

Sun Life Assurance Company of Canada

Death Benefits Claim Packet



Section B: Claimant's Statement

Instructions

Return this completed form to the employer along with a certified copy of the Official Death Certificate.

Complete this form if benefits are legally payable to you as a beneficiary. You are a beneficiary if the insured designated you on his or her most recently dated enrollment or beneficiary designation form. When there is more than one beneficiary, each beneficiary must complete a separate form.

Please see page 10 for additional instructions if:

- The beneficiary is the estate of the insured
- The beneficiary is a minor
- The beneficiary is a trust
- The insured's death has been ruled accidental

1 Information About the Deceased

Please print clearly.

Employer's name <i>RACINE UNIFIED SCHOOL DISTRICT</i>		Group policy number <i>49543</i>	
Employee's name (first, middle initial, last) <i>THEODORE M. JACOBSON</i>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Date of birth (m/d/y) <i>06/23/1929</i>
Deceased's name (first, middle initial, last) <i>THEODORE M. JACOBSON</i>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	Social Security number	
Date of birth (m/d/y) <i>06/23/1929</i>	Relationship <i>SELF</i>		

2 Information About the Beneficiary

For individuals, enter your Social Security number or IRS Individual Taxpayer Identification number. For other entities, enter Employer Identification Number.

Name of beneficiary (first, middle initial, last) or estate <i>Jacobson Revocable Trust dtd 12/27/93</i>		Date of birth (m/d/y)	Relationship
Social Security number or Tax Identification number <i>46-7471820</i>		Telephone number <i>262-886-2186</i>	
Address of beneficiary or estate <i>7140 Aspen Ct</i>	City <i>Franksville</i>	State <i>WI</i>	Zip code <i>53126</i>

I certify that the statements made in sections 1 and 2 above are true and complete

Signature of beneficiary or estate representative X <i>Stan A. Jacobson, TRF</i>	Date (m/d/y) <i>4/14/2014</i>
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3 Information About the Accidental Death (only if applicable)

To be completed by the beneficiary.

- Did the accidental death occur at least 100 miles from the employee's principal place of residence?..... ☐ Yes..... ☐ No
- Did the accidental death occur while the employee was traveling on business for the employer?..... ☐ Yes..... ☐ No
- Are there any children of the employee in the 12th grade or currently enrolled in an accredited post-secondary institution of higher learning?..... ☐ Yes..... ☐ No
- Did any family member incur any bereavement counseling expenses?..... ☐ Yes..... ☐ No

4 Method of Payment

You may choose to receive the life insurance benefit in a lump sum check or by having it paid into a Sun Life Financial Benefit Account.

The Sun Life Financial Benefit Account is available to all individual beneficiaries who will receive a benefit of \$10,000 or more. If the beneficiary is a corporation, trust, or a guardian of a minor, or the benefit is less than \$10,000, the benefit will be paid by check.

If the beneficiary is a minor and no guardian of the minor's estate has been appointed, we will pay the benefit into a Sun Life Financial Benefit Account. The Sun Life Financial Benefit Account is immediately available to the guardian of the minor's estate once the guardian has been appointed and to the minor once he or she reaches the age of majority.

After you have read the "Sun Life Financial Benefit Account FAQs," please indicate your choice below. **If no selection is made, benefits will be paid by check. (For policies issued in and for residents of Kentucky, Maryland, New Hampshire, New Jersey, and Rhode Island, payment will be made by check.)**

