



Local No. 000913

OFFICIAL COPY  
MARION COUNTY HEALTH DEPARTMENT  
3838 N. RURAL ST. INDIANAPOLIS, INDIANA 46205

State No. ....

CERTIFICATE OF DEATH

THE RECORDS IN THE

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED NAME (Print Name Last) **James Russell Albrecht** SEX **Male** TIME OF DEATH **6:50P** DATE OF DEATH (Month, Day, Year) **February 11, 1993**

SOCIAL SECURITY NUMBER **9517 63** AGE—Last Birthday (Month, Day, Year) **63** UNDER 1 YEAR (Month, Day, Year) UNDER 1 DAY (Hour, Minute) DATE OF BIRTH (Month, Day, Year) **June 2, 1929** BIRTHPLACE (City and State or Foreign Country) **Brunswick, MO**

WAS DECEDENT A U.S. VETERAN? **yes** YEAR LAST SERVED IN U.S. ARMED FORCES? **1948** HOSPITAL  Home  OTHER  Nursing Home  Other (Specify)

DECEASED FACILITY NAME (If not institution, give street and number) **8041 Gordon Drive** CITY, TOWN, OR LOCATION OF DEATH **Indianapolis,** COUNTY OF DEATH **Marion**

MARITAL STATUS (Specify) **Married** SURVIVING SPOUSE (If wife, give maiden name) **Joan Meyer** DECEDENT'S USUAL OCCUPATION (Give kind of work done during week of death) **contact lens splst** KIND OF BUSINESS/INDUSTRY **Optical**

RESIDENCE—STATE **IN** COUNTY **Marion** CITY, TOWN OR LOCATION **Indianapolis** STREET AND NUMBER **8041 Gordon Drive**

ZIP CODE **46278** INSIDE CITY LIMITS  No  Yes COUNTRY OF BIRTH (If not USA, specify) **USA** RACE—American Indian, Black, White, etc. (Specify) **white** DECEDENT'S EDUCATION (Specify only highest grade completed) **4**

FATHER'S NAME (Print Name, Last) **Gustave J. Albrecht** MOTHER'S NAME (Print Name, Maiden Name) **Pearl Forshay**

INFORMANT NAME (Print Name) **Joan M. Albrecht** MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **8041 Gordon Drive Indpls, IN 46278** Relationship **wife**

METHOD OF DISPOSITION  Burial  Cremation  Removal from State  Donation  Other (Specify) DATE AND PLACE OF DISPOSITION (Street, City, State, Zip Code) **Feb 14, 1993 Midwest Crematory Indianapolis, IN**

DISPOSITION EMBALMER'S NAME **none** EMBALMER'S LICENSE NO. **1004144** WAS DEATH REFERRED TO CORONER?  No  Yes

SIGNATURE OF GENERAL DIRECTOR **John A. Sapp** LICENSE NUMBER (of License) **1004144** NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Leppert & Hurt Mortuary 83007754 740 E. 86th St. Indpls, IN**

PART I. Enter the disease, injury, or condition that caused the illness. Do not enter nonspecific terms, such as "cardiac arrest," "stroke," or "heart failure." List only one illness on each line. **HEPATIC FAILURE - HEPATIC FAILURE**

IMMEDIATE CAUSE (Final disease or condition, including its stage) **HEPATIC FAILURE - HEPATIC FAILURE**

CONDITIONS, if any, which gave rise to the immediate cause during the preceding 24 hours **METASTATIC PROSTATE CANCER**

PART II. Other significant conditions - Conditions contributing to illness but not previously stated in Part I.

21. WAS DECEDENT PREGNANT, OR 28 DAYS POSTPARTUM? (Yes or no) **No**

22. WAS AN AUTOPSY PERFORMED? (Yes or no) **No**

23. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER  CERTIFYING PHYSICIAN To me, as a physician, death occurred at the time, date, and place, and due to the cause(s) so stated.  HEALTH OFFICER On the basis of examination and/or investigation, at my request, death occurred at the time, date, and place, and due to the cause(s) so stated.  CORONER On the basis of my request and/or investigation, at my request, death occurred at the time, date, and place, and due to the cause(s) so stated.

SIGNATURE AND TITLE OF CERTIFIER **Richard E. Fohl, MD** MEDICAL LICENSE NO. **01025320** DATE SIGNED (Month, Day, Year) **Feb 12 1993**

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 23 (Type/print) **N.E. Fohl 8330 Naab Road Indianapolis, IN 46260**

HEALTH OFFICER'S SIGNATURE **Virginia A. Cairns, MD** DATE FILED (Month, Day, Year) **FEB 12 1993**

MANNER OF DEATH  Natural  Pending Investigation  Accidental  Suicide  Could not be determined  Homicide

DATE OF INJURY (Month, Day, Year) TIME OF INJURY (Hour, Minute) INJURY AT WORK? (Yes or no) DESCRIBE HOW INJURY OCCURRED

PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) LOCATION (Street and Number or Rural Route Number, City or Town, State)

DATE PRONOUNCED DEAD (Month, Day, Year) MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

SEAL

0602198

BK0104PG05044

**EXHIBIT "A"**

**(34)**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38<sup>th</sup> interest in and to Lot 34 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 005 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in the same unit type conveyed, in Lot 34 only, for one week each year in the PRIME "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-005

0602198

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