| Λ.Τ. | T U |  | U | ľ | ΙĀ | <b>T</b> | Ų | 2.5 | U | A | J | U | V |  | 7 | K | U | U | K | ı ş |
|------|-----|--|---|---|----|----------|---|-----|---|---|---|---|---|--|---|---|---|---|---|-----|
|      |     |  |   |   |    |          |   |     |   |   |   |   |   |  |   |   |   |   |   |     |

| LOCAL   | IOA)<br>L FILE NUMBER 5  | 93' "  | EPARTME<br>ORIG  | ENT OF HEA<br>SINAL CER  | OF WISCO<br>ALTH AND<br>TIFICAT<br>FACT OF DI | FAMILY SE  | RVICES<br>TH   |  |  | ILE DATE   |  |
|---|--|--|--|--|---|--|--|--|--|--|--|
| 1. DECEDENT'S NAME  | First Full Mid   | idle   | LAST ,   | PARTI  | FACT OF DI                                    | EAIH   | 2. SEX   | - 3  | STATE DEATH  | NUMBER<br>OCIAL SECURITY NO  |  |
|   | Teresa   | M.   | ,  | HALE   | BACH  |  |  | <b>⊠</b> <sub>F</sub> 3.   | 392-88-  |  | 4a. DATE PRONOUNCED DEAD (Month, Day, Year)  November 10, 2005   |
| 4b. HOUR PRONOUNCED<br>DEAD (24 hour time   | 5. BODY FOUND (24 or<br>more hours after death)  | f 6a. AGE (Years-<br>date pronoun-   | -birth to  | b. Under 1 Yea   |   | der 1 Day  | 7. DATE OF E   | BIRTH (Month,  | Day, Year)   | 8a.COUNTY OF DEAT  |  |
| 16:10 M<br>8b. DEATH OCCURRED Insk  | Yes X No   | 25   |  | Months Da  |   | Minutes  |  | 22, 19   |  | Manitowoc  |  |
|   | - only sample or township or   |  |  | 8c.  | CHECK O                                       | VE   |  | DEATH AT HO  |  |  | 10. OTHER PLACE  |
| Gibson  |  |  |  |  | City [  | Vikage X   | Township 1.  |  |  | 5. DOA From Other  | N.H. Res. of Decedent CB   |
| 11a. HOSPITAL/NURSING H   | OME NAME (and Campus) (  | × ADDRESS  | 11b. N.H. LI   | IC. NO. 12   | . MARITAL                                     | STATUS   | L  | 2. Outpat.   | 4. ER From N   | H. 6 ER From Other<br>NCE STATE (Country, if not   | in U.S.) 13b. RESIDENCE COUNTY   |
| 12932 Avery Ro  |  | -  |  | _  | Married X                                     | Never Married  | Divorced/Annu  | ul. Widowed  | Wiscon   |  | Calumet  |
| 13c. RESIDENCE PLACE Inst<br>Woodville  | ide City, Village or Township of   | 13d. CHECK ON  | 4E   |  |   | NUMBER AND   |  |  | 1  | 14b. ZIP CODE  | 15. STATE OF BIRTH (Country, if not in U.S.  |
| 16. FATHER'S NAME For   |  | City   | Village [  |  | W:  | 355 <b>9</b> Ct  |  |  |  | 54129-   | Wisconsin  |
| Richard Halb  | - moune Birth :  | Sumama   | - 1  | MOTHER'S N.<br>aren S  |   |  | Birth Sur  | name   | 16. Ši   | JRVIVING SPOUSE  | First Middle Birth Surname   |
| 19a. INFORMANT'S NAME<br>Karen Halbach  |  |  |  |  | 19b. IN                                       | FORMANT'S  | MAILING ADDE   | RESS (Number,  | Street, City, State, Zi  | n<br>in 54129-   |  |
| 20a. NAME AND ADDRESS O   | OF FUNERAL FACILITY (L   | ist name and address of  | family membe   | r. if applicable)  |   | D. LIC. NO.  | 200 EUNED  | AL CONTROL   | Wiscons:   | Ln 54129-  |  |
| Wieting Famil<br>411 W. Main  | Ty funeral H   | ome, Inc.  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                      | 5449  | D. 20. 110.  | IVC. FUNERO  | AL SERVICE L   | SEASEE SIGNA   | TURE (Or person acting as s  | November 10, 20  |