☒ I elect a check

☐ I elect the Sun Life Financial Benefit Account

Sun Life Financial Benefit Account CONFIRMATION CERTIFICATE		Sun Life Financial®
RECIPIENT NAME	Sun Life Assurance Company of Canada	
ADDRESS	Account open date	
CITY, ST, ZIP	Account number	
	Opening balance	
	Current interest rate	
	Annual percentage yield	
<p>The rights of the beneficiary and the obligation of the insurer under this supplemental contract are set forth in the following FAQs.</p> <p>Group Insurance policies and Universal Life policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York. Variable Universal Life Insurance policies are underwritten by Sun Life Assurance Company of Canada (U.S.) (Wellesley Hills, MA) in all states except New York. In New York, policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY). Certain Group Insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hills, MA) in all states. Product offerings may not be available in all states and may vary depending on state laws and regulations.</p> <p>The Sun Life Financial group of companies operates under the "Sun Life Financial" name. In the United States and elsewhere, insurance products are offered by members of the Sun Life Financial group that are insurance companies. Sun Life Financial Inc., the holding company for the Sun Life Financial group of companies, is a public company. It is not an insurance company and does not offer insurance products for sale in the United States or elsewhere, and does not guarantee the obligations of its insurance company subsidiaries.</p> <p>©2009 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02451. All rights reserved. Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife-usa.com.</p>		

Sun Life Financial Benefit Account: FAQs

The Sun Life Financial Benefit Account is an interest-bearing account established in your name. It is one of Sun Life Financial's methods of payment for life insurance benefit proceeds. The full amount of your life insurance proceeds is available to you at any time. If you elect the Sun Life Financial Benefit Account, any policy settlement options will not be available. You will receive either enclosed in this package, or separately, your own Sun Life Financial Benefit Account Confirmation certificate, which is the supplemental contract for this account, and a draft book, which is similar to a check book. We refer to drafts as checks in these materials. Drafts are similar to checks with some differences; for example, drafts may not credit your bank account as quickly as checks, and drafts may not be accepted by certain retailers.

You can access your proceeds immediately by writing a check. You will also receive monthly statements listing all checks written, the interest credited to your account, any interest rate changes, and any special services that have been requested. (See special fees below.)

This account, which is an obligation of the Sun Life Financial insurance company that issued the life insurance policy, is a secure place for these insurance proceeds.

Sun Life Financial Benefit Account: FAQs *continued*

Review these FAQs and keep this document with your files for future reference.

How does my account work?

You will soon receive a welcome package with a Sun Life Financial Benefit Account opening statement and a supply of checks. You may write a check for the full amount of your account balance at any time or keep all or some of these proceeds in the interest-bearing account. Checks drawn on your Sun Life Financial Benefit Account are payable through BNY Mellon.

How is interest determined and credited?

Interest is earned on proceeds in your Sun Life Financial Benefit Account from the date your account is established until the date checks are cleared. Interest is compounded daily and is credited to your account once a month. We determine the interest rate, at our sole discretion, and may change it periodically. There is no minimum interest rate. (The current rate may be found at http://www.sunlife.com/us/Service+center/How+do+I/Employee+benefits?vgnLocale=en_CA). Interest income is reflected in your monthly statement.

We may derive income, in addition to fees charged on the Sun Life Financial Benefit Account, from the investment of the balance of funds in the retained asset account.

Are there any special fees?

We provide you with your first set of checks and free checking services. You will be charged for any special services as follows:

- \$15 for each stop payment order • \$5 for requests for check copies
- \$10 for insufficient funds • \$25 for a check book rush request
- \$2.35 for a check book reorder • \$10 for statement copies

What if I have questions about my account?

Please call our Customer Service Center at 866-223-9149. You also can call this number to request any of the special services listed above.

Is there a minimum check amount?

The minimum amount for which a check may be written on your Sun Life Financial Benefit Account is \$250.

Is there a limit on the number of checks I can write?

No, there is no limit.

Can I make deposits into the account?

No, deposits cannot be made into the Sun Life Financial Benefit Account.

How can I keep track of my account?

Each month you will receive a statement listing all checks written, the interest credited to your account, any interest rate changes, and any special services that have been requested.

Is my account subject to unclaimed property laws?

Yes. Your account has been established as the result of payment of your life insurance proceeds and, therefore, continues to be subject to the applicable laws for unclaimed property.

Sun Life Financial monitors the activity on all accounts. If there has been no activity on an account for two years, we will attempt to contact the account owner of record at that time. It is important that you respond to this letter should you receive one.

Is my account insured by the Federal Deposit Insurance Corporation (FDIC)?

