6200 76265 CHICAGO TITLE INSURANCE CO CERTIFICATION OF VITAL RECORD VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.) STATE OF ARIZONA STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS ORIGINAL DEATH NO. STATE COPY D-102 2007 - 039956 CERTIFICATE OF DEATH DATE OF MONTH DAY DEATH NOVEMBER 17, FEMALE ROSENAU WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) RACE (e.g., white, black, American Indian, (specify tribe)et SPECIFY: NO 6B. TOWN OR CITY PLACE OF DEATH MAR I COPA CHANDLER REGIONAL MEDICAL CENTER CHANDLER SURVIVING (IF W SPOUSE PAUL A. ROSENAU DATE OF MONTH AGE (YEARS IF UNDER 1 YEAR LAST BIRTHDAY) MOS. DAYS BIRTH 7 JANUARY 10 1937 MARR I ED N 70 STATE AND (If not in USA, named of the USA, name TY NO. ZEN OF WHA USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14PWN HOME 14A HOMEMAKER 12, U.S.A. EDUCATION HIGHEST GRADE COMPLETED 15C. TOWN OR CIT W LONG IN ARIZONA RESIDENCE 15. INDIANA GRIFFITH 46319 1 WEEK LAKE PREVIOUS STATE OF RESIDENCE INDIANA STREET ADDRESS OF R.F.D. ON RESERVATIONS (SPECIFY Yes or No NO ,553 N. RUETH 15G. FATHERS A FIRST WILLIAM MOTHER'S MAIDEN NAME C. LAST ROHLOFF CAROL I NE INFORMANT'S SIGNATURE STREET NO. RELATIONSHIP TO DECEASED 21 ▶ PAUL A. ROSENAU 2SPOUSE F 2553 N. RUETH CALUMET PARK CEMETER MERRIVILLE, IN DATE 211/23/07 .RFM/BURTAL SONORAN SKIES MORTUARY APCHOLAS CAPUTO M.D. 4530 E. MUIRWOOD DR STE 105 42 NOV 2 9 7007 45.3667 SECURATION, INSTITUTIONS, ENVIRONMENT CAUSE, BNIER CAUSE, BNIER LOSSEC CHILLUMN THAI INTIMED SIGNIS REQUING NIDEATH, LINST sepsis syndrome unknown. PHLYMONARY

G4475630

SUPPLEMENTARY ENTRIES

HOMICIDE ACCIDENT PENDING INVESTIGATION SUICIDE UNDETERMINED

JAN 17 2008 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Nov 29,2007

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Tatricia adams PATRICIA ADAMS ASSISTANT STATE REGISTRAR

Arizona Department of Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency