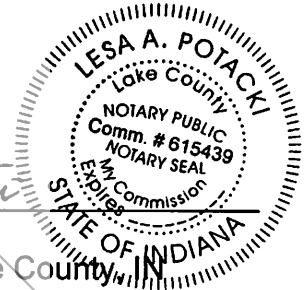


STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared John Patrick Seneczko, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 25 day of October, 2017.

My commission expires: 2/13/2018



"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001842

EDR No 000000265249

State No 026516

Form with fields for Decedent's Name (JOHN SENECZKO), Social Security Number, Date of Birth (04/07/1931), Date of Death (06/13/2012), Cause of Death (VASCULAR COLLAPSE), Informant's Name (JOHN SENECZKO), Signature of Person Certifying Cause of Death (PAMELA J. NAURACY), and Local Health Officer Signature (SUSAN W. BEST).

