





# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 390799



Local No 000175

EDR No 000011668794

State No 2024-002517

1. Decedent's Legal Name (First, Middle, Last) <b>David James Fisher</b>			1a. Maiden Name (If female)			2. Gender <b>Male</b>		3. Time of Death <b>08:40 AM</b>		4. Date of Death (Month/Day/Year) <b>01/19/2024</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>80</b>		6b. Under 1 Year Months <b>0</b>		6c. Under 1 Month Days <b>0</b>		6d. Under 1 Day Hours <b>0</b>		6e. Under 1 Hour Minutes <b>02/04/1943</b>	
7. Date of Birth (Month/Day/Year)			8. Birthplace (City and State or Foreign Country) <b>Chicago, Illinois</b>			9. Ever in U.S. Armed Forces? <input 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (specify)					
11. Facility Name (If Not Institution, Give Street and Number) <b>3805 Harms Road</b>											
13. City Or Town, State, And Zip Code <b>Merrillville, Indiana 46410</b>						13a. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input 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						15a. Last Name Before First Marriage			16. Decedent's Usual Occupation <b>Railroad Switchman</b>		
16. Residence - State <b>IN</b>						16a. County <b>Lake</b>			16b. City Or Town <b>Merrillville</b>		
16c. Street And Number <b>3805 Harms Road</b>			18c. Apt. No.			18e. Zip Code <b>46410</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>High School graduate or GED completed</b>				20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>				21. Decedent's Race <b>White</b>			
22. Parent's Name (First, Middle, Last) <b>Emmett O'Mahony</b>						22a. Parent's Last Name Before First Marriage <b>Swler</b>			23. Parent's Name (First, Middle, Last) <b>Ann Fisher</b>		
24. Informant's Name <b>Douglas Fisher</b>				24a. Relationship To Decedent <b>Son</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>230 Irving Boulevard, Chicago Heights, IL, 60411</b>			
25a. Method Of Disposition <input 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) <b>NWI Cremation Service</b>			25c. Location - City, Town, And State <b>Crown Point, IN</b>			25d. Place Of Disposition		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility, Burial Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307						27a. Funeral Home License Number: <b>FH83002445</b>		
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>			27c. License Number (Of Licensee): <b>FD01009461</b>			28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. (See Instructions And Examples) <b>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. (See Instructions And Examples) <b>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>											
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input 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 <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death			33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			34. Date Of Injury (Month/Day/Year)		
35. Time Of Injury			35a. City Or Town			35b. Street & Number			35c. Apt. No.		
36. Date Of Injury (Month/Day/Year)			36a. City Or Town			36b. Street & Number			36c. Apt. No.		
37. Describe How Injury Occurred						38. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other					
39. Describe How Injury Occurred						39a. City Or Town					
40. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						40. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			41. Date Certified <b>01/19/2024</b>		
41. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Jose Luis Agusti 4900 E. 107th Court, Winfield, IN 46307</b>						42. License Number <b>0181624A</b>			43. Date Certified <b>01/19/2024</b>		
44. Signature of Local Health Officer: <i>[Signature]</i>						44. License Number			45. Date Certified		
45. Name, Address And Zip Code Of Person Certifying Cause Of Death						46. License Number			47. Date Certified		
46. Additional Funeral Service Provider:						47. Name			48. Date Certified		
47. Name, Address And Zip Code Of Person Certifying Cause Of Death						48. License Number			49. Date Certified		
48. Signature of Local Health Officer: <i>[Signature]</i>						49. License Number			50. Date Certified		
49. Name, Address And Zip Code Of Person Certifying Cause Of Death						50. License Number			51. Date Certified		

**EXHIBIT**

A

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*Last Will and Testament of*

**DAVID J. FISHER**

I, DAVID J. FISHER of the Village of Olympia Fields and the State of Illinois, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby expressly revoking any and all prior Wills, Codicils or Testamentary dispositions heretofore by me made at any time.

FIRST: I direct that all my debts, including my funeral expenses, expenses of my last illness and the expenses of the administration of my Estate, be paid by my Executor, hereinafter named, out of the first monies coming into her hands and available therefore.

SECOND: I give, devise and bequeath all of my property of every kind, nature or description, no matter where situated, both real and personal, to my beloved wife, MARGARET E. FISHER, in fee simple, absolute.

THIRD: In the event that MARGARET E. FISHER shall predecease me, or in the event of a common disaster, I give, devise and bequeath all of my property of every kind, nature or description, no matter where situated, as follows:

- One half (50%) to my son, DOUGLAS A. FISHER, per stirpes;
- One half (50%) to my son, DANIEL A. FISHER, per stirpes

FOURTH: I do hereby nominate, constitute and appoint, my wife, MARGARET E. FISHER, as the Executor of this my Last Will and Testament and I hereby exempt her from giving any surety or security on any bond that may be required of her as such Executor. In the event that MARGARET E. FISHER is either unwilling or unable to act, then I do hereby nominate, constitute and appoint, my sons, DOUGLAS A. FISHER and DANIEL A. FISHER, as the Successor Co-Executors of this my Last Will and Testament and I hereby exempt them from giving any surety or security on any bond that may be required of them as such Executor.

**EXHIBIT**

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FIFTH: I give to my Executor full power and authority, without authorization by any Court to sell, exchange, mortgage or pledge the whole or any part of my estate, real or personal, for such prices, on such terms and to such persons as the Executor may decide; to make distribution of my estate wholly or partly in kind; to pay, settle, compromise or abandon any or all claims either in favor of or against my estate, as the Executor deems best; and for any of the aforesaid purposes to make, execute and deliver any and all deeds, mortgages, bills of sale or other instruments necessary or desirable therefore.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6<sup>th</sup> day of May, 2011.

\_\_\_\_\_  
DAVID J. FISHER

The foregoing instrument was, on the date thereof, subscribed by the Testator, DAVID J. FISHER, in our presence, and we, at the same time, in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby certify that at the time of the execution of said Last Will and Testament, were of sound and disposing mind, memory, and understanding.

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215 County Club Rd

Chicago Heights IL 60411

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30 W Lenoir Hwy

Chicago Heights IL 60411

STATE OF ILLINOIS     )  
  )SS  
COUNTY OF COOK     )

AFFIDAVIT

Each of the undersigned attesting witnesses to the Will of DAVID J. FISHER does on oath state: DAVID J. FISHER, the testator, who was believed by the undersigned to be of sound mind and memory, and under no influence, did subscribe the foregoing instrument at its date, in the presence of the attesting witnesses and did at the same time, in his presence, at this request and in the presence of each other, we did each of us subscribe the instrument as a witness.

*DF*

*David M. Smith*  
*Theresa C. Caputo*

Property of Lake County Recorder