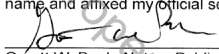


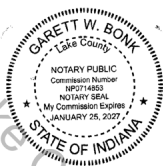
NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of January, 2024 Personally appeared: Richard P. Muiser and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



Garrett W. Bonk, Notary Public
My commission expires 1/25/2027
Resident of Lake County



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. /s/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45), (219) 864-7800
900 Parker Place, Suite A, Schererville, Indiana 46375



NOT AN OFFICIAL DOCUMENT

INDIAN STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracing ID: 370259

Local No 002196

EDR No 000011565259

State No 2023-031369

1. Decedent's Legal Name (First, Middle, Last) Susan Elizabeth Muiser				1a. Maiden Name (If Female) Rapacz		2. Gender Female		3. Time Of Death 08:44 PM		4. Date Of Death (Month/Day/Year) 06/12/2023			
5. Social Security Number 68		6a. Age - Yrs 68		6b. Under 1 Year Months: 00 Days: 00		6c. Under 1 Month Days: 00 Hours: 00		6d. Under 1 Day Minutes: 00		7. Date of Birth (Month/Day/Year) 09/18/1954			
8. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				9. 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				8. Birthplace (City and State or Foreign Country) East Chicago, Indiana	
11. Facility Name (If Not Institution, Give Street and Number) Franciscan Health Crown Point													
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307						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 Richard Muiser				16a. Last Name Before First Marriage Muiser				16. Decedent's Usual Occupation Library clerk		17. Kind Of Business/Industry Library			
18. Residence - State IN		19a. County Lake			18b. City Or Town Crown Point			18c. Apt. No.		18d. Zip Code 46307			
18e. Street And Number 8520 Morse Place		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 Spanish/Hispanic/Latino		21. Decedent's Race White					
22. Parents Name (First, Middle, Last) John Rapacz				23. Parents Name (First, Middle, Last) Violet RaPacz				23a. Parents Last Name Before First Marriage Lpkovitch					
24. Informant's Name Richard Muiser				24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 8520 Morse Place, Crown Point, IN, 46307							
25. Place Of Disposition Chapel Lawn Memorial Gardens													
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Chapel Lawn Memorial Gardens			25c. Location - City, Town, And State Crown Point, IN							
26. Was Organ Donated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Chapel Lawn Funeral Home And Memorial Gardens 8178 S. Cline Ave., Crown Point, Indiana, 46307				27a. Funeral Home License Number: FH19900051							
27b. Signature Of Indiana Funeral Service Licensee: Silvestra Kirby						Electronically Signed		27c. License Number (Of Licensee): FD29500088					
Cause Of Death (See Instructions And Examples)													
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 Ventilator Discontinuation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Line A. Add Additional Lines If Necessary.													
Immediate Cause (Final Disease Or Condition Resulting In Death) Pulmonary Thromboembolism													
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. 													
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 Finding 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		32. If Male: <input type="checkbox"/> Not Pregnant, But Pregnant Within 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 checked="" type="checkbox"/> NO VALID UNLESS													
41. Signature, Of Person Certifying Cause Of Death: Shiping Bao						Electronically Signed		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: Shiping Bao 1140 Baytowne Drive 21, Ch...						44. License Number: 01097098A		45. Date Certified: 06/20/2023					
46. Additional Funeral Service Provider:						47. Address:		48. Signature Of Local Health Officer: Chandana Varshila					
48. Signature Of Local Health Officer: Chandana Varshila						Electronically Signed		49. For Registrar Only - Date Filed (Month/Day/Year): 06/21/2023					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
Decedent-Place Of Birth City- amended on JUN-26-2023; formerly Hammond; LAKE COUNTY HEALTH OFFICER													