

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 2nd day of December 2021, personally appeared THOMAS W. VADAS and acknowledged the execution of the foregoing Affidavit as her voluntary act for the purposes stated therein. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



NOTARY PUBLIC
RESIDENT OF LAKE COUNTY, IN

My Commission Expires: _____
Commission #663891

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.





KENNETH M. WILK

This instrument was prepared by RUBINO, RUMAN, CROSMER & POLEN
By: Kenneth M. Wilk - #1242-45
275 Joliet Street, Suite 330, Dyer, IN 46311
(219) 322-8222



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003495

EDR No 00001116432

State No 2021-049177

1. Decedent's Legal Name (First, Middle, Last) Sharon Marie Vadas				1a. Maiden Name (if female) Prims		2. Gender Female		3. Time of Death 08:26 AM		4. Date of Death (Month/Day/Year) 09/07/2021			
5. Social Security Number [REDACTED]		6a. Age - Yrs 80		6b. Under 1 Year Months Days		6c. Under 1 Month Hours		6e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) 04/16/1941			
8. 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)		8. Birthplace: (City and State or Foreign Country) Hammond, Indiana							
11. Facility Name: (If Not Institution, Give Street and Number) 707 211th Place													
12. City or Town, State, and Zip Code Dyer, Indiana 46311						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 Thomas Vadas				15a. Last Name Before First Marriage Vadas				16. Decedent's Usual Occupation Hair Stylist		17. Kind Of Business/Industry Beauty			
18. Residence - State IN		18a. County Lake		18b. City Or Town Dyer		18d. Apt. No.		18e. Zip Code 46311		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19c. Street And Number 707 211th Place		19d. Apt. No.		19e. Zip Code 46311		19f. 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 Spanish/Hispanic/Latino				21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) Leroy Prims						23. Parent's Name (First, Middle, Last) Dorothy Prims			23a. Parent's Last Name Before First Marriage Kallen				
24. Informant's Name Thomas Vadas				24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 707 211th Place, Dyer, IN, 46311							
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) Memory Lane Cemetary				25c. Location - City, Town, And State Crown Point, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Fagen-Miller Funeral Gardens, Inc. - Saint John 8580 Wicker Avenue, Saint John, Indiana, 46373						27a. Funeral Home License Number: FH10200006					
27b. Signature of Indiana Funeral Service Licensee <i>Richard Alan Miller</i>						Electronically Signed			27c. License Number (Of Licensee): FD02040030				
Cause of Death (See Instructions And Examples)													
28. Part I. Enter The <u>Chain Of Events</u> - 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 Line A. Add Additional Lines If Necessary.										Approximate Interval - Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death) Cirrhosis of liver non alcoholic										months			
A. recurrent ascites										months			
B. acute kidney injury										days			
C. 													
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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		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.O. Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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"/> Other-Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature - Of Person Certifying Cause Of Death: <i>Cathleen McGovern</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Other			NOT VALID UNLESS				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Cathleen McGovern 1501 Hartford St. LaPorte, IN 46340						44. License # 02001750A		45. Issue Date 08/09/2021					
46. Additional Funeral Service Provider:						47. "AMB"							
48. Signature of Local Health Officer: <i>Chandana Varada</i>						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year): 09/09/2021				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													

THIS IS A TRUE COPY, Electronically Signed
THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT
SEP 13 2021
LAKE COUNTY HEALTH OFFICER