

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

CERTIFIED COPY ISSUED BY TIPPECANOE COUNTY INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2007-352

CERTIFICATE OF DEATH

State No.

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

2007-352

43839 RE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Anthony J. Abraham), SOCIAL SECURITY NUMBER (316-14-0256), DATE OF DEATH (April 6, 2007), PLACE OF DEATH (Home Hospital), and SIGNATURE OF CERTIFIER (Michael D. Bohlin, M.D.).

APR 10 2007

DECEDENT

PARENTS

INFORMANT

DATE ISSUED

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT. I hereby certify that this copy is an exact reproduction of the certificate of death for the person named therein and that it now appears in the permanent records of the TIPPECANOE COUNTY HEALTH DEPARTMENT, LAFAYETTE, INDIANA. NOT VALID UNLESS STAMPED WITH OFFICIAL RAISED SEAL.

HEALTH OFFICER Michael D. Bohlin, M.D. Tippecanoe County Health Officer

CHICAGO TITLE INSURANCE COMPANY

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