. State
Zhakasi ☐ Crem		att as along		ember 30		Hobart	,Indiana
	(Specify)		No. of Contract of the Contrac	rgreen C	EMETELY WAS DEATH REPORTE		
228. EMBALMER'S NAME:			LMERS LICENSE NO.	2:	XXX DEATH REPORTE		Control Control
경기에 있다면 하는 사람들이 가게 되었다.	elt Allen Sr			Too MAN	E APORESS AND LICEN	SE NUMBER OF	FUNERAL HO!
248. SIGNATURE OF FUNE	ERAL DIRECTOR		24b. LICENSE NUMBER (of Licensee)	GIV	s Allen Fine	ral Direc	ctors, inc
		TAN	#01051701	2959	West 11th A	venue Gar	y,Indiana 46404
100	Devel Co	A Commission of the same of th	THE RESERVE TO THE PARTY OF THE	s such as cerdiac or	respiratory	and the second	Approximat
26. PART I. Enter th	ne disesses injuries, or complication	cations that caused the death Do	not enter nonspecific term		1		Interval Bei Onset and
airest :	Na.		9	AAAA	1-int	× * 18 *	
	1/1/	1 12 1 31 1 9 2 1000	South	- VVUID	7	. 3 (3)	
IMMEDIATE CAUSE (Final disease or condition	1	DUE TO COR AS A SONSE	alektory	00000	, 2-th	Lun	7
disease or condition resulting in death)	» <u>7</u> 2	DUE TO (OR AS A CONST	allehoe Service	noma	3-4	Lun	4
disease or condition resulting in death) Conditions, if any, which ga	b. 77	DUE TO (OR AS A CONSE	allehoe Service	noma	3-14	Lun	
disease or condition resulting in death) Conditions, if any, which ga- rise to the immediate cause, stating the underlying	a. 200	DUE TO (OR AS A CONST	QUENCE OF	noma	3-94	<u>Kun</u> G	
disease or condition resulting in death) Conditions, if any, which gains to the immediate cause.	s 200 b. 77	DUE TO (OR AS A CONSE	QUENCE OF	noma.	3791	Kun G	
disease or condition resulting in death) Conditions, if any, which garnas to the immediate cause, stating the underlying cause test.	c d	DUE TO (OR AS A CONSE	OLENDE OF OUENCE OUEN	MAS DECEDENT	288. WAS AN	10,000	28b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
disease or condition resulting in death) Conditions, if any, which garnase to the immediate cause, stating the underlying cause test.	c d	DUE TO (OR AS A CONSE	OLENDE OF OUENCE OUEN	POSTPARTUM?		ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
disease or condition resulting in death) Conditions, if any, which garnase to the immediate cause, stating the underlying cause test.	c d	DUE TO (OR AS A CONSE	OLENDE OF OUENCE OUEN	PREGNANT OR 80	DAYS PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
disease or condition resulting in death) Conditions, if any, which garnase to the immediate cause, stating the underlying cause test.	d.	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Under the construction of the consecution of the consecuti	OLENCE OF COLEMES OF THE COLEMES OF	PREGNANT OR 90 POSTPARTUM? (Yes or no)	NO PERFORM	No	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
disease or condition resulting in death) Conditions, if any, which garnes to the immediate cause, stating the underlying cause last PART II. Other significant of	d. Conditions contributions contributions - Conditions contributions - Conditions contributions - Conditions contributions - Conditions - Condition	DUE TO (OR AS A CONSE Uning to death but not previously)	OUENCE OF OUENCE OUENC	PRECIANT OR 90 POSTPARTUM? (Yes or no) time, date, and place.	NO PERFORM (Yes or no	ED7) NO : stated	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
disease or condition resulting in death) Conditions, if any, which gaths to the immediate cause, stating the underlying cause last. BART II. Other significant of	d. Conditions - Conditions contributions - Conditions contributions - Conditions contributions - Conditions	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Union to death but not previously IAN To the best of my knowles	OUENCE OF COUNTY OF THE PROPERTY OF THE PROPER	PREGNANT OR SC POSTPARTUM? (Yes or no) time, date, and place. ion, death occurred at	NO PERFORM (Yes or no NO and due to the cause(s) as the time, date, and place, in	NO stated. and due to the Cat to the cause(s) e	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) DEATH? (Yes or no) Use(s) as stated.
