

2 * ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. †

620038654 INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 2003-02

Local No. 2033-02

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CHICAGO TITLE INSURANCE COMPANY

1. DECEASED-NAME (First Middle Last) Andrew Korthauer

2. SEX Male

3a. TIME OF DEATH 10:05PM

3b. DATE OF DEATH (Month Day Yr) May 12, 2002

4. SOCIAL SECURITY NUMBER 303-36-3316

5a. AGE - Last Birthday (Years) 91

5b. UNDER 1 YEAR Months Days

5c. UNDER 1 DAY Hours Minutes

6. DATE OF BIRTH (Mo Day Yr) Nov 26, 1910

7. BIRTHPLACE (City and State or Foreign Country) Sakenta, Germany

8a. WAS DECEDENT A U.S. VETERAN? No

8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A

9a. PLACE OF DEATH (Check only one. See instructions)

HOSPITAL Inpatient ER/Outpatient DOA

OTHER Nursing Home Other (Specify) Residence

9b. FACILITY NAME (If not institution, give street and number) Dyer Nursing & Rehabilitation

9c. CITY TOWN OR LOCATION OF DEATH Dyer

9d. COUNTY OF DEATH Lake

10. MARITAL STATUS (Specify) Widowed

11. SURVIVING SPOUSE (If wife, give maiden name) NONE

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Crane Operator

12b. KIND OF BUSINESS INDUSTRY Steel Mills

13a. RESIDENCE - STATE IN

13b. COUNTY Lake

13c. CITY TOWN OR LOCATION Cedar Lake

13d. STREET AND NUMBER 9029 West 141st Ave.

13e. ZIP CODE 46303

13f. INSIDE CITY LIMITS No Yes

13g. ON A FARM? No Yes

14. CITIZEN OF WHAT COUNTRY? USA

15. WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)

16. RACE - American Indian, Black, White, etc. (Specify) White

17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (1-4 or 5+)

18. FATHER'S NAME (First, Middle, Last) Wilhelm Korthauer

19. MOTHER'S NAME (First, Middle, Maiden Surname) Unavailable

20a. INFORMANT'S NAME (Type/Print) George Korthauer

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3133 Peschel, Dyer, IN 46311

20c. Relationship Son

21a. METHOD OF DISPOSITION Burial Entombment Cremation Removal from State Donation Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) May 15, 2002 German Methodist

21c. LOCATION - City or Town State Cedar Lake, IN

22a. EMBALMER'S NAME Fred T. Oparka

22b. EMBALMER'S LICENSE NO. FD01016076

23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR Fred T. Oparka

24b. LICENSE NUMBER (of licensee) FD01016076

25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Eller Brady Funeral Home 8510 Lake Shore DR, Cedar Lake, IN 46303-9279

26. PART I Enter the diseases, 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)

a. *Multiple causes of public*

b. *Central Nervous System*

c. *Supine Brain Syndrome*

Conditions if any which gave rise to the immediate cause stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No

28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. 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. 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 *Dr. Fred Adler*

29c. MEDICAL LICENSE NO. 01019251

29d. DATE SIGNED (Month Day Year) 5/16/02

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Fred Adler, 800 McArthur, Munster, IN 46321-2959

31. HEALTH OFFICER'S SIGNATURE *Stephen R. Stiglich* STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide

34a. DATE OF INJURY (Month Day Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no) No

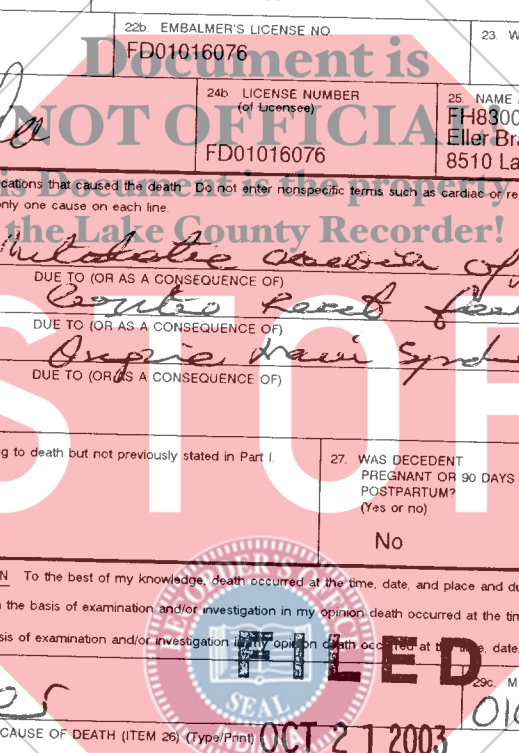
34d. DESCRIBE HOW INJURY OCCURRED

34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

34f. LOCATION (Street and Number or Rural Route Number City or Town State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No



001610

Handwritten notes and signatures on the right side of the form, including a date 'MAY 17, 2002' and initials.

No: 620038654

LEGAL DESCRIPTION

Parcel 1: Part of the North half of the Northwest quarter of Section 34, Township 34 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follows: Beginning at a point on the North line of said Section 34, which is 1714.1 feet East of the Northwest corner thereof and running thence West 586.5 feet more or less, to the East right of way line of the Chicago, Indianapolis & Louisville Railroad; thence Southerly along said East right of way line 614.2 feet; thence Easterly parallel with the North line of said Section, 542.4 feet; thence Northerly 617.3 feet to the place of beginning, EXCEPTING THEREFROM that part described as: Beginning at the Northwest corner of said tract; thence East along the North line of said Northwest quarter a distance of 130 feet; thence South parallel to the West line of said Northwest quarter a distance of 140 feet; thence West parallel to the North line of said Northwest quarter to the East line of said railroad right of way; thence North along said right of way to the place of beginning.

Parcel 2: Part of the North half of the Northwest quarter of Section 34, Township 34 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as: Beginning at a point 2027.70 feet East and 239.90 feet South of the Northwest corner of said Section; thence continuing South 186.64 feet; thence West parallel with the North line of said Section a distance of 358.59 feet; thence North 2 degrees 48 minutes East a distance of 113.35 feet; thence East parallel with the North line of said Section a distance of 160 feet, thence North 2 degrees 48 minutes East a distance of 82 feet, thence East to the point of beginning.

Parcel 3: Part of the North half of the Northwest quarter of Section 34, Township 34 North, Range 9 West of the 2nd Principal Meridian, Lake County, Indiana, described as follows: Beginning at a point 613.80 feet South and 1649.70 feet East of the Northwest corner of said Section 34 and running thence East parallel with the North line of said Section 378.15 feet, thence North parallel with the West line of said Section 187.26 feet, thence West parallel with the North line of said Section 34 a distance of 358.59 feet, thence Southwesterly 188.20 feet to the point of beginning.

