

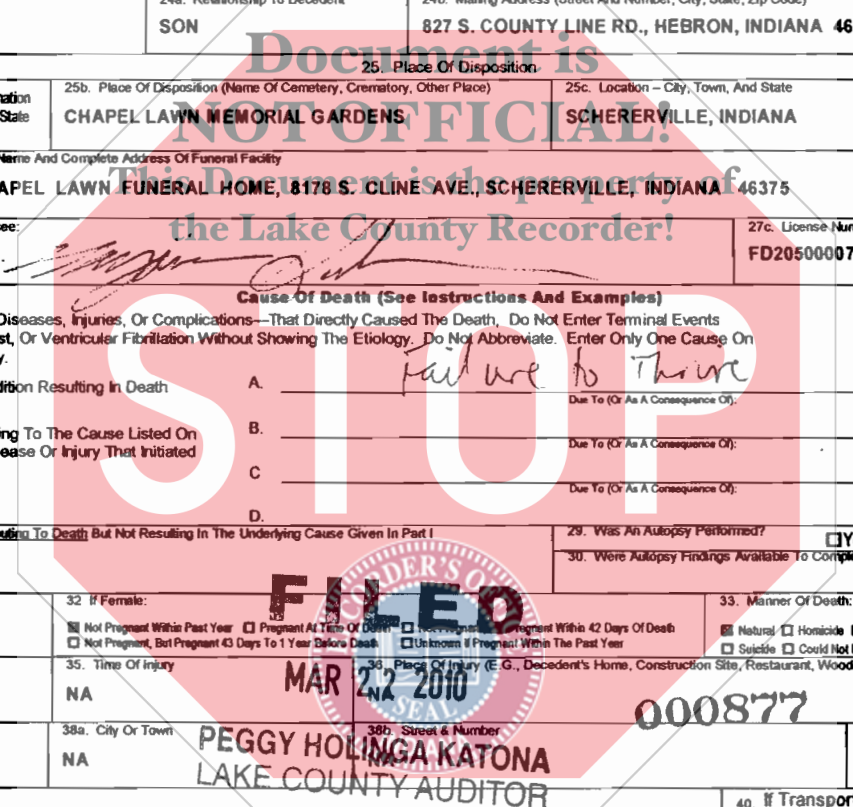


INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 0086-09

State No.

Form containing fields for decedent information (Name: BEULAH JAYNE POSTMA, Maiden Name: CARLSON, DOB: JULY 28, 1919), death details (Date: JANUARY 9, 2009, Time: 1:30 AM), location (Merrillville, Indiana), cause of death (Failure to Thrive), and certifier information (Dr. Rupesh J. Shah).



COMMUNITY TITLE COMPA FILE NO 48906