disease or condition resulting in death) Conditions, if any, which gains to the immediate cause, stating the underlying cause last PART II. Other significant of the condition of the cause last cause last cause last page 1. Other significant of the cause last last last last last last last last	d. Conditions - Conditions contributions - Conditions contributions - Conditions contributions - Conditions	DUE TO (OR AS A CONSE Uning to death but not previously)	OUENCE OF COUNTY OF THE PROPERTY OF THE PROPER	PRECIANT OR SC POSTPARTUM? (Yes or no) time, date, and place. ion, death occurred at the time.	NO PERFORM (Yes or no NO and due to the cause(s) as the time, date, and place, in	NO stated. and due to the cause(s) a	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
disease or condition resulting in death) Conditions if any, which gains to the immediate cause, stating the underlying cause lest. PART II. Other significant of the condition of the cause lest.	d. Conditions - Conditions contributions - Conditions contributions - Conditions contributions - Conditions	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Union to death but not previously IAN To the best of my knowles	OUENCE OF COUNTY OF THE PROPERTY OF THE PROPER	PRECIANT OR SC POSTPARTUM? (Yes or no) time, date, and place. ion, death occurred at the time.	NO NO PERFORM (Yes or no NO) and due to the cause(s) as the time, date, and place, e. date, and due	NO stated. and due to the cause(s) a	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) DEATH? (Yes or no) Use(s) as stated.
disease or condition resulting in death) Conditions if any, which garne to the immediate cause, stating the underlying cause test. PART II. Other significant of the condition of the cause test. 29s. CERTIFIER (Check only, one)	d. GERTIFYING PHYSIC HEALTH OFFICER CORONER On the but of	DUE TO (OR AS A CONSEINED TO (OR AS A CONSEI	OUENCE OP OUENCE	PRECINANT OR SC POSTPATTUM? (Yes of no) time, date, and place, non, death occurred at the occurred at the time	NO PERFORM (Yes or no NO) and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and due to the time, date, and due to the time, date, and due to the time, date, and place, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the time, date, and due to the time, date, and date,	NO stated. and due to the Cau to the cause(s) a	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) DEATH? (Yes or no) Use(s) as stated.
disease or condition resulting in death) Conditions, if any, which garne to the immediate cause, stating the underlying cause test. PART II. Other significant cause, it is considered to the cause test. 29a. CERTIFIER (Check only, pine)	d. GERTIFYING PHYSIC HEALTH OFFICER CORONER On the but of	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Union to death but not previously) IAN To the best of my knowles	OUENCE OP OUENCE	PRECINANT OR SC POSTPATTUM? (Yes of no) time, date, and place, non, death occurred at the occurred at the time	NO PERFORM (Yes or no NO) and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and due to the time, date, and due to the time, date, and due to the time, date, and place, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the time, date, and due to the time, date, and date,	NO stated. and due to the Cau to the cause(s) a	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
disease or condition resulting in death) Conditions, if any, which garne to the immediate cause, stating the underlying cause test. PART II. Other significant cause, it is considered to the cause test. 29a. CERTIFIER (Check only, pine)	d. GORDIER ON THE OF PERSON WHO COMPL CALLED OF PERSON W	DUE TO (OR AS A CONSEINED TO (OR AS A CONSEI	OUENCE OP OUENCE	PRECINANT OR SC POSTPATTUM? (Yes of no) time, date, and place, non, death occurred at the occurred at the time	NO PERFORM (Yes or no NO) and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and due to the time, date, and due to the time, date, and due to the time, date, and place, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the time, date, and due to the time, date, and date,	NO stated. and due to the Cau to the cause(s) a	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) DEATH? (Yes or no) Use(s) as stated.
