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Charles E. Van Natta
312 E Commercial
Lowell, Indiana 46356

This instrument has been approved by the Indiana State Bar Association for use by attorneys only. The selection of a form of instrument, filling in blank spaces, striking out provisions, and insertion of special clauses, constitutes the practice of law and should be done by an attorney.

Charles E. Van Natta, Notary
312 E Commercial Ave.
Lowell, Indiana 46356

✓ 17005

Document is NOT OFFICIAL! RELEASE OF MORTGAGE

For a valuable consideration, it is hereby certified that a certain mortgage executed by John Black and Jetha Black, husband and wife the Lake County Recorder!

_____, on the 15th day of February 1963, securing the principal sum of Ten Thousand and 00/100 Dollars (\$10,000.00) which mortgage was duly recorded in Mortgage Record 1447 at page 556 in the office of the Recorder of Lake County, Indiana, on 18th day of February 1963, and subsequently assigned on the _____ day of _____, 19____ to the _____, said assignment being duly recorded in Mortgage and Assignment Record _____ at page _____ in the Office of the Recorder of _____ County, State of Indiana, on the _____ day of _____, 19____, is hereby Released and Satisfied.

Dated this 30th day of July, 1970

Donald C. Skinner
Donald C. Skinner
surviving husband of Freida E. Skinner,
deceased.

STATE OF North Carolina, COUNTY OF Henderson SS:

Before me, the undersigned, a Notary Public in and for said County and State this 3 day of August 1970, personally appeared Donald C. Skinner and acknowledged the execution of the foregoing instrument. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: My Commission Expires May 6, 1975 Thomas V. White
THOMAS V. WHITE NOTARY PUBLIC

STATE OF _____, COUNTY OF _____, SS:
Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____, President and _____, Secretary known

to me to be such Officers of _____ and acknowledged the execution of the foregoing Release of Mortgage, as such officers, for and on behalf of said Corporation and by authority of its Board of Directors.

Witness my hand and notarial seal this _____ day of _____, 19____
My commission expires: _____
NOTARY PUBLIC

This instrument was prepared by _____, Attorney At Law

THIS INSTRUMENT APPROVED BY CHARLES E. VAN NATTA
A MEMBER OF THE CROOK POINT-LOWELL BAR ASSOCIATION

67835

Document is NOT OFFICIAL!

This Document is the property of the Lake County-Recorder!

Charles E. Van Natta, Atty
313 E Commercial Ave.
Lowell, Indiana 46358

MANATEE COUNTY HEALTH DEPARTMENT
202 SIXTH AVENUE, EAST, BRADENTON, FLORIDA 33505-TELEPHONE 744-3531

GEORGE M. DAME, M.D., DIRECTOR

CERTIFIED COPY

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 1338
REGISTRAR'S NO.

This be- comes a legal rec- ord when properly executed and will be placed in per- manent file.

U r i c c plainly with per- manent black ink or typewriter

Funeral director must file the certificate with the local registrar within 72 hours after death or before making any disposition of body.

All items are to be complete & accurate.

V.S.#812
Rev.1965

1. PLACE OF DEATH a. COUNTY Manatee		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida b. COUNTY Manatee	
6. CITY, TOWN, OR LOCATION Bradenton		e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
4. NAME OF HOSPITAL OR INSTITUTION Manatee Memorial Hospital		d. STREET ADDRESS 612 51st Ave. Terrace W.	
3. NAME OF DECEASED (Type or print) FREIDA INDIAN SKINNER		4. DATE OF DEATH Month Dec. Day 5 Year 1969	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Rollo, Illinois
13. FATHER'S NAME Michael J. Benson		14. MOTHER'S MAIDEN NAME Melissa A. Anderson	
16. SOCIAL SECURITY NO. 267-94-9319		17. INFORMANT'S SIGNATURE Donald C. Skinner, Address 612 51st Ave. Terrace W.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable acute Ventricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Probable acute Myocardial Infarction (M.I.) DUE TO (c) Coronary + Cerebral Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) None	
20c. TIME OF INJURY Hour None Month None Day None Year None s. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Bradenton COUNTY Manatee STATE Florida	
21. I attended the deceased from Dec 66 to April 2, 1967 and last saw her alive on 4-2-67 Death occurred at 2 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Helen M. Albritton (Degree or title)		22b. ADDRESS Bradenton Florida	
22c. DATE SIGNED 12-8-69			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Dec. 7, 1969	
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge		23d. LOCATION (City, town, or county) (State) Sandwich, Illinois	
24. FUNERAL DIRECTOR'S SIGNATURE Helen M. Albritton		25. DATE RECD. BY LOCAL REG. Dec. 8, 1969	
24. FUNERAL HOME ADDRESS Funeral Home Shannon 1015 14th St. W.		26. REGISTRAR'S SIGNATURE Helen M. Albritton	

CERTIFIED COPY

I hereby certify the above to be a true and correct copy of the record on file in the Office of the Local Registrar of Vital Statistics at the Manatee County Health Department, Bradenton, Florida.

Date **April 1970**

By: **Helen M. Albritton**
Deputy Registrar of Vital Statistics

George M. Dame M.D.
Manatee County Health Officer and Local Registrar