



Lawyers Title Insurance Corporation  
SCHEDULE C

PROPERTY DESCRIPTION

The land referred to in this Policy is described as follows:

LOT 39, BLOCK 27, EXCEPTING THE EAST 20 FEET, IN <sup>Dalecarlia</sup> ~~DALECARLIA~~, AS SHOWN IN PLAT BOOK 23, PAGE 61, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

SAVING AND EXCEPTING THE EAST 20 FEET OF LOT 39, BLOCK 27, DALECARLIA, AS RECORDED IN PLAT BOOK 23, PAGE 61 IN THE OFFICE OF THE RECORDER IN LAKE COUNTY, INDIANA, AS RECORDED ON SEPTEMBER 13, 1989 IN DOC 1989-057335, IN THE OFFICE OF THE RECORDER IN LAKE COUNTY, INDIANA.

PARCEL ID#: 02-03-0105-0039  
PROPERTY ADDRESS: 288 ISLAND DRIVE, LOWELL, INDIANA 46356



ALTA Policy  
Schedule C

(ROYS, JOHN.PFD14371/26)



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 77280

Local No 000204

EDR No 000000490655

State No 002791

1. Decedent's Legal Name (First, Middle, Last) <b>JOHN E ROYS</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>11:45 AM</b>	4. Date Of Death (Month/Day/Year) <b>01/15/2016</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>63</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>01/08/1953</b>		8. Birthplace (City and State or Foreign Country) <b>MUSKEGON, MI</b>
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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>BROADWAY METHODIST HOSPITAL</b>									
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, IN, 46410</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>LOUISE ROYS</b>			15a. (If Wife) Give Maiden Last Name <b>HENDRICKSON</b>			16. Decedent's Usual Occupation <b>CO OWNER</b>		17. Kind Of Business/Industry <b>GLIMPSES PHOTOGRAPHY</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>LOWELL</b>		18d. Apt. No.	18e. Zip Code <b>46356</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>286 ISLAND DRIVE</b>	19. Decedent's Education <b>BACHELOR'S DEGREE (BA, AB, BS)</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>EVERETT C ROYS</b>		
23a. Mother's Maiden Last Name <b>NACK</b>	23b. Mother's Name (First, Middle, Last) <b>ALBERTINA VIOLA ROYS</b>	23c. Mother's Birthdate (Month/Day/Year) <b>01/08/1916</b>	23d. Mother's Birthplace (City and State, Zip Code) <b>286 ISLAND DRIVE, LOWELL, IN 46356</b>	23e. Mother's Occupation	23f. Mother's Industry	23g. Mother's License Number	23h. Mother's License State	23i. Mother's License Expiration Date	23j. Mother's License Class
24. Informant's Name <b>LOUISE ROYS</b>	24a. Informant's Relationship To Decedent <b>WIFE</b>	24b. Informant's Address (Street, City, State, Zip Code) <b>286 ISLAND DRIVE, LOWELL, IN 46356</b>	24c. Informant's Phone Number	24d. Informant's Title	24e. Informant's Signature	24f. Informant's Date	24g. Informant's State	24h. Informant's Zip Code	24i. Informant's Country
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>ELMWOOD CHAPEL CREMATORY</b>		25c. Location - City, Town, And State <b>CEDAR LAKE, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373</b>						27a. Funeral Home License Number <b>FH19900052</b>		
27b. Signature Of Indiana Funeral Service Licensee <b>JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE</b>						27c. License Number Of Licensee <b>FD09200077</b>			
28. Part I. Enter The Chain Of Events - 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. <b>POORLY DIFFERENTIATED THROAT CANCER WITH METASTASES</b>									
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. _____									
C. _____									
D. _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Of Death									
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>TEOFILO S VINLUAN, 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>TEOFILO S VINLUAN, 261 TALL TIMBERS COURT, VALPARAISO, IN 46385</b>						44. License Number <b>01057042A</b>		45. Date Certified <b>01/22/2016</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>JAN 22 2016</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



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