disease or condition resulting in death) Conditions, if any, which gaths to the immediate cause, stating the underlying cause last. PART II. Other significant of the condition of the cause last. 29s. CERTIFIER (Check only one) 29b. STONATURE AND TILL CHECK ONLY ONE) 30. NAME AND ADDRESS DT- II.	d. GORDIER ON THE OF PERSON WHO COMPL CALLED OF PERSON W	DUE TO (OR AS A CONSEINED TO (OR AS A CONSEI	dge, death occurred at the or investigation, in my opinion, death according to the first part of the f	PRECINANT OR SC POSTPARTUM? (Yes of no) time date, and piece, non, death occurred at the time occurred at time occurred at the time oc	NO PERFORM (Yes or no	NO stated. and due to the Cauto the causous 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) DEATH? (Month, De) DEC 0 5 10
disease or condition resulting in death) Conditions, if any, which garned to the immediate cause, stating the underlying cause less. PART II. Other significant of the condition of the cause less. 29a. CERTIFIER (Check only one) 29b. STONATURE AND THE CONDITION OF THE CONDIT	d. GARTIFYING PHYSIC HEALTH OFFICER OF DERTIFIER CORONER On the true of person who completed and Campain Washington Wa	DUE TO (OR AS A CONSE	OUENCE OP OUENCE	postpartum? (Yes of no) time, date, and place, tion, death occurred at the time Gary, Ind Jay AT WORK?	NO PERFORM (Yes or no NO) and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and due to the time, date, and due to the time, date, and due to the time, date, and place, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the cause(s) at the time, date, and place, and due to the time, date, and due to the time, date, and date,	NO stated. and due to the Cauto the causous 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) DEATH? (Month, De) DEC 0 5 10
disease or condition resulting in death) Conditions, if any, which gath the conditions of any, which gath the cause taking the underlying cause lest. PART II. Other significant of the condition of the cause lest. 29s. CERTIFIER (Check only, one) 29s. Signature and the condition of the cause lest. 30. NAME AND ADDRESS DIST. 31. HEALTH OFFICERS S. 33. MANNER OF DEATH	GERTIFYING PHYSIC HEALTH OFFICER CORONER On the beautiful of person who completed the Californian of the C	DUE TO (OR AS A CONSEINANT OF THE PROPERTY OF	OUENCE OP OUENCE	PRECINANT OR SC POSTPARTUM? (Yes of no) time date, and piece, non, death occurred at the time occurred at time occurred at the time oc	NO PERFORM (Yes or no	NO stated. and due to the Cauto the causous 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) DEATH? (Month, De) DEC 0 5 10
disease or condition resulting in death) Conditions, if any, which gaths to the immediate cause, stating the underlying cause lest. PART II. Other significant of the condition of the cause lest. 29s. CERTIFIER (Check only, one) 29s. SIGNATURE AD TI (Check only, one) 30. NAME AND ADDRES. DIF II. 31. HEALTH OFFICERS S. 33. MANNER OF DEATH	d. GERTIFYING PHYSIC HEALTH OFFICER On the back of person who completed the California Signature 346, D. Anding restingation	DUE TO (OR AS A CONSEINAND TO THE BASIS OF EXAMINATION AND A CONSEINAND TO THE BASIS OF EXAMINATION AND A CONSEINAND TO THE BASIS OF EXAMINATION AND/OR THE DEATH (ITEM TO THE TO	dge. death occurred at the or investigation, in my opinion, death a 260 (Type/Print) 5th Avenue	precionant or so postpartum? (Yes or no) time, date, and place, the time, date, and place, and the time, date, and time, dat	NO NO Sand due to the cause(s) as the time, date, and place, e. date, and place, and due to MEDICAL LICENSE (SUB 37 4 9).	NO stated and due to the Cau to the cause(s) a NO. 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY (Yes or no) Jusc(s) as stated. Ind manner as stated. 19d. DATE SIGNED (Month, Day 12. DATE FILED (Month, Day, Y.) DEC 0 5 10
disease or condition resulting in death) Conditions, if any, which garned to the immediate cause, stating the underlying cause less. PART II. Other significant of the condition of the cause less. 29s. CERTIFIER (Check only, one) 29b. SIGNATURE AD TI (Check only, one) 29b. SIGNATURE AD TI (Check only, one) 30. NAME AND ADDRESS DIF II. 31. HEALTH OFFICERS S. 33. MANNER OF DEATH	d. GERTIFYING PHYSIC MEALTH OFFICER On the back of person who completed the Carlyson of the	DUE TO (OR AS A CONSE	dge. death occurred at the or investigation, in my opinion, death a 260 (Type/Print) 5th Avenue	precionant or so postpartum? (Yes or no) time, date, and place, the time, date, and place, and the time, date, and time, dat	NO NO Sand due to the cause(s) as the time, date, and place, e. date, and place, and due to MEDICAL LICENSE (SUB 37 4 9).	NO stated and due to the Cau to the cause(s) a NO. 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) DEATH? (Month, De) DEC 0 5 10
