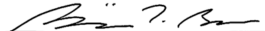


NOT AN OFFICIAL DOCUMENT

Subscribed and sworn to before me, a Notary Public, this 2nd day of August, 2023.


Benjamin T. Ballou, Notary Public
A Resident of Lake County

My Commission Expires:
November 21, 2023

Commission No.: 675090



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.


Benjamin T. Ballou

This instrument prepared by: Benjamin T. Ballou
Attorney at Law
8700 Broadway
Merrillville, IN 46410

665898.1
18,356



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 327825

Local No 002358

EDR No 00001292795

State No 2022-031679

1. Decedent's Legal Name (First, Middle, Last) Marco Antonio Moreno Reyes		1a. Maiden Name (if female)		2. Gender Male	3. Time Of Death 06:40 PM	4. Date Of Death (Month/Day/Year) 05/27/2022	
5. Social Security Number 86		6a. Age - Yrs Under 1 Year	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) 10/30/1935
8. Birthplace (City and State or Foreign Country) Mexico City, Mexico		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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)	
11. Facility Name (if Not Institution, Give Street and Number) Case of Hobart							
12. City Or Town, State, And Zip Code Hobart, Indiana 46342				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 Susan J. Moreno			15a. Last Name Before First Marriage Sykes		16. Decedent's Usual Occupation Treasurer		17. Kind Of Business/Industry Transportation
18. Residence - State IN		18a. County Lake		18b. City Or Town Crown Point		18c. Street And Number 917 S East Street	
18d. Apt. No.		18e. Zip Code 46307		18f. Inade City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)		20. Decedent Of Hispanic Origin <input checked="" type="checkbox"/> Yes, Mexican, Mexican American, Chicano		21. Decedent's Race White			
22. Parents Name (First, Middle, Last) Dr. Manuel Moreno Barrera			23. Parents Name (First, Middle, Last) María Luisa Moreno Reyes		23a. Parents Last Name Before First Marriage Reyes		
24. Informant's Name Susan J. Moreno		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 917 S East Street, Crown Point, IN, 46307			
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) Heights Crematory		25c. Location - City, Town, And State Chicago Heights, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Crown Cremation Services 850 N. Madison Street, Crown Point, Indiana, 46307			27a. Funeral Home License Number: FH11300014		
27b. Signature of Indiana Funeral Service Licensee: Kathy Michelle Sprouse		Electronically Signed		27c. License Number (Of Licensee): FD21700031			
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.							Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)							A. Alzheimer disease years
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. hypertension years
C.							C.
D.							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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> No Prolapsed Uterus/Placenta <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Or Due In 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 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"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> One Wheel
41. Signature of Person Certifying Cause of Death: Fadi Issa Alzeidan				Electronically Signed		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer (Not Valid Unless)	
43. Name, Address And Zip Code Of Person Certifying Cause of Death Fadi Issa Alzeidan 311 E 8th St LAKE COUNTY HEALTH DEPARTMENT		44. License Number 01053003A		45. Date Certified 06/06/2022		46. Date Filed (Month/Day/Year) 06/06/2022	
48. Signature of Local Health Officer: Chandana Vedula		Electronically Signed		49. For Registrar Only - Date Filed (Month/Day/Year)			

LAKE COUNTY HEALTH DEPARTMENT

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

JUN 07 2022

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

01053003A

06/06/2022

06/06/2022