

MENTION ESTATE: The Social Security # is requested by this state agency in order to fulfill its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Bl No. 0541-200

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

E/PRINT IN MANENT INK

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1. DECEDENT—NAME (First, Middle, Last) Steven L. Schnurlein		2. SEX Male	3a. TIME OF DEATH 3:00 AM	3b. DATE OF DEATH (Month, Day, Year) March 2, 2006
4. SOCIAL SECURITY NUMBER XXXXXXXXXX	5a. AGE—Last Birthday (Years) 30	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Month, Day, Year) July 17, 1955
7. BIRTHPLACE (City and State or Foreign Country) Blue Island, IL	8a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Hospice			
9a. WAS DECEDENT A U.S. VETERAN? NO	9b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point, IN		
9d. COUNTY OF DEATH LAKE		10. FACILITY NAME (If not institution, give street and number) 9501 Johnson St.		
11. MARRITAL STATUS Married	11a. SURVIVING SPOUSE (Last name, give maiden name) Kristin Paper	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer	12b. KIND OF BUSINESS/INDUSTRY Construction	
13a. RESIDENCE—STATE IN	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION Crown Point, IN	13d. STREET AND NUMBER 9501 Johnson St.	
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (3-12) 12 College (1-4 or 5 +)		18. FATHER'S NAME (First, Middle, Last) Orville Schnurlein		
19. MOTHER'S NAME (First, Middle, Last) Alice Leeds		20a. DECEASED'S NAME (Type/Print) Kristin Schnurlein		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9501 Johnson St.		20c. Relationship wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 4, 2006 Calvary Cemetery		21c. LOCATION—City or Town, State Portage, IN
22a. EMBALMER'S NAME N/A		22b. EMBALMER'S LICENSE NO. N/A		22c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
23a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		23b. LICENSE NUMBER (of Licensee) FD202-00020		23c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Frazier FH # 13400029 1071 Hallack Demotte, IN
24. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. metabolic toxemia				
24. PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I. coronary artery disease				
25. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. metabolic toxemia 1 week b. liver failure 3 months c. hepatitis C 2 years d. cirrhosis of liver 6 years				
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, illness occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
27. SIGNATURE AND TIME OF CERTIFIER <i>[Signature]</i>		27b. MEDICAL LICENSE NO. 01049212A	27c. DATE SIGNED (Month, Day, Year) March 3, 2006	
28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) Karen E. Lewtel MD, 7636 E. 107th St, Crown Point, IN 46307				
29. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				
30. DATE FILED (Month, Day, Year) 3/3/06				
31. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY	32c. INJURY AT WORK (Yes or no)
33. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34. LOCATION (Street and Number or Rural Route Number, City or Town, State) UN 19 2006		
35. I affirm, under the penalties for perjury, that I have taken reasonable care to report each Social Security number in this document, unless required by law.				
36a. DATE PROCLAIMED DEAD (Month, Day, Year)		36b. MOTOR VEHICLE ACCIDENTS (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 001147

EDR No 00000316105

State No 015769

Form containing fields for decedent information (KRISTIN L SMITH-SCHNURLEIN), date of death (03/28/2013), cause of death (ACUTE HEROIN TOXICITY), certifier information (MERRILEE D. FREY), and registrar information (SUSAN W. BEST).

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Handwritten signature/initials

EXHIBIT "C"

1305147

EXHIBIT A

LOT NUMBERED 65, AS SHOWN ON THE RECORDED PLAT OF FOUNTAIN RIDGE 2ND
ADDITION UNIT 4 RECORDED IN PLAT BOOK 44 PAGE 37 IN THE OFFICE OF THE
RECORDER OF LAKE COUNTY, INDIANA.

