



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2189-09

State No.

Form with fields for decedent's name (DOROTHY L. RADLOFF), date of death (JUNE 14, 2009), birthplace (WHITING, INDIANA), cause of death (Cerebral Vascular Accident), and certifier information (H. ARAN JONES DO).

Vertical stamp: 21090812, MICHAEL A. BROWN, LAKE COUNTY RECORDER, FILED FOR RECORD, INDIANA

Large diagonal watermark: Document is NOT OFFICIAL! STOP

Stamp: DEC 07 2009, PEGGY HOLINGA KATONA, LAKE COUNTY AUDITOR

Handwritten: 021446, June 16, 2009

HOLD FOR MERIDIAN TITLE CORP