

Subscribed and sworn to before ⁻²⁻ me, a Notary Public, this
the 7th day of December, 2020.



Carmeleta J Cook
NOTARY PUBLIC
Lake County, State of Indiana
Commission Number: 691307
My Commission Expires September 26, 2024

Notary Public *Carmeleta J. Cook*
My Commission Expires: *9/26/2024*

County of Residence: *Lake*

Document is
NOT OFFICIAL!
Signature
Print Name

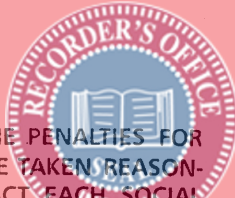
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the Lake County Recorder!~~

This Instrument prepared by:

Name: *Quanda White*

Address:

STOP



"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."

PREPARED BY: *[Signature]*

CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

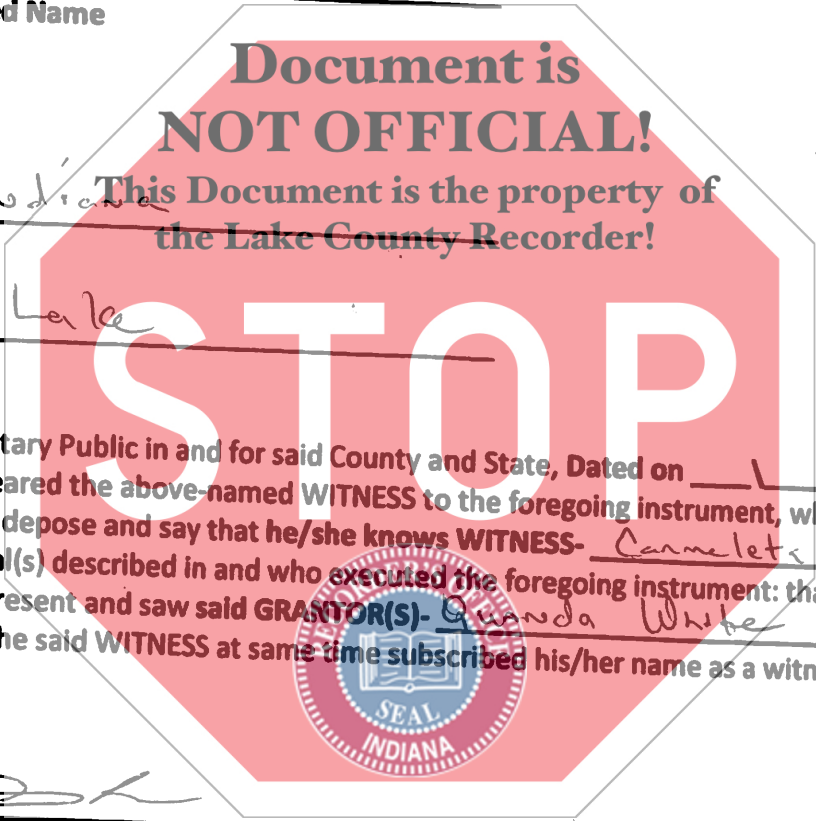
Carmelita J. Cook
Witness Signature

Carmelita J. Cook
Witness Printed Name

PROOF:

STATE OF Indiana This Document is the property of
the Lake County Recorder!

COUNTY OF Lake



Before me a Notary Public in and for said County and State, Dated on 11/11/2020, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- Carmelita J. Cook to be the individual(s) described in and who executed the foregoing instrument: that said WITNESS was present and saw said GRANTOR(S)- Quanda White execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

Patricia Owens-Lee
NOTARY PUBLIC SIGNATURE

Patricia Owens-Lee
NOTARY PRINTED NAME

NOTARY PRINTED NAME

Notary Name exactly as Commission
Notary Public- State of Indiana

Seal

My Commission Expires: 5/22/2025

Commission No: 700715



Patricia Owens-Lee
NOTARY PUBLIC
Lake County, State of Indiana
Commission Number: 700715
My Commission Expires May 22, 2025