disease or condition resulting in death) Conditions, if any, which garned to the immediate cause, suiting the underlying cause last PART II. Other significant of the cause last 29a. CERTIFIER (Check only, one) 29b. STONATURE AND THE CONDITION OF THE CONDITI	GERTIFYING PHYSIC HEALTH OFFICER CORONER On the back of person who completed the complete of	DUE TO (OR AS A CONSERVATE OF INJURY AS DE LACE OF INJURY At home. Je	dge. death occurred at the or investigation, in my opinion, death a 260 (Type/Print) 5th Avenue	precionant or so postpartum? (Yes or no) time, date, and place, the time, date, and place, and the time, date, and time, dat	NO NO Sand due to the cause(s) as the time, date, and place, e. date, and place, and due to MEDICAL LICENSE (SUB 37 4 9).	NO stated and due to the Cau to the cause(s) a NO. 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY (Yes or no) Jusc(s) as stated. Ind manner as stated. 19d. DATE SIGNED (Month, Day 12. DATE FILED (Month, Day, Y.) DEC 0 5 10
disease or condition resulting in death) Conditions, if any, which gaths to the immediate cause, stating the underlying cause last PART II. Other significant of the cause last 29s. CERTIFIER (Check only pine) 29b. SIGNATURE AND TILE (Check only pine) 30. NAME AND ADDRESS DIF II. 31. HEALTH OFFICERS S. 33. MANNER OF DEATH Natural Periods Natural Periods Homeride	d. GERTIFYING PHYSIC GERTIFYING PHYSIC GERTIFYING PHYSIC GERTIFIER GORONER On the true of person who completed the companion of the compa	DUE TO (OR AS A CONSERVATE OF INJURY AND INJURY ALL home. Is conserved to the provided of the	dgo. death occurred at the or investigation in my opinion, death at the death occurred at the or investigation in my opinion, death at the death occurred at the or investigation in my opinion, death at the death occurred at the or investigation in my opinion, death at the death occurred at the or investigation in my opinion, death at the death occurred at the original or investigation in my opinion, death occurred at the original or investigation in my opinion, death occurred at the original or investigation in my opinion or investigation o	PRECIANT OR SC POSTPATTUM? (Yes of no) time, date, and place, non, death occurred at the time of time of the time of time	PERFORM (Yes or no	NO stated and due to the Cau to the cause(s) a NO. 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY (Yes or no) Jusc(s) as stated. Ind manner as stated. 19d. DATE SIGNED (Month, Day 12. DATE FILED (Month, Day, Y.) DEC 0 5 10
disease or condition resulting in death) Conditions, if any, which gaths to the immediate cause, stating the underlying cause last PART II. Other significant of the cause last 29s. CERTIFIER (Check only pine) 29b. SIGNATURE AND TILE (Check only pine) 30. NAME AND ADDRESS DIF II. 31. HEALTH OFFICERS S. 33. MANNER OF DEATH Natural Periods Natural Periods Homeride	d. GORDIEN ON THE OFFICER OF DESTRIPTION WHO COMPLETED ON THE OFFICER OF DESTRIPTION WHO COMPLETED ON THE OFFICER OF DESTRIPTION OF DESTRIPTION OF THE OFFICER OF DESTRIPTION OF THE OFFICER OFF	DUE TO (OR AS A CONSERVATE OF INJURY AS DE LACE OF INJURY At home. Je	dgo. death occurred at the or investigation in my opinion, death at the death occurred at the or investigation in my opinion, death at the death occurred at the or investigation in my opinion, death at the death occurred at the or investigation in my opinion, death at the death occurred at the or investigation in my opinion, death at the death occurred at the original or investigation in my opinion, death occurred at the original or investigation in my opinion, death occurred at the original or investigation in my opinion or investigation o	PRECIANT OR SC POSTPATTUM? (Yes of no) time, date, and place, non, death occurred at the time of time of the time of time	PERFORM (Yes or no	NO stated and due to the Cau to the cause(s) a NO. 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY (Yes or no) Jusc(s) as stated. Ind manner as stated. 19d. DATE SIGNED (Month, Day 12. DATE FILED (Month, Day, Y.) DEC 0 5 10