| MEDICAL CERTIFICATION   |  |  |  |  |   |  |  |  |  |  | 100, 20  |
| Certifying Physician: To I  | the heat of my knowledge   | 4  |  | , ,  | MANNER  | OF DEATH  4. W Homicide  | Mi ch  | AL CERTIFIER   | S NAME AND T   | TLE<br>l Co. Med. F  | 3  |
| the time and date(s) stated; the stated.  | e manner of death was Na   | itural; and death was  | s due to the   |  |   | 4. LXI Hornicide<br>n 5. Undet.  |  |  |  | RESS (Number, Street, City,  |  |
| Coroner/M.E: On the basis   | s of examination and/or inv  | restigation, in my opia  | nion, death v  | ſ  |   | 6. Pending   |  | Court S  | to MAILING ADD   | RESS (Number, Street, City,<br>ton, WI 5301  | Sinie, ZIP)  |
| ACTUAL OR ESTIMATED   | DATE OF DEATH  | and one to the cause:  | s and manne  | or stated  |   |  |  |  |  |  |  |
|   |  | WI. PHYSICIAN LIC  | ENSE NO.   | MEDICA   | CERTIFIE                                      | D SIGNATURE  |  |  |  |  |  |
| (If different from date in 4a)<br>いいたいいい  | Same as 4a   | WI. PHYSICIAN LIC<br>(Or CAME Code)  | ENSE NO.   | MEDICA   |   |  | (Use black ink or  | nly on all portions o  | of the death certificate   | DATE SIGNE   | D BY MEDICAL CERTIFIER (Month, Day, Year   |
|   | Same as 4a   | (Or C/ME Code)   | ENSE NO.   | MEDICA   |   |  | (Use black ink or  |  | of the death certificate   | DATE SIGNE   | D BY MEDICAL CERTIFIER (Month, Day, Yes  |
| unknown   | Same as 4a   | (Or C/ME Code)   | ENSE NO.   | MEDICA   | 1ic   |  | (Use black ink or  | nly on all portions o  | of the death certificate   | DATE SIGNE   | D BY MEDICAL CERTIFIER (Month, Day, Year   |
| ひん NEADOWN  29. LOCAL REGISTRAR SIGN  PART 2  | NATURE  EXTENDED FACT OF DE  | (Or CAME COde)  OOOOOO   | ENSE NO.   | Reg. of  | Arch<br>Doods                                 | ail (  | (Use black ink or  | nly on all portions o  | of the death certificate   | DATE SIGNED  30. DATE SIGNED   | D BY MEDICAL CERTIFIER (Month, Day, Year  MC 5, 2005  D BY LOCAL REGISTRAR (Month, Day, Year)  DEC 0 6 2005  |
| A MACACAN  29. LOCAL REGISTRAR SIGN  PART 2  31. USUAL OCCUPATION (Do.  | NATURE  EXTENDED FACT OF DE  | (Or CAME COde)  OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO   | NLY TO THE   | Reg. of  | Arch<br>Doods                                 | TANGIBLE IN  | (Use black ink or  | HIS RECORD C   | OR FOR A STATE   | DATE SIGNED  30. DATE SIGNED  APPROVED RESEARCH  WAS TRIBAL MEMBER   | D BY MEDICAL CERTIFIER (Month, Day, You  LC 5, ZOD 5,  D BY LOCAL REGISTRAR (Month, Day, You)  DEC 0 6 2005  USE (PER S. 69.20)]   |
| 28. LOCAL REGISTRAR SIGN  PART 2  31. USUAL OCCUPATION (D. Photographer   | EXTENDED FACT OF DE  | (Or CAME COde)  OOOOOO   | NLY TO THE   | Reg. of  | Arch<br>Doods                                 | TANGIBLE IN  33. DECEDE FORCES   | (Use black int or  | HIS RECORD C HE ARMED Reserve).  | OR FOR A STATE  34. DECEDENT American India  | DATE SIGNED  30. DATE SIGNED  APPROVED RESEARCH  WAS TRIBAL MEMBER  WAS TRIBAL MEMBER  TO Check "Unik." If the deceder   | D BY MEDICAL CERTIFIER (Month, Day, Year)  MLC 5, 2005  D BY LOCAL REGISTRAR (Month, Day, Year)  DEC 0 6 2005  |