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STOP





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 170482

Local No 903033

EDR No 00000662389

State No 044657

1. Decedent's Legal Name (First, Middle, Last) **DOLORES C WHITE**
 1a. Maiden Name (If female) **EDWARDS**
 2. Sex **FEMALE**
 3. Time Of Death **01:22 AM**
 4. Date Of Death (Month/Day/Year) **08/22/2018**
 5. Social Security Number **314-32-4774**
 6a. Age - Yrs **89**
 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) **07/09/1929**
 8. Birthplace (City and State or Foreign Country) **EVANSVILLE, IN**
 9. Ever in U.S. Armed Forces? Yes No Unknown
 10. If Death Occurred In A Hospital: Inpatient Emergency Department Outpatient Dead on Arrival
 10a. If Death Occurred Somewhere Other Than A Hospital: Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify)
 11. Facility Name (If Not Institution, Give Street and Number) **7250 ARTHUR BOULEVARD**
 12. City Or Town, State, And Zip Code **MERRILLVILLE, IN, 46410**
 13. County Of Death **LAKE**
 14. Marital Status At Time Of Death: Married Married, But Separated Divorced Widowed Never Married Unknown
 15. Surviving Spouse's Name
 15a. Last Name Before First Marriage
 16. Decedent's Usual Occupation **SCHOOL TEACHER**
 17. Kind Of Business/Industry **EDUCATION**
 18. Residence - State **INDIANA**
 18a. County **LAKE**
 18b. City Or Town **MERRILLVILLE**
 18c. Street And Number **7250 ARTHUR BOULEVARD**
 18d. Apt. No. **208**
 18e. Zip Code **46410**
 18f. Inside City Limits? Yes No

19. Decedent's Education **MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)**
 20. Decedent Of Hispanic Origin **NOT HISPANIC**
 21. Decedent's Race **Black or African American**
 22. Parent's Name (First, Middle, Last) **THOMAS EDWARDS**
 23. Parent's Last Name Before First Marriage **OSBORNE**
 24. Informant's Name **QUANDA WHITE**
 24a. Relationship To Decedent **DAUGHTER**
 24b. Mailing Address (Street, Apt. Number, City, State, Zip Code) **5055 BUSINESS CENTER DRIVE ART 108, FAIRFIELD, CA 94534**

25a. Method Of Disposition: Burial Cremation Donation Entombment
 Removal From State
 Other (Specify):
 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **OAK HILL CREMATORY**
 25c. Location - City, Town, And State **GARY, IN**
 26. Was Coroner Contacted? Yes No
 27. Name And Complete Address Of Funeral Facility **SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408**
 27a. Funeral Home License Number **FH10500021**
 27b. Signature Of Indiana Funeral Service Licensee: **SYLVESTER DUNN, BY ELECTRONIC SIGNATURE**
 27c. License Number (Of Licensee): **FD09200053**

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. **DEMENCIA**
 Due to (Or As A Consequence Of):
 B.
 Due to (Or As A Consequence Of):
 C.
 Due to (Or As A Consequence Of):
 D.
 Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.
 29. Was An Autopsy Performed? Yes No
 30. Were Autopsy Finding Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown
 32. If Female:
 Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death
 Not Pregnant, But Pregnant 43 Days To 1 year Before Death Unknown If Pregnant Within The Past Year
 33. Manner Of Death:
 Natural Homicide Accident Pending Investigation
 Suicide 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? Yes No
 38. Location Of Injury - State
 38a. City Or Town
 38b. Street & Number
 38c. Apt. No.
 39d. Zip Code
 39. Describe How Injury Occurred
 40. If Transportation Injury, Specify:
 Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: **HIRAG N. PATEL, BY ELECTRONIC SIGNATURE**
 42. Certifier (Check Only One): Certifying Physician Coroner Health Officer
 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **HIRAG N. PATEL, 521 EAST 86TH AVENUE, SUITE 2, MERRILLVILLE, IN 46410**
 44. License Number **01052839A**
 45. Date Certified **09/12/2018**
 46. Additional Funeral Service Provider:
 47. *Akas:
 48. Signature of Local Health Officer: **ANDANA VAVILALA, VIA ELECTRONIC SIGNATURE**
 49. For Registrar Only - Date Filed (Month/Day/Year): **SEP 12 2018**

THIS IS A TRUE COPY OF
 THE RECORD ON FILE WITH THE
 LAKE COUNTY HEALTH DEPARTMENT

SEP 12 2018

LAKE COUNTY HEALTH OFFICER



NOT VALID UNLESS

RAISED SEAL AFFIXED