



6. That no estate was opened for DALE MENDOZA, and no individual received property from DALE MENDOZA, either by way of Joint Tenancy, Small Estates Affidavit or other summary proceeding in excess of the exemption for Indiana Inheritance Tax purposes.
7. That the estate of DALE MENDOZA did not necessitate the filing of a Federal Estate Tax Return.

FURTHER ARTEMIO DISNEY SAYETH NOT.

**Document is NOT OFFICIAL!**

**This Document is the property of the Lake County Recorder!**

STATE OF INDIANA )

COUNT OF LAKE )

SS:

11 Subscribed and sworn to before me, a Notary Public, in and for said County and State, this day of December, 2011

My commission expires:

Resident of Lake County



JULIE SHRADER  
NOTARY PUBLIC  
SEAL  
STATE OF INDIANA  
COUNTY OF LAKE  
MY COMMISSION EXPIRES AUGUST 19, 2019

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. Robert F. Tweedle

Return Recorded Document to:  
Robert F. Tweedle  
2850 - 45<sup>th</sup> Street, Suite A  
Highland, IN 46322

This instrument prepared by:  
Robert F. Tweedle, #20411-45  
2850 - 45th Street, Suite A  
Highland, IN 46322 / 219-924-0770



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 126196

Local No 002026

EDR No 00000582245

State No 028953

1. Decedent's Legal Name (First, Middle, Last) <b>DALE MENDOZA</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>08:29 AM</b>		4. Date Of Death (Month/Day/Year) <b>06/10/2017</b>			
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>61</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>01/18/1956</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</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>COMMUNITY HOSPITAL</b>													
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</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>ARTEMIO DISNEY</b>				15a. Last Name Before First Marriage <b>DISNEY</b>				16. Decedent's Usual Occupation <b>TEACHER'S AIDE</b>			17. Kind Of Business/Industry <b>SPECIAL EDUCATION</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>MUNSTER</b>							
18c. Street And Number <b>9748 TWIN CREEK BOULEVARD</b>						18d. Apt. No.		18e. Zip Code <b>46321</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>				20. Decedent Of Hispanic Origin <b>MEXICAN, MEXICAN AMERICAN, CHICANO</b>				21. Decedent's Race <b>White</b>		22. Parent's Name (First, Middle, Last) <b>JESSE MENDOZA</b>			
23. Parent's Name (First, Middle, Last) <b>JESSE MENDOZA</b>				23a. Parent's Last Name Before First Marriage <b>PEREZ</b>				24. Informant's Name <b>ARTEMIO DISNEY</b>		24a. Relationship To Decedent <b>SPOUSE</b>			
24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9748 TWIN CREEK BOULEVARD, MUNSTER, IN 46321</b>				25. Place Of Disposition <b>COMMUNITY CREMATION SERVICE SCHERERVILLE, IN</b>									
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)				25c. Location - City, Town, And State							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ANTHONY &amp; DZIADOWICZ FUNERAL HOME, INC.-MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321</b>						27a. Funeral Home License Number: <b>FH83002916</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>RENEE MARIE LARSON, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD29900130</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>CARDIOVASCULAR ARREST</b> Due to (Or As A Consequence Of): <b>SECONDS</b> B. <b>HEPATOCELLULAR CARCINOMA</b> Due to (Or As A Consequence Of): <b>MONTHS</b> C. _____ Due to (Or As A Consequence Of): _____ D. _____ Due to (Or As A Consequence Of): _____ 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													
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. <b>NONE</b>								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 checked="" type="checkbox"/> No <input 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 <b>LAKE COUNTY</b>		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 checked="" type="checkbox"/> Other (Specify): <b>NOT VALID UNLESS</b>					
41. Signature, Of Person Certifying Cause Of Death: <b>YASIR FASIH, 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>YASIR FASIH, 505 W LINCOLN HWY, SCHERERVILLE, IN 46375</b>						44. License Number <b>01058432A</b>		45. Date Certified <b>06/12/2017</b>					
46. Additional Funeral Service Provider:						47. "Asse"							
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>JUN 12 2017</b>							



RAISED SEAL AFFIXED