No. Your account is not insured by the FDIC. Your account is an obligation of the Sun Life Financial insurance company that issued the life insurance policy and is backed by it. The Sun Life Financial insurance companies enjoy strong financial strength ratings. Independent rating agencies place them among the highest-rated insurance companies in the United States.

How can I reorder checks?

An order form for an additional supply of checks will be included in your welcome package.

Can I designate a beneficiary for the proceeds of this account?

Yes. The package will include a form to designate a beneficiary to whom the proceeds remaining in the account will be payable in the event of your death. If no beneficiary is named, the proceeds will be payable to your estate.

What if my address changes?

Any change of address needs to be communicated in writing. You can use the change of address form included in the package or send a written notice to our Customer Service Department.

Sun Life Financial Benefit Account: FAQs *continued*

Can I stop payment on a check?

Yes. You may order a stop payment by calling our Customer Service Center at 866-223-9149. There is a \$15 charge for each stop payment.

Can I request copies of cancelled checks?

If you need a copy of a check, call our Customer Service Center at 866-223-9149. We will send copies of checks to you as soon as possible. There is a \$5 charge for each copy.

How is the interest earned on my account reported to the IRS?

At the end of each year, we generate an IRS Form 1099 indicating the annual interest credited to the account. We then send the form to you and to the IRS. You may wish to consult a tax, investment, or other financial adviser regarding tax liability and investment options.

How can I close my account?

You can close your account in one of three ways:

- Simply write a check in the amount of the balance indicated on your most recent statement and bring it to your local bank. Because interest is accrued daily, it may be difficult to know the exact balance. We will send a check containing any remaining interest within 30 days.
- Send a written request to Sun Life Financial Benefit Account, Insurance Services, P.O. Box 535412, Pittsburgh, PA 15253-5412, indicating that you wish to close the account. Please be sure to include your account number. We will mail a check for the full account balance including interest posted to that day.
- Let the balance of the account fall below \$250. At the end of each month, accounts with \$250 or less are automatically closed. We will send the balance in the account plus accrued interest to you.

Note: The National Association of Insurance Commissioners (NAIC) advises that you can contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com – 703-481-5206) to learn more about coverage and limitations for retained asset accounts by State Guaranty Associations. For further information, you may also contact your State Department of Insurance. Louisiana residents may write to Louisiana Department of Insurance, 1702 N. Third Street, P.O. Box 94214, Baton Rouge, LA 70802 or call 1-800-259-5300.

5 Certifications and Signature

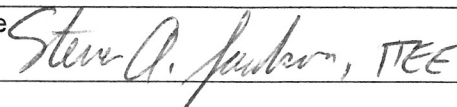
The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Cross out item 2 if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Under penalties of perjury, I certify that

1. the Tax Identification Number shown above is correct; and
2. I am not subject to backup withholding because
 - a. the IRS has not notified me that I am subject to backup withholding as a result of my failure to report all interest or dividends; or
 - b. the IRS has notified me that I am no longer subject to backup withholding.

I certify that the above statements are true and complete.

Signature X 	Date (m/d/y) 4/14/2014
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6 Additional Instructions

If the Beneficiary is the Estate

In some cases, life insurance may be payable to the insured's estate. The employer's Group Policy specifies the situations under which benefits are payable to the estate.

Payment of the life insurance benefits in these cases will be made to the executor or administrator of the estate. The executor or administrator is appointed by a probate court and is responsible for managing the insured's estate. Please note that a person named as the executor or administrator in the insured's last will & testament must be appointed by the court before payment can be made. The executor or administrator of the estate should complete the Claimant's Statement and provide a certified copy of the Letters Testamentary or Letters of Administration issued by the probate court. The estate tax identification number (not the Social Security number) is required on the Claimant's Statement.

If the Beneficiary is a Minor

If the beneficiary is a minor and does not have a guardian of his or her estate, we can pay a life insurance benefit to an adult member of the minor's family up to the limit of your state's Uniform Transfers to Minors Act (UTMA).

For benefits greater than the state UTMA limit, we will pay the benefit to a court appointed guardian of the minor's estate. The guardian must provide us with a certified copy of the court document appointing the guardian and must complete and sign the Claimant's Statement as guardian. The guardian should enter the minor's Social Security number and date of birth on the Claimant's Statement.