| 28. LOCAL REGISTRAR SIGN  PART 2  31. USUAL OCCUPATION (Do- Photographer  35. METHOD OF DISPOSITION   | NATURE  EXTENDED FACT OF DE not writer 'Retired.')   | ATH [AVAILABLE OF SETVICE 36 PLACE OF SETVICE  | NLY TO THE   | Reg. of OSE WITH A D DUSTRY  | Deeds DIRECT AND                              | TANGIBLE IN  33. DECEDE FORCES Yes   | ITEREST IN THE ITERES | All'S RECORD C HE ARMED Reserve).  | OR FOR A STATE  34. DECEDENT American Inchi  | 30. DATE SIGNED  30. DATE SIGNED  APPROVED RESEARCH  WAS TRIBAL MEMBER  II. Check Turk: If the decade  | D BY MEDICAL CERTIFIER (Month, Day, Yea  LOS 2005  D BY LOCAL REGISTRAR (Month, Day, Year)  DEC 0 6 2005  USE (PER S. 69.20)  (Mol Regulard) If Year, Sam 48 should include and was American finding but member status is unto   |
| PART 2 31. USUAL OCCUPATION (Do. Photographer  55. METHOD OF DISPOSITION Entomb. Burial   | Donation Donation  | ATH [AVAILABLE OF BE SERVICE 36 FLACE OF E Tempora Medica 1  | NLY TO THE   | Reg. of OSE WITH A D DUSTRY  | Deeds DIRECT AND                              | TANGIBLE IN  33. DECEDE FORCES Yes Count   | I (Use black ink or  REFERENT IN THE VER IN TO  (Active Duty or F  | AllS RECORD C HE ARMED Reserve).  JUNA.  37. LOCATI  | OR FOR A STATE  34. DECEDENT American India  No ON OF CEMETE   | 30. DATE SIGNED  30. DATE SIGNED  30. DATE SIGNED  APPROVED RESEARCH  WAS TRIBAL MEMBER  OTHER THE STORE  RY OR CREMATORY (CI  | D BY MEDICAL CERTIFIER (Month, Day, Year  LOS ZOOS  D BY LOCAL REGISTRAR (Month, Day, Year)  DEC 0 6 2005  (Month Required) If Year, Start 45 should include and researched inclined and continued and sense and account was American fooden but member status is undon  |
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| PART 2 31. USUAL OCCUPATION (Do: Photographer  35. METHOD of DISPOSITION  Entomb. Burial  37. PART 1. Enter the diseases, my bond in the disease of conditions of a my bond in the disease of conditions, if a ry, leading to immediate cause. ENTER UNDERLYING CAUSE LAST.  | ATURE  EXTENDED FACT OF DE  not writer "Retired.")  N  Cremelion Donation  Donation  Donation  (a)  (b)  (b)  (b)  (c)  (b)  (c)  (c)  (b)  (c)  (b)  (c)  (c  | (Or CME Code)  COOOO COOO  32. KIND OF BIL  Service  36. PLACE OF II  Tempora:  Medical  act the desh. Do not enter  Control of the code o | NLY TO THE   | Reg. of OSE WITH A D DUSTRY  | Deeds DIRECT AND                              | TANGIBLE IN  33. DECEDE FORCES Yes Count   | I (Use black ink or  REFERENT IN THE VER IN TO  (Active Duty or F  | AllS RECORD C HE ARMED Reserve).  JUNA.  37. LOCATI  | OR FOR A STATE  34. DECEDENT American India  No ON OF CEMETE   | 30. DATE SIGNED  30. DATE SIGNED  30. DATE SIGNED  APPROVED RESEARCH WAS TRIBAL MEMBER WAS TRIBAL MEMBER WAS TRIBAL MEMBER WAS TRIBAL MEMBER POR CREMATORY (CA   | D BY MEDICAL CERTIFIER (Month, Day, Year)  D BY LOCAL REGISTRAR (Month, Day, Year)  DEC 0 6 2005  IUSE (PER S. 69.20))  (Mol Required) If "Year" larm 48 should include not ware American Inciden but member status is union, y. Village, Township, State) (O' Country, If ned in U.S.)  PART III. OTHER SIGNIFICANT  CONDITIONS contributions to death but not  |
