

CERTIFICATE OF DEATH

KEY 17-17-3

Form with fields for RESIDENCE, NAME, DATE OF DEATH, PLACE OF DEATH, DECEASED, DISPOSITION, CERTIFIER, and CAUSE OF DEATH. Includes handwritten entries for Daniel A. Courteau and medical details.

For use by physician or coroner: DANIEL A. COURTEAU NAME OF DECEDENT TIME OF DEATH: 6:35 DATE OF DEATH: 7/22/96

I hereby certify that this copy has been compared with the original and is a true and complete copy thereof.

Signature: Louise M. Jaller 7/24/96 U01303 9.00 SP. CS



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Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

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Name K. Courteau

Address 910 E 12th St

City St Zip Hobart IN 46342

Telephone 219 947 1139

Signature Printed Keith Courteau

Signature Written Keith Courteau

Date of Signature 9-20-00

Check Number _____

Check Amount _____

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials _____