WISCONSIN CERTIFICATE OF VITAL RECORD

HCF 5040 (Rev. 01/03)
Read Instructions (HCF 5040A) before completing this form.

Type or Print. Use Permanent BLACK Ink. No Whiteout or Erasures.

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
ORIGINAL CERTIFICATE OF DEATH

LOCAL FILE NUMBER 593 | STATE FILE DATE | STATE DEATH NUMBER

PART 1 FACT OF DEATH

1. DECEDENT'S NAME (First / Full Middle / LAST)	2. SEX	3. DECEDENT'S SOCIAL SECURITY NO.	4a. DATE PRONOUNCED DEAD (Month, Day, Year)
Teresa M. HALBACH	☐ M ☒ F	392-88-8986	November 10, 2005

4b. HOUR PRONOUNCED DEAD (24 hour time)	5. BODY FOUND (24 or more hours after death)	6a. AGE (Years-birth to date pronounced)	b. Under 1 Year Months / Days	c. Under 1 Day Hours / Minutes	7. DATE OF BIRTH (Month, Day, Year)	8a. COUNTY OF DEATH
16:10 M	☐ Yes ☒ No	25			March 22, 1980	Manitowoc

8b. DEATH OCCURRED Inside City, Village or Township of	8c. CHECK ONE	9. DEATH AT HOSPITAL	10. OTHER PLACE
Gibson	☐ City ☐ Village ☒ Township	1. ☐ Inpat. 3. ☐ DOA From N.H. 5. ☐ DOA From Other 2. ☐ Outpat. 4. ☐ ER From N.H. 6. ☐ ER From Other	☐ N.H. ☐ Res. of Decedent ☐ CBRF ☒ Other ☐ Facility-Based Hospice

11a. HOSPITAL/NURSING HOME NAME (and Campus) or ADDRESS	11b. N.H. LIC. NO.	12. MARITAL STATUS	13a. RESIDENCE STATE (Country, if not in U.S.)	13b. RESIDENCE COUNTY
12932 Avery Road		☐ Married ☒ Never Married ☐ Divorced/Annul. ☐ Widowed	Wisconsin	Calumet

13c. RESIDENCE PLACE Inside City, Village or Township of	13d. CHECK ONE	14a. NUMBER AND STREET	14b. ZIP CODE	15. STATE OF BIRTH (Country, if not in U.S.)
Woodville	☐ City ☐ Village ☒ Township	W3559 Cty Rd B	54129-	Wisconsin

16. FATHER'S NAME (First Middle Birth Surname)	17. MOTHER'S NAME (First Middle Birth Surname)	18. SURVIVING SPOUSE (First Middle Birth Surname)
Richard Halbach	Karen Sekorski	

19a. INFORMANT'S NAME	19b. INFORMANT'S MAILING ADDRESS (Number, Street, City, State, ZIP)
Karen Halbach	W3559 Cty Rd B Hilbert, Wisconsin 54129-

20a. NAME AND ADDRESS OF FUNERAL FACILITY (List name and address of family member, if applicable)	20b. WI F.D. LIC. NO.	20c. FUNERAL SERVICE LICENSEE SIGNATURE (Or person acting as such)	20d. DATE SIGNED (Month, Day, Year)
Wieting Family Funeral Home, Inc. 411 W. Main St., Chilton, Wisconsin	5449		November 10, 2005

21. MEDICAL CERTIFICATION (Check one.) Items 21-28 and 38, 39, 50,51 Items 40-46 Coroner/M.E. only

☐ **Certifying Physician:** To the best of my knowledge, death was pronounced and occurred at the time and date(s) stated; the manner of death was Natural; and death was due to the causes stated.

☒ **Coroner/M.E:** On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time and date(s) stated and due to the causes and manner stated.

22. MANNER OF DEATH 1. ☐ Natural 4. ☒ Homicide 2. ☐ Accident 5. ☐ Undet. 3. ☐ Suicide 6. ☐ Pending

23. MEDICAL CERTIFIER'S NAME AND TITLE: Michael Klaeser, Cal Co. Med. Examiner

24. MEDICAL CERTIFIER'S MAILING ADDRESS (Number, Street, City, State, ZIP): 206 Court St., Chilton, WI 53014

25. ACTUAL OR ESTIMATED DATE OF DEATH (if different from date in 4a) ☐ Same as 4a	26. WI. PHYSICIAN LICENSE NO. (Or CME Code)	27. MEDICAL CERTIFIER SIGNATURE (Use black ink only on all portions of the death certificate.)	28. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year)
unknown	000008	Michael Klaeser, Coroner	December 5, 2005

29. LOCAL REGISTRAR SIGNATURE	30. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year)
Preston F Jones Reg. of Deeds	DEC 0 6 2005

PART 2 EXTENDED FACT OF DEATH (AVAILABLE ONLY TO THOSE WITH A DIRECT AND TANGIBLE INTEREST IN THIS RECORD OR FOR A STATE-APPROVED RESEARCH USE (PER S. 69.20))

31. USUAL OCCUPATION (Do not enter "Retired.")	32. KIND OF BUSINESS/INDUSTRY	33. DECEDENT EVER IN THE ARMED FORCES (Active Duty or Reserve)	34. DECEDENT WAS TRIBAL MEMBER (Not Required) If "Yes," Item 48 should include American Indian. Check "Unk." if the decedent was American Indian but member status is unkown.
Photographer	Service	☐ Yes ☒ No ☐ Unk.	☒ No ☐ Unk. ☐ Yes Tribe:

35. METHOD OF DISPOSITION ?	36. PLACE OF DISPOSITION	37. LOCATION OF CEMETERY OR CREMATORY (City, Village, Township, State) (Or Country, if not in U.S.)
☐ Entomb. ☐ Burial ☐ Cremation ☐ Donation	Temporary Storage Calumet County Medical Examiner	Madison, WI

38. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause of death on each line. Do not list old age or senility as sole cause.

		Interval Between Onset and Death
IMMEDIATE CAUSE → (Final disease or condition resulting in death)	(a) ~~Undetermined~~ (Due to or as a consequence of:)	
	(b) (Due to or as a consequence of:)	
Sequentially list conditions, if any, leading to immediate cause. ENTER UNDERLYING CAUSE LAST. (disease or injury that initiated events leading to death)	(c) (Due to or as a consequence of:)	
	(d)	

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

39. AUTOPSY PERFORMED	Items 40-46 for Coroner and Medical Examiner use only. Complete if an injury or poisoning is reported anywhere in 38 Part I or Part II.	40. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURED.
☒ Yes ☐ No		

44. DATE OF INJURY (Month, Day, Yr.)	42. HOUR OF INJURY	43. PLACE OF INJURY (Specify Home, Street, Farm, etc)	44. INJURY AT WORK	45. LOCATION OF INJURY (Street or RFD, City, Village and State)	46. COUNTY OF INJURY (State or Country, if not in Wis.)
	M		☐ Yes ☐ No	12932 Avery Rd, Twn of Gibson, WI	Manitowoc

Item #38a Amended 12-6-05 by ROD per Authority from the Medical Examiner

MANITOWOC COUNTY STATE OF WISCONSIN FILED DEC 6 2005 CLERK OF CIRCUIT COURT

PENGAD-Bayonne, N.J. 05CF-30 PLAINTIFF'S EXHIBIT NO. 16 JB 12-6-05

LOCAL REGISTRAR WISCONSIN

Preston F Jones

PRESTON F JONES
MANITOWOC COUNTY REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

4921359 Date Issued: DEC - 6 2005

STATE OF WISCONSIN

THIS CERTIFICATE HAS A BLUE/PINK/BLUE BACKGROUND ON THE FACE AND TWO RAISED SEALS. THE PAPER CONTAINS A VISIBLE CHAIN LINK WATERMARK. SEE BACK FOR SECURITY FEATURES.