

NOT AN OFFICIAL DOCUMENT

This affiant says nothing further.

*Jill Wagner, Executrix of the Estate of
Joe S. Wagner, aka Joe Wagner, deceased*

Jill Wagner, Executrix of the Estate of Joe S.
Wagner, a/k/a Joseph Wagner, deceased

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 10th
day of March, 2022.

Notarial Seal:

Hannah Zeigler
Notary Public
Resident of Bethelwood County, Indiana



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.

[Signature]

THIS INSTRUMENT PREPARED BY: James W. Martin, Attorney at Law, 8585 Broadway, Suite 660,
Merrillville, Indiana 46410.

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 208030



Local No 903330

EDR No 000000731195

State No 044923

1. Decedent's Legal Name (First, Middle, Last) JANET M WAGNER		13. Maiden Name (if female) JOHNSON		2. Sex FEMALE	3. Time of Death 03:33 PM	4. Date of Death (Month/Day/Year) 09/11/2019				
5. Social Security Number	6a. Age - Yrs 63	6b. Under 1 Month Months 03	6c. Under 1 Year Days 05	6d. Under 1 Hour Hours 05	6e. Under 1 Minute Minutes 21	7. Date of Birth (Month/Day/Year) 05/21/1956	8. Birthplace (City and State or Foreign Country) VALPARAISO, IN			
9. Enter (If U.S. Resident) Place of Death: <input type="checkbox"/> Yes <input 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		16. To Which Occurrence 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		15. Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) KINDRED HOSPITAL NORTHWEST INDIANA				12. City or Town, State, and Zip Code HAMMOND, IN 46320		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		15a. Last Name Before First Marriage LAKE		16. Decedent's Usual Occupation MANAGER		17. Kind of Business/Industry IT				
18. Residence - State INDIANA		18a. County LAKE		18b. City or Town MERRILLVILLE		19. Apt. No.		19a. Zip Code 46410	18i. Inmate City/County <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street and Number 5990 TYLER PLACE		19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) HERBERT JOHNSON		23a. Parent's Last Name Before First Marriage WHITAKER
22. Parent's Name (First, Middle, Last) JOE S WAGNER		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street and Number, City/State, Zip Code) 5990 TYLER PLACE, MERRILLVILLE, IN 46410		25. Place of Disposition (Name of Cemetery, Crematory, or Other Place) NORTHWEST INDIANA CREMATION SERVICES		26. Location - City, Town, and State CROWN POINT, IN		
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, or Other Place) NORTHWEST INDIANA CREMATION SERVICES		25c. Location - City, Town, and State CROWN POINT, IN		27a. Funeral Home License Number BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307-4445		27b. Funeral Home License Signature JAMES E. BURNS, BY ELECTRONIC SIGNATURE		
28. Part I. Enter the Chain of Events - Disease, Injury, or Complication - That Directly Caused the Death. Do Not Erase To Fill In. A Line. Add Additional Lines if Necessary. Immediate Cause (Final Disease or Condition Resulting in Death) A. OVA		28. Cause of Death (See Instructions and Examples) B. ACUTE RESPIRATORY FAILURE		28. Cause of Death (See Instructions and Examples) C. PERIPHERAL VASCULAR DISEASE		28. Cause of Death (See Instructions and Examples) D. SEPSIS		29. Date of Death SEP 18 2019		30. Approximate Interval From Death to Death SEVERAL MONTHS
31. Part II. Enter Other Significant Conditions Contributing to Death (Not Necessarily in the Underlying Cause Given in Part I) 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. 31.1. Other Contributing Cause: [Blank]		32. Was an Address Reported? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Were Address Fields Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		35. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36. Date of Injury (Month/Day/Year)		37. Time of Injury		38. Place of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area)		39. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. Transportation Injury Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
41. Signature of Person Carrying Cause of Death TRILOK PRADUMNA PATHAK, BY ELECTRONIC SIGNATURE		42. Name, Address and Zip Code of Person Carrying Cause of Death TRILOK PRADUMNA PATHAK - 5454 HOHMAN AVE, HAMMOND, IN 46320		43. Additional Funeral Service Provider		44. License Number 01054411A		45. Date of Death 09/15/2019		
46. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		47. For Registrar Only - Date Filed (Month/Day/Year) SEP 16 2019		48. Amended to Certificate of Death (Entry or Original)		49. For Registrar Only - Date Filed (Month/Day/Year) SEP 16 2019		50. For Registrar Only - Date Filed (Month/Day/Year) SEP 16 2019		