



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 195303

Local No 901725

EDR No 00000709885

State No 023366

1. Decedent's Legal Name (First, Middle, Last) JANET L LOWRY				1a. Maiden Name (If female) KLAPAK		2. Sex FEMALE	3. Time Of Death 03:15 PM	4. Date Of Death (Month/Day/Year) 05/12/2019		
5. Social Security Number	6a. Age - Yrs 69	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) 10/31/1949		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN		
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 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) 8648 HARRISON AVENUE						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 FRANCIS LOWRY			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER		18c. Street And Number 8648 HARRISON AVENUE	18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White						
22. Parent's Name (First, Middle, Last) JOHN KLAPAK			23. Parent's Name (First, Middle, Last) ELEANOR KLAPAK			23a. Parent's Last Name Before First Marriage DORKA				
24. Informant's Name FRANCIS LOWRY		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 8648 HARRISON AVENUE, MUNSTER, IN 46321						
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) REGIONAL CREMATION SERVICE			25c. Location - City, Town, And State MUNSTER, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH10700038			
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD01021590								
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. PANCREATIC CANCER METASTATIC TO LIVER AND LUNG WITH MALIGNANT PLEURAL EFFUSION Due to (Or As A Consequence Of): 7 MONTHS		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						
28. Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I		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 checked="" 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: 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, 600 SUPERIOR AVENUE, MUNSTER, IN 46321		44. License Number 01031582A		45. Date Certified 05/13/2019				
46. Additional Funeral Service Provider:		47. *As:		48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						
49. For Registrar Only		Date Filed (Month/Day/Year): MAY 14 2019								

EXHIBIT A

AMENDMENT TO LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED

PARCEL TAX NO.: 45-06-24-402-037.000-027

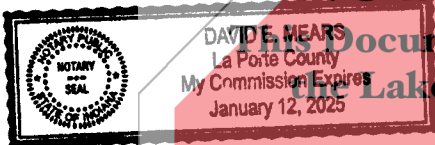
5. That this affidavit is being filed to clarify the title to said real estate.

Dated this 13th day of November, 2019.

Frank E. Lowry
Frank E. Lowry a/k/a Francis E. Lowry

State of Indiana)
County of Lake) SS:

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 13 day of November, 2019.



David E. Mears
David E. Mears, Notary Public

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.



This Instrument Prepared By: David E. Mears, Attorney at Law #9119-45, 3527 Ridge Road, Highland, IN 46322; (219) 972-0990. ←