If no guardian of the minor's estate is appointed, we will pay the benefit into a Sun Life Financial Benefit Account. The Sun Life Financial Benefit Account is immediately available to the guardian of the estate once the guardian has been appointed and to the minor once he or she reaches the age of majority.

If the Beneficiary is a Trust

After Sun Life Assurance Company of Canada receives notice that the beneficiary of a policy is a Trust, we will prepare and send a Verification of Trust form to be completed by the Trustee and returned for file. We will also accept a certified copy of the Trust documents. The trustee should complete the Claimant's Statement. The trust's Tax Identification Number, (not the Social Security number), is required on the Claimant's Statement. Please provide copies of trust document.

If the Insured Died Accidentally

When the insured's death is the result of an accident, accidental death benefits may be payable if:

- The Group Policy and employee class contain accidental death benefits
- The cause of death is "accidental" as defined under the Group Policy
- The Policy exclusions do not apply (please refer to the Group Policy)

The official police or emergency technician report of the accident must be furnished to determine if accidental benefits are payable. If a toxicology test is administered, the official results of the test must be provided. If no toxicology test was administered, we will need a letter from the Medical Examiner or admitting hospital or coroner confirming that. We may need other information or reports to determine if the death is accidental under the terms of the Policy.

Sun Life Assurance Company of Canada

Death Benefits Claim Packet



Section C: Authorization

Authorization for release and disclosure of health-related information

This authorization complies with the HIPAA Privacy Rule. It is important for you to read, sign, and submit all authorizations in this packet. Failure to submit all authorizations could result in a delay during the claims process.

Return to:

Sun Life Financial
Group Life Claims
P.O. Box 81365
Wellesley Hills, MA 02481
Fax: 800-979-5128

I HEREBY AUTHORIZE any physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, pharmacy benefit manager, or other medical or health care facility that provided payment, treatment, or services to the deceased person named below (the "Insured") or on the Insured's behalf to disclose his or her entire medical record and any other protected health information concerning him or her to the Claims Department of Sun Life Assurance Company of Canada ("the Company"), its subsidiaries, affiliates, third party administrators, and reinsurers.

I understand that such information may include records relating to the Insured's physical or mental condition, such as diagnostic tests, physical examination notes, and treatment histories, which may include information regarding the diagnosis and treatment of human immunodeficiency virus (HIV) infection, sexually transmitted diseases, mental illness, and the use of alcohol, drugs, and tobacco, but shall not include psychotherapy notes.

By my signature below, I acknowledge that any agreements the Insured may have made to restrict his or her protected health information do not apply to this authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose the Insured's entire medical record without restriction.

I understand that the Company will use the information it obtains regarding the Insured to: (a) administer claims; (b) determine or fulfill responsibility for coverage and provision of benefits; (c) administer coverage; and/or (d) conduct other legally permissible activities that relate to any coverage the Insured had with the Company.

I understand that the Company will not disclose information it obtains about the Insured except as authorized by this authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is re-disclosed as permitted by this authorization, it may no longer be protected by applicable federal privacy law.

I understand that: (a) this authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to Group Life Claims Department, Sun Life Assurance Company of Canada, SC 4375, One Sun Life Executive Park, Wellesley Hills, Massachusetts, 02481, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the authorization upon request.

A copy of this authorization shall be as valid as the original.

Print name of the deceased Insured <i>THEODORE M. JACOBSON</i>	Group policy number <i>49543</i>
Relationship to the deceased Insured <i>SON</i>	
Print name <i>STEVEN A. JACOBSON, Trustee</i>	
Signature <i>Steven A. Jacobson, Trustee</i>	Date <i>4/14/2014</i>

Authorization for release and disclosure of non-health-related information

This authorization complies with the HIPAA Privacy Rule. It is important for you to read, sign, and submit all authorizations in this packet. Failure to submit all authorizations could result in a delay during the claims process.

