

583341



1401 E. 35th Court
Gary 46409

583341 SATISFACTION OF MORTGAGE

This Certifies, That a certain Mortgage executed by Michael R. Havelka
and Mertha Havelka
to Albert M. Havelka (deceased)

on 27 day of Feb 1973, calling for \$ 2,000 — and recorded
in Mortgage Record No. 190327, page 1abc County,

State of Indiana, has been fully paid and satisfied, and the same is hereby released.

WITNESS hand and seal this 5th day of May 1980
Michael B. Havelka (executor
for Albert M. Havelka (deceased)

State of Indiana, Lake County, ss:

Before me, the undersigned, a Notary Public in and for said County, this
day of April 1980,

Michael J. Havelka Ex. for
Albert M. Havelka, deceased

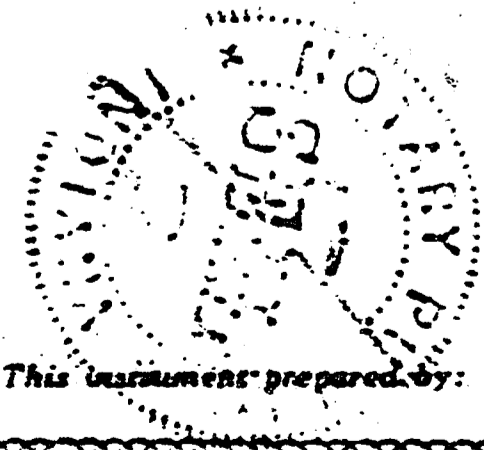
acknowledged the execution of the annexed satisfaction of mortgage.

Witness my Hand and official seal.

Evelyn R. Jankovitch
Notary Public

My Commission expires 9/16/85

Michael J. Havelka



STATE OF INDIANA
NOTARY PUBLIC
EVELYN R. JANKOVITCH
MAY 5 12 10 PM '80
RECORDED

583341

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

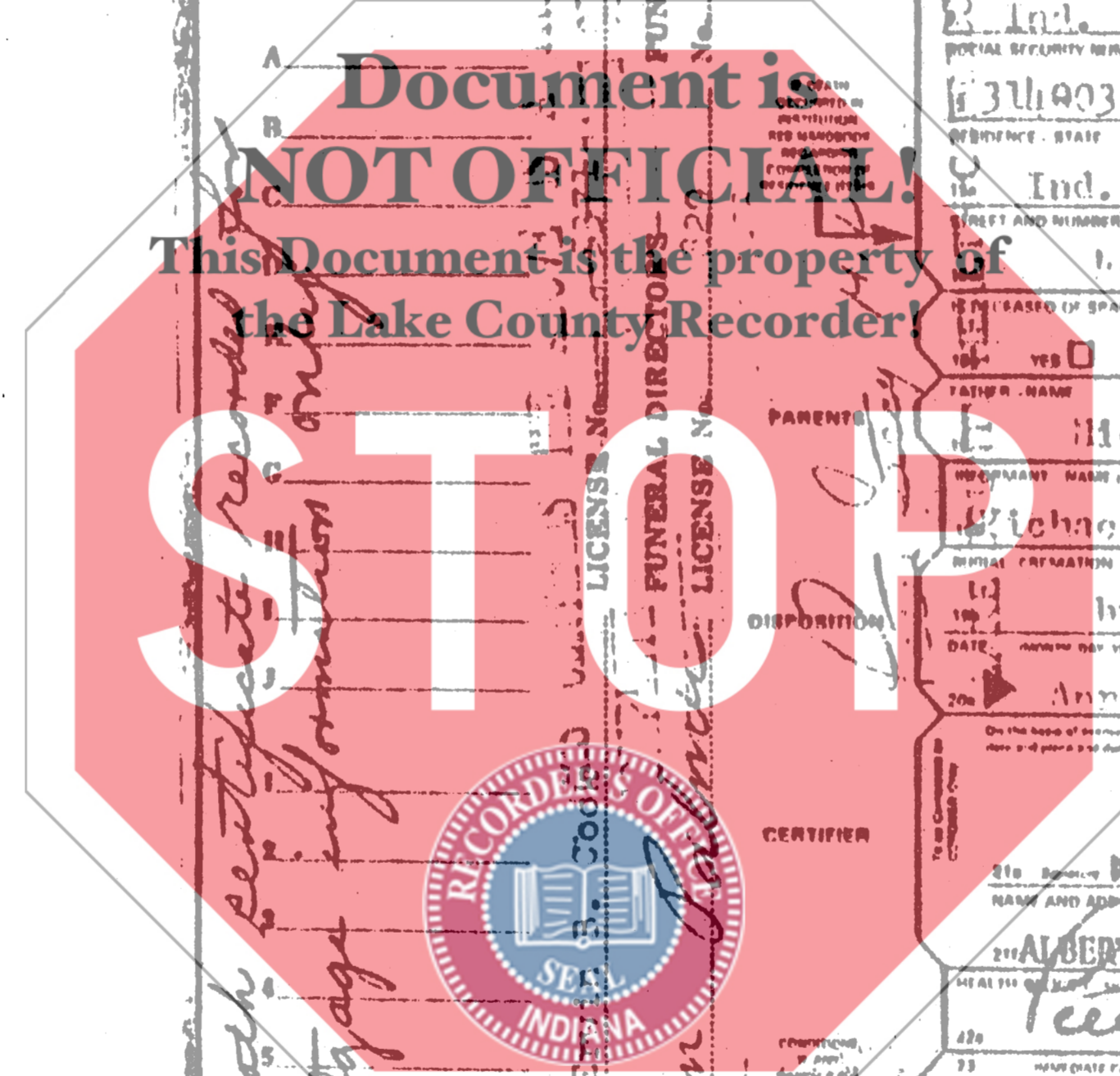
Below for State Office Use

Local No. 300/1000 435-98

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

1. DECEASED - NAME Albert H. Hovedor		2. SEX Male		3. DATE OF BIRTH (MONTH DAY YEAR) Jan. 20, 1928	
4. RACE White		5. UPPER YEAR 59		6. COUNTY OF BIRTH Lake	
7. TOWN OR LOCATION OF DEATH Mohart		8. HOSPITAL OR OTHER INSTITUTION Hoxter Hospital Northeast		9. IF HOSP OR INST. NAME OF PHYSICIAN (Last, First, Middle Initial)	
10. STATE OF BIRTH Ind.		11. CITIZEN OF WHAT COUNTRY U.S.A.		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never married	
13. SOCIAL SECURITY NUMBER 3314903-2356		14. USUAL OCCUPATION Truck Driver		15. KIND OF BUSINESS OR INDUSTRY Central Distributing	
16. RESIDENCE - STATE Ind.		17. COUNTY Lake		18. CITY, TOWN OR LOCATION Gary	
19. STREET AND NUMBER 1037 Hans. St.		20. IS RESIDENCE ON A FARM? NO		21. WERE CITY LIMITS