

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said County and State
this 15th day of May, 1992:


A. LEON SARKISIAN, Notary Public

My Commission Expires: 8/14/92
My County of Residence is Lake County, Indiana

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Return to: *Allen & Sarkisian, Attorneys at Law, 5655 Broadway, Merrillville, Indiana, 46410*

STOP



INDIANA STATE BOARD OF HEALTH

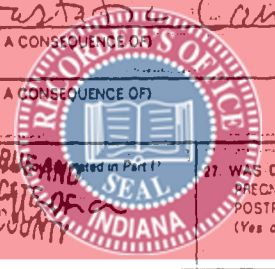
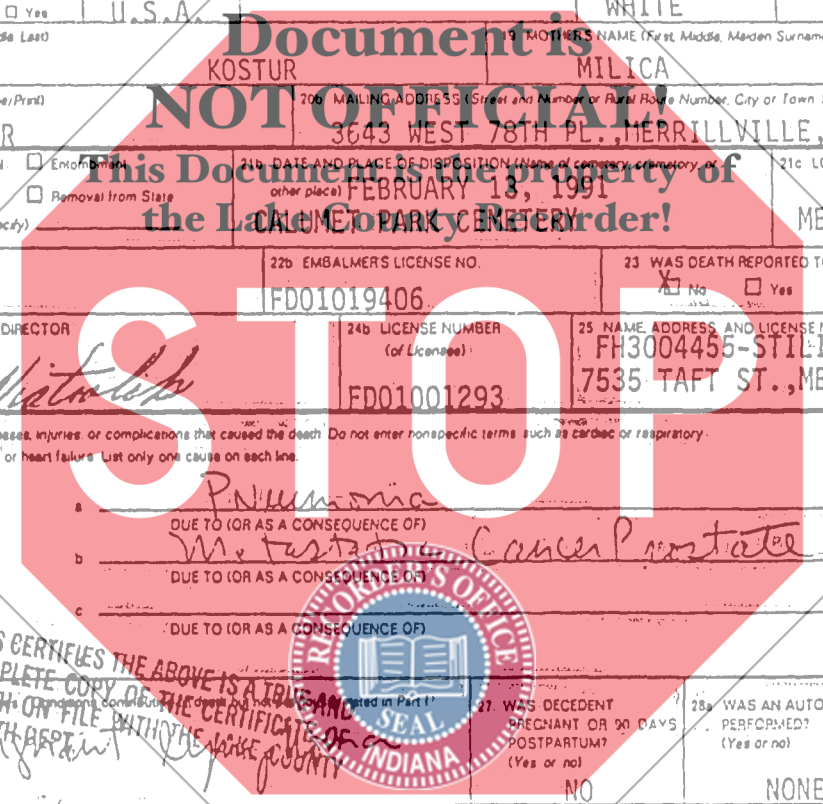
CERTIFICATE OF DEATH

Local No. 339-91

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) ILIJA KOSTUR		2. SEX MALE	3a. TIME OF DEATH 10:05 A.	3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 10, 1991
4. SOCIAL SECURITY NUMBER 306-34-0870	5a. AGE—Last Birthday (Years) 77	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) AUGUST 2, 1913
7. BIRTHPLACE (City and State or Foreign Country) DALMATIA, YUGOSLAVIA	8a. WAS DECEDENT A US VETERAN? NO		8b. YEAR LAST SERVED IN US ARMED FORCES? NONE	
9a. FACILITY NAME (If not institution, give street and number) METHODIST HOSPITAL-SOUTHLAKE CAMPUS.		9b. CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE		9c. COUNTY OF DEATH LAKE
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) CVITA ARNAUT	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) STEELWORKER		12b. KIND OF BUSINESS/INDUSTRY U.S. STEEL
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN OR LOCATION MERRILLVILLE		13d. STREET AND NUMBER 3643 WEST 78TH PLACE
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. FATHER'S NAME (First, Middle, Last) LAZAR KOSTUR		17. MOTHER'S NAME (First, Middle, Maiden Surname) MILICA RADISA		
18. FATHER'S NAME (First, Middle, Last) LAZAR KOSTUR		19. MOTHER'S NAME (First, Middle, Maiden Surname) MILICA RADISA		
20a. INFORMANT'S NAME (Type/Print) CVITA KOSTUR		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3643 WEST 78TH PL., MERRILLVILLE, IN 46410		20c. Relationship WIFE
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery or memory of other place) FEBRUARY 13, 1991 LAKE MEADOW PARK CEMETERY		21c. LOCATION—City or Town, State MERRILLVILLE, INDIANA
22a. EMBALMER'S NAME HENRY BLAKE		22b. EMBALMER'S LICENSE NO. FD01019406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert Wiatrolak</i>		24b. LICENSE NUMBER (of Licensee) FD01001293		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH3004455-STILINOVICH & WIATROLIK 7535 TAFT ST., MERRILLVILLE, IN 46410
26. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneumonia DUE TO (OR AS A CONSEQUENCE OF) M. testicular Cancer Prostate Conditions, if any, which gave rise to the immediate cause stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death		
PART II: Other significant conditions contributing to the death, but not the cause of death, listed in Part I. Malignant Hypertension		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28. WAS AN AUTOPSY PERFORMED? (Yes or no) NONE
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER: On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER: On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Robert Wiatrolak</i> LAKE COUNTY		
29c. MEDICAL LICENSE NO. 22391		29d. DATE SIGNED (Month, Day, Year) 2/14/91		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED THIS CERTIFICATE OF DEATH (Item 26) (Type, Print) DR. ROBERT WOLF, M.D., 8585 BROADWAY, MERRILLVILLE, IN 46410				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams M.D.</i>				32. DATE FILED (Month, Day, Year) February 15, 1991
33. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) MAY 29 1990		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE driver, passenger, cyclist, etc. <i>Antonio</i> AUDITOR LAKE COUNTY		



KEY 15-339-12
LINDA G. GAROERS
LUT 15 Block 12

EXHIBIT
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