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ATTENTION ESTATE: Disclosure of the # we need to pursue our responsibilities voluntarily and there will be no penalty for usal.

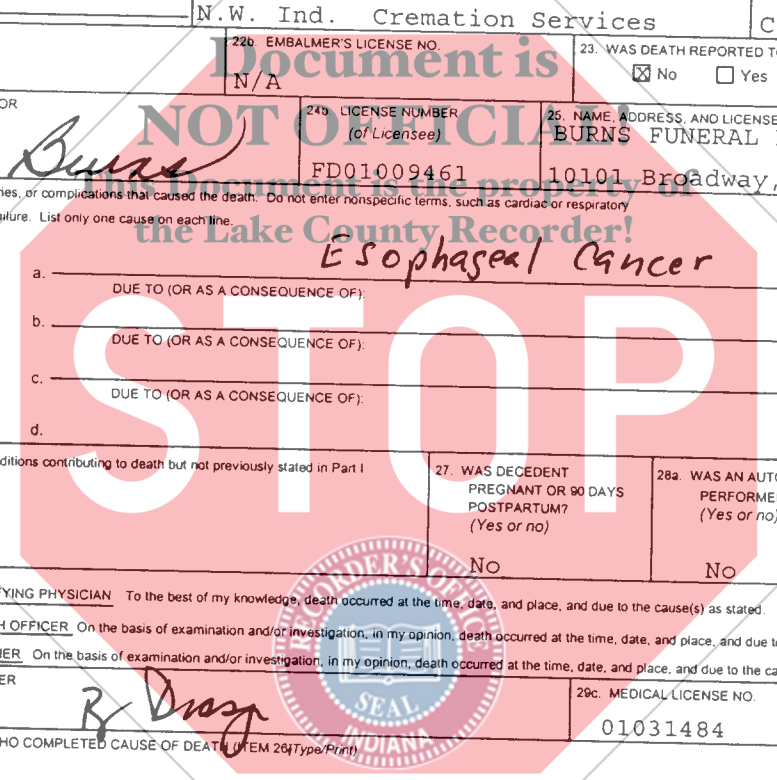
INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

cal No. 236803

State No.....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

Form with fields for DECEASED NAME (WILLIAM D BARKMAN II), SEX (Male), TIME OF DEATH (10:27 AM), DATE OF DEATH (October 7, 2003), SOCIAL SECURITY NUMBER (345-38-7115), AGE (54), DATE OF BIRTH (July 18, 1949), BIRTHPLACE (ERIE Illinois), FACILITY NAME (ST. ANTHONY HOSPICE), CITY/TOWN (CROWN POINT), COUNTY (LAKE), MARRITAL STATUS (Married), SURVIVING SPOUSE (PEGGY VAN DE WOESTYNE), OCCUPATION (C.E.O.), RESIDENCE (Indiana, LAKE, CROWN POINT, 3876 KINGSWAY), ZIP CODE (46307), FATHER'S NAME (WILLIAM BARKMAN), MOTHER'S NAME (ROWENA PICKENS), INFORMANT'S NAME (PEGGY BARKMAN), MAILING ADDRESS (3876 KINGSWAY, CROWN POINT, IN 46307), RELATIONSHIP (WIFE), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (October 9, 2003, N.W. Ind. Cremation Services, Crown Point, Indiana), EMBALMER'S NAME (N/A), EMBALMER'S LICENSE NO. (N/A), SIGNATURE OF FUNERAL DIRECTOR (James F. Burns), LICENSE NUMBER (FD01009461), NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (BURNS FUNERAL HOME, 10101 Broadway, Crown Point, Indiana, FH83002445), IMMEDIATE CAUSE (Esophageal Cancer), PART II (Other significant conditions), CERTIFIER (DR. RAY DRASGA), SIGNATURE AND TITLE OF CERTIFIER (DR. RAY DRASGA, 1205 S. MAIN, SUITE 301, CROWN POINT, IN 46307), MANNER OF DEATH (Natural), DATE OF INJURY (October 7, 2003), TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?, DATE FILED (October 9, 2003), LOCATION (JUN 11 2004), STEPHEN B. STIGLICH LAKE COUNTY AUDITOR.



FILED

JUN 11 2004

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STEPHEN B. STIGLICH LAKE COUNTY AUDITOR