

NOT AN OFFICIAL DOCUMENT

9. That the foregoing representations are true and correct to the best of this affiant's knowledge, information, and belief.

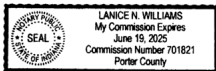
Dated this 8 day of February, 2024

Margaret M Balog
MARGARET M. BALOG, Affiant
9424 Larch Dr.
Munster, IN 46321

Subscribed and sworn to before me, a Notary Public, this 8 day of February 2024

Lanice N. Williams
Notary Public
Resident of Porter County, IN
My Commission Expires: 06/19/2025

THIS INSTRUMENT PREPARED BY: RONALD OSTOJIC
OSTOJIC & OSTOJIC
6287 Central Avenue
Portage, IN 46368
PH: (219) 764-0042



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.

X Ronald Ostojic

Local No 004101

EDR No 000011444283

State No 2022-057029

1. Decedent's Legal Name (First, Middle, Last) Michael S. Balog		1a. Maiden Name (if female)		2. Gender Male	3. Time Of Death 11:50 PM	4. Date Of Death (Month/Day/Year) 10/07/2022	
5. Social Security Number [REDACTED]	6a. Age - Sex 71	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) 09/01/1951	8. Birthplace (City and State or Foreign Country) East Chicago, Indiana
9. Date of U.S. Armed Forces Service [REDACTED]		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		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)		10b. 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) Methodist Hospital Inc-Slake Campus	
11. Facility Name (If Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus				12. City Or Town, State, And Zip Code Merrillville, Indiana 46410		13. County Of Death Lake	
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Last Name Before First Marriage Elliott		16. Decedent's Usual Occupation Engineer		17. Kind Of Business/Industry Electric/Motive	
15. Surviving Spouse's Name Margaret M. Balog		15a. Country IN		15b. City Or Town Munster		15c. Zip Code 46321	
16. Decedent's Education High School Graduate (not a GED)		17. Decedent Of Hispanic Origin <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Decedent's Race White		19. Parents Name (First, Middle, Last) Gertrude R. Balog	
20. Informant's Name Margaret M. Balog		21. Relationship To Decedent Wife		22. Mailing Address (Street And Number, City, State, Zip Code) 9424 Larch Drive, Munster, IN, 46321		23. City, State, Zip Code Gelzhoft	
24. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Human Milk Bank <input type="checkbox"/> Other (Specify)		25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Kelly-Carrall Cremation Service		25c. Location - City, Town, And State Gary, IN		26. Funeral Home License Number FH11790007	
27. Name And Complete Address Of Funeral Facility JACOBEZ Funeral Home Inc. 4918 Wagon Ave., East Chicago, Indiana, 46312		28. Electronic Signature [Signature]		29. License Number Of Licensee ED20200004		30. Cause Of Death (See Instructions And Examples) Acute Hypoxic Respiratory Failure	
31. Underlying Cause (Final Disease Or Condition Resulting In Death) Acute Hypoxic Respiratory Failure		32. Sequence of Events, 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 Encephalopathy		33. Sub-Arachnoid hemorrhage		34. Apportionment Interval (Order Of Death) Days	
35. Urinary Tract Infection, Acute Kidney Injury		36. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Signature of Person Certifying Cause Of Death Ujer Ude Eko	
39. Name, Address And Zip Code Of Person Certifying Cause Of Death Ujer Ude Eko 800 Grant Street, Gary, IN 46402		40. Signature of Local Health Officer Chandana Vavilala		41. Date OCT 17 2022		42. For Registrar Only [Signature]	