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STOP

PIONEER NAT'L TITLE INS. CO.  
59 MUENICH CT.  
HAMMOND, INDIANA

SATISFACTION OF MORTGAGE

This Certifies That a certain Mortgage executed by Dave B. Foust and Elizabeth Foust, Husband and Wife

to William A. Wirz and Marie Wirz Husband and Wife as Joint Tenants

on 6th day of October 1969 calling for \$ 9,500.00 and recorded in Mortgage Record No. 1387 page 254 Lake County, State of Indiana, has been fully paid and satisfied, and the same is hereby released.

WITNESS our hand and seal this 28th day of July 19 69

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

WILLIAM A. WIRZ

AUG 12 9 29 AM '69

Marie Wirz

Marie Wirz

ILLINOIS  
State of Indiana

RECORDER

BOND

County, ss:

Before me, the undersigned, a Notary Public in and for said County, this 28th day of July 1969, appeared Mrs. Marie Wirz, personally known to me to be the surviving joint tenant and unmarried widow of William A. Wirz, deceased

acknowledged the execution of the annexed satisfaction of mortgage.

Witness my Hand and official seal.

[Signature]

Notary Public.

My Commission expires May 20, 1971

This instrument prepared by:

William A. Wirz

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Bautista  
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302169

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Baptista

Certified Copy of a Death Record

This Document is the property of the Lake County Recorder!

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 3.0	REGISTERED NUMBER 18	STATE FILE NUMBER
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)		
1. William Arnold Wirz 2 Male 3 Jan. 26, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YRS.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH COUNTY
4. White	5a. 69 5b. 5c. 6. May 5, 1898	7a. Bond
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER	INSIDE CITY (YES/NO) HOSPITAL OR OTHER INSTITUTION—NAME	(IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. Greenville	7c. Yes 7d. Utlaut Memorial Hospital	
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Illinois	9. U.S.A. 10. Married	11. Marie Williams
SOCIAL SECURITY NUMBER	USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY	U.S. WAR VETERAN, WAR OR DATES OF SERVICE
12. 487-18-4864A	13a. Supervisor 13b. Shelby Co	13c. No 13d. —
RESIDENCE STATE COUNTY	CITY, TOWN, TWP OR ROAD DISTRICT NO. INSIDE CITY (YES/NO)	STREET AND NUMBER
14a. Illinois 14b. Bond	14c. Greenville 14d. Yes	14e. 711 Shannon
FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Herman H. Wirz	16. Elizabeth Jacob	
INFORMANT'S SIGNATURE	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. Marie Wirz	17b. Wife	17c. 711 Shannon, Greenville, Ill. 62246
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Cardiac Arrest		Sudden
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b) ACUTE CORONARY OCCLUSION		40 Min.
(c) DUE TO OR AS A CONSEQUENCE OF:		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (d)		
DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION		AUG 12 9 29 AM '68 ANDREW J. MOHR RECORDER
20a. 20b.		
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT		
21. ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED		
M. 7:20 A.		
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.		
ATTENDED THE DECEASED FROM: MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON: MONTH DAY YEAR
21a. 1 26 68	21b. 1 26 68	21c. 1 26 68
SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR) ILLINOIS LICENSE NUMBER
22a. Boyd E. McCracken M.D.		22b. 1-27-68 22c. 28897
MAILING ADDRESS—CERTIFIER STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP		
23. 100 N. Locust St., Greenville, Illinois		62246
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
24a. Burial	24b. Montrose Cemetery	24c. Greenville, Illinois 24d. Jan. 28, 1968
FUNERAL HOME NAME	STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP	
25a. The Donnell Funeral Home, 203 West Oak, Greenville, Ill.	62246	
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. William E. Donnell	25c. 7295	
LOCAL REGISTRAR'S SIGNATURE	DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. Kathryn Roland	26b. Jan. 29, 1968	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Statistics Act.

DATE February 9, 1968 SIGNED Kathryn Roland  
AT Greenville, Illinois OFFICIAL TITLE City Clerk

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

VS 201B (1968) BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706  
Key # 35-212-8