Return to:

Sun Life Financial
Group Life Claims
P.O. Box 81365
Wellesley Hills, MA 02481
Fax: 800-979-5128

I HEREBY AUTHORIZE any (a) physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, therapist, pharmacy benefit manager, or other medical or health care facility that provided payment, treatment, or services to the deceased person named below (the "Insured") or on the Insured's behalf; (b) benefits plan administrator; (c) employer; (d) insurance company; (e) insurance support organization; (f) state department of motor vehicles; (g) consumer reporting agency; (h) financial institution; (i) government agency, or (j) the Medical Information Bureau, Inc. or Pharmacy Information Bureau, Social Security Administration, Internal Revenue Service, or the Veteran's Administration to disclose to Sun Life Assurance Company of Canada ("the Company"), its subsidiaries, affiliates, third party administrators, and reinsurers, any and all non-health information relating to the Insured, including but not limited to (a) the Insured's employment earnings; (b) the Insured's occupational duties; (c) the Insured's credit history; (d) any insurance benefits the Insured may have received; (e) Social Security benefits the Insured or the Insured's dependents may be receiving or have received; (f) insurance claims the Insured may have filed; (g) traffic accident reports relating to the Insured; and (h) any other financial information relating to the Insured.

I understand that the Company will use the information it obtains to (a) make eligibility, risk rating, policy issuance, and enrollment determinations; (b) obtain reinsurance; (c) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (d) administer coverage; and/or (e) conduct other legally permissible activities that relate to any coverage for the Insured had with the Company.

If this authorization is signed in connection with a claim for insurance benefits, I hereby authorize the Company to disclose any information it obtains about the Insured to any (a) insurance company; (b) third party administrator; or (c) treating physician, psychologist, or therapist/counselor of the Insured's for the purpose of verifying, evaluating, negotiating, determining, and/or adjudicating the claim.

I understand that the Company will not disclose information it obtains about the Insured except as authorized by this authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is re-disclosed as permitted by this authorization, it may no longer be protected by applicable federal privacy law. This authorization shall apply to information relating to the Insured's dependents where applicable.

I understand that: (a) this authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to Group Life Claims, Sun Life Financial, P.O. Box 81365, Wellesley Hills, Massachusetts, 02481, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the authorization upon request.

A copy of this authorization shall be as valid as the original.

Print name of the Insured <i>THEODORE M. JACOBSON</i>	Group policy number <i>49543</i>
Relationship to the deceased Insured <i>SON</i>	
Print name <i>STEVEN A. JACOBSON, Trustee</i>	
Signature <i>Steven A. Jacobson</i>	Date <i>4/14/2014</i>

SUN LIFE ASSURANCE COMPANY OF CANADA

CERTIFICATE OF INSURANCE

Under

GROUP INSURANCE POLICY

POLICYHOLDER: Racine Unified School District

GROUP POLICY NUMBER: 49543

EMPLOYEE: Theodore Jacobsen

EFFECTIVE DATE: June 12, 1996

BENEFICIARY:

AMOUNT OF INSURANCE \$13250

Elizabeth Jane Jacobson, wife.

This certifies that Sun Life Assurance Company of Canada (Sun Life) has issued a Policy of group insurance covering employees of Racine Unified School District. The life of the employee named above is insured against death. The Amount of Insurance and the Effective Date are also shown above.

The insurance referred to in this Certificate has no cash value and cannot be assigned. This insurance shall remain in force without payment of further contributions from the employee.

DEFINITIONS

Employee

An employee who has retired from the Racine Unified School District in accordance with the terms of the District's retirement plan and such retiree is age 67 or over on the effective date of this Certificate.

District

The Racine Unified School District.

