

**EXHIBIT "A"
LEGAL DESCRIPTION**

LOT 25, FAIRMEADOW 19th ADDITION TO THE TOWN OF MUNSTER, AS SHOWN IN PLAT BOOK 40,
PAGE 105, IN LAKE COUNTY, INDIANA.





CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 5712U

Local No 002056

EDR No 00000454432

State No 029130

1. Decedent's Legal Name (First, Middle, Last) PATRICK M GORNAL			1a. Maiden Name (if female)			2. Sex MALE		3. Time Of Death 12:45 AM		4. Date Of Death (Month/Day/Year) 06/17/2015			
5. Social Security Number [REDACTED]		6a. Age - Yrs 66		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) 01/16/1949			8. Birthplace (City and State or Foreign Country) MARSEILLE, FR										
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			10. If Death Occurred In A Hospital: <input 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 checked="" 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) 1133 AZALEA DRIVE													
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321						13. County Of Death LAKE			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 JEAN F GORNAL				15a. (If Wife) Give Maiden Last Name CLARK				16. Decedent's Usual Occupation EQUIPMENT DIRECTOR		17. Kind Of Business/Industry STEEL			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town MUNSTER			18d. Apt. No.		18e. Zip Code 46321		
18c. Street And Number 1133 AZALEA DRIVE									18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White							
22. Father's Name (First, Middle, Last) STEFAN A GORNAL			23. Mother's Name (First, Middle, Last) ANNA A GORNAL			23a. Mother's Maiden Last Name MIKULAJ							
24. Informant's Name JEAN F GORNAL			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 1133 AZALEA DRIVE, MUNSTER, IN 46321							
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST JOHN - ST JOSEPH CEMETERY			25c. Location - City, Town, And State HAMMOND, IN							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME, INC., MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number: FH83002916				
27b. Signature Of Indiana Funeral Service Licensee: LARRY D. ANTHONY, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01001447							
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. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Approximate Interval: Onset To Death													
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. UROSEPSIS YEARS													
C. DAYS													
D. DAYS													
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. PERIPHERAL VASCULAR DISEASE													
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 42 Days To 1 year Before Death			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	
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 Stam Street, 46321			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: LYLE R MUNN, BY ELECTRONIC SIGNATURE						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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number: 01031582A			45. Date Certified 06/17/2015				
46. Additional Funeral Service Provider:						47. *Atax:							
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 23 2015							



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

18c-Building: 1131
49: 06/18/2015
12-Building: 1131
24b-Building: 1131