| 29. LOCAL REGISTRAR SIGN PART 2 31. USUAL OCCUPATION (Do: Photographer 55. METHOD OF DISPOSITION Enformb.   Buriat     59. PART 1. Enter the diseases, riph PART 1. Enter the diseases, riph (Find disease or condition resulting in death) Sequentially list conditions, if any, teading is brimedistic cause. ENTER (diseases or lyiny hai initiated events leading to death)    Sequentially list conditions, if any, teading is primited to the condition resulting in death)   Sequentially list conditions, if any, teading to brimedistic cause. ENTER (diseases or lyiny hai initiated events leading to death)   Sequentially list conditions, if any, teading to be initiated events leading to death)   Sequentially list conditions, if any, teading to be initiated events leading to death)   Sequentially list conditions, if any, teading to be initiated events leading to death)   Sequentially list conditions, if any, teading to be initiated events leading to death)   Sequentially list conditions, if any, teading to be initiated events leading to death)   Sequentially list conditions, if any, teading to be initiated events leading to death)   Sequentially list conditions, if any, teading to be initiated events leading to death)   Sequentially list conditions, if any, teading to be initiated events leading to death)   Sequentially list conditions, if any, teading to be initiated events leading to death   Sequentially list conditions, if any, teading to be initiated events leading to death)   Sequentially list conditions, if any, teading to the list of th      | ATURE  EXTENDED FACT OF DE  EXTENDED FACT OF DE  Tofermation Donation  N° Service or complications that cause social course  (a) (Due to or as a conseque  (b) (Due to or as a conseque  (c) (Due to or as a conseque  (d) 48 for Coronse and Mac  (d) 48 for Coronse and Mac  | (Or CME Code)  COOO O CO  32 KIND OF BU  36 PLACE OF T  T Emporra: Medical  40 the death one onto  | NLY TO THE SINESS/INI DISPOSITIO TY Sto Exami ar the mode of   | MEDICA  Reg. of  OSE WITHAD  DUSTRY  ON  OTAge C.  Liner  dying such as case | DIRECT AND                                    | OTANGIBLE IN  33. DECEDE FORCES Ves Count  Novy arrest, shock  | (Use place link or CTEREST IN THE TEVER IN THE (ACTIVE ON YOUR OF COMMON OF  | ally on all portions of the control  | DR FOR A STATE  34. DECEMBEN  American India  ON OF COMMET  LISON, W  of death on each time                        | 30. DATE SIGNED  30. DA | D BY MEDICAL CERTIFIER (Month, Day, Year)  D BY LOCAL REGISTRAR (Month, Day, Year)  DEC 0 6 2005  IUSE (PER S. 69.20))  (Mol Required) If "Year" stand & should include and ware American forden but member status is union. The status of the control of the control of the status of the status of the control of the status of the statu |
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DEC 6 2005 CLERK OF CIRCUIT COURT

PLAINTIFF'S SO EXHIBIT - 2-2 NO. 16 50 2-2



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 - & 2005