Sun Life

Sun Life Assurance Company of Canada
U.S. Headquarters
One Sun Life Executive Park
Wellesley Hills, MA 02181

Group Service
800-247-6875

John Young

8-8 EST

WISCONSIN CERTIFICATE OF VITAL RECORD

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
FACT OF DEATH

STATE FILE DATE: FEBRUARY 21, 2014
STATE FILE NUMBER: 2014006533

1. DECEDENT'S NAME First THEODORE		Middle JACOBSON		Last JACOBSON		2. SOCIAL SECURITY NUMBER 398-20-4580		3. DATE PRONOUNCED DEAD FEBRUARY 16, 2014	
4. TIME PRONOUNCED DEAD (24hr) 21:30		5. AGE 84 YEARS		6. DATE OF BIRTH JUNE 23, 1929		7. SEX MALE		8. CITY, VILLAGE, OR TOWNSHIP OF DEATH MOUNT PLEASANT (VILLAGE)	
9. COUNTY OF DEATH RACINE		11. FACILITY NAME AND ADDRESS OF DEATH 8600 CORPORATE DRIVE (HOSPICE ALLIANCE-MOUNT PLEASANT)							
12. RESIDENCE ADDRESS 8600 CORPORATE DRIVE		13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP MOUNT PLEASANT (VILLAGE)		14. RESIDENCE COUNTY RACINE		15. RESIDENCE STATE WISCONSIN			
16. MARITAL STATUS WIDOWED		17. WI DOMESTIC PARTNERSHIP NO		18. SURVIVING SPOUSE'S BIRTH NAME		19. STATE OF BIRTH NORTH DAKOTA		20. DECEDENT'S BIRTH LAST NAME JACOBSON	
21. FATHER'S BIRTH NAME THEODORE JACOBSON				22. MOTHER'S BIRTH NAME MARTHA WICKUM					
23. INFORMANT'S NAME STEVE JACOBSON				24. INFORMANT'S MAILING ADDRESS 7140 ASPEN COURT, FRANKSVILLE, WI 53216					
25. NAME AND ADDRESS OF FUNERAL FACILITY DRAEGER LANGENDORF FUNERAL HOME & CREMATORY, 4600 COUNTY LINE RD, RACINE, WI 53403						26. FUNERAL DIRECTOR'S NAME LANGENDORF, GARY A		27. DATE SIGNED FEBRUARY 20, 2014	
28. MANNER OF DEATH NATURAL		29. TYPE OF MEDICAL CERTIFIER PHYSICIAN		30. MEDICAL CERTIFIER'S NAME AND TITLE MARK DECHECK, MD		31. DATE SIGNED FEBRUARY 19, 2014			
32. DATE OF DEATH FEBRUARY 16, 2014		33. TIME OF DEATH (24hr) 21:30		34. MEDICAL CERTIFIER'S MAILING ADDRESS 3805 SPRING STREET B, STE 250, RACINE, WI 53405					

EXTENDED FACT OF DEATH

35. USUAL OCCUPATION SCHOOL ADMINISTRATOR		36. KIND OF BUSINESS/INDUSTRY UNIFIED ACHOOL DISTRICT		37. EVER IN US ARMED FORCES YES		38. DECEDENT TRIBAL MEMBER NO TRIBE NAME(S):	
39. METHOD OF DISPOSITION CREMATION		40. PLACE AND LOCATION OF DISPOSITION DRAEGER-LANGENDORF CREMATORY, MOUNT PLEASANT, WISCONSIN					
41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.							
Immediate Cause: (a) <u>INANITION</u>						Interval Between Onset and Death <u>2 MONTHS</u>	
Due to or as a consequence of: (b) <u>ADVANCED DEMENTIA</u>						<u>1 YEAR</u>	
Due to or as a consequence of: (c) _____						_____	
Due to or as a consequence of: (d) _____						_____	
41. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.							
42. AUTOPSY PERFORMED NO		43. DATE OF INJURY		44. TIME OF INJURY (24hr)		45. INJURY AT WORK	
46. PLACE OF INJURY		48. COUNTY OF INJURY					
49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.							

NO AMENDMENTS PRESENT

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



1026297

11725057 Date Issued: FEBRUARY 21, 2014

TYSON FETTES
RACINE COUNTY REGISTER OF DEEDS

THIS CERTIFICATE HAS A BLUE/PINK/BLUE BACKGROUND ON THE FACE AND TWO RAISED SEALS - THE PAPER CONTAINS A VISIBLE CHAIN LINK WATERMARK - HOLD TO LIGHT TO VERIFY PRESENCE

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

WISCONSIN CERTIFICATE OF VITAL RECORD

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
FACT OF DEATH

STATE FILE DATE: NOVEMBER 20, 2013
STATE FILE NUMBER: 2013043280

1. DECEDENT'S NAME First: ELIZABETH Middle: JANE Last: JACOBSON				2. SOCIAL SECURITY NUMBER 390-26-1422		3. DATE PRONOUNCED DEAD NOVEMBER 12, 2013	
4. TIME PRONOUNCED DEAD (24hr) 19:38		5. AGE 84 YEARS		6. DATE OF BIRTH AUGUST 07, 1929		7. SEX FEMALE	
10. PLACE OF DEATH HOSPITAL-PRONOUNCED DEAD IN ER FROM OTHER PLACE				11. FACILITY NAME AND ADDRESS OF DEATH WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS INC, 1320 WISCONSIN AVE, RACINE, WI 53403			
12. RESIDENCE ADDRESS 1255 NORTH SUNNYSLOPE DRIVE UNIT 183				13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP MOUNT PLEASANT (VILLAGE)		14. RESIDENCE COUNTY RACINE	
15. RESIDENCE STATE WISCONSIN		16. RESIDENCE ZIP CODE 53406					
17. MARITAL STATUS MARRIED		18. WI DOMESTIC PARTNERSHIP NO		19. SURVIVING SPOUSE'S BIRTH NAME THEODORE JACOBSON			
20. STATE OF BIRTH WISCONSIN		21. DECEDENT'S BIRTH LAST NAME WEBER		22. FATHER'S BIRTH NAME ARNOLD		23. MOTHER'S BIRTH NAME LEONA BARTZ	
24. INFORMANT'S NAME THEODORE JACOBSON				25. NAME AND ADDRESS OF FUNERAL FACILITY DRAEGER LANGENDORF FUNERAL HOME & CREMATORY, 4600 COUNTY LINE RD, RACINE, WI 53403			
26. FUNERAL DIRECTOR'S NAME LANGENDORF, GARY A				27. DATE SIGNED NOVEMBER 20, 2013			
28. MANNER OF DEATH NATURAL				29. TYPE OF MEDICAL CERTIFIER PHYSICIAN			
30. MEDICAL CERTIFIER'S NAME AND TITLE MARK DECHECK, MD				31. DATE SIGNED NOVEMBER 19, 2013			
32. DATE OF DEATH NOVEMBER 12, 2013		33. TIME OF DEATH (24hr) 19:38		34. MEDICAL CERTIFIER'S MAILING ADDRESS 3805 SPRING STREET, RACINE, WI 53405			

EXTENDED FACT OF DEATH

35. USUAL OCCUPATION HOMEMAKER		36. KIND OF BUSINESS/INDUSTRY OWN HOME		37. EVER IN US ARMED FORCES NO		38. DECEDENT TRIBAL MEMBER NO	
39. METHOD OF DISPOSITION BURIAL		40. PLACE AND LOCATION OF DISPOSITION GRACELAND CEMETERY, RACINE, WISCONSIN					
41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.							
Immediate Cause: (a) <u>SUDDEN CARDIAC DEATH</u>						Interval Between Onset and Death <u>SUDDEN</u>	
Due to or as a consequence of: (b) <u>PROBABLE ARRHYTHMIA</u>						<u>SUDDEN</u>	
Due to or as a consequence of: (c) _____						_____	
Due to or as a consequence of: (d) _____						_____	
41. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. <u>HISTORY OF BREAST CANCER 1998</u>							
42. AUTOPSY PERFORMED NO		43. DATE OF INJURY		44. TIME OF INJURY (24hr)		45. INJURY AT WORK	
46. PLACE OF INJURY		47. LOCATION OF INJURY					
48. COUNTY OF INJURY						49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.	

NO AMENDMENTS PRESENT

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



11721495 Date Issued: NOVEMBER 20, 2013

TYSON FETTES
RACINE COUNTY REGISTER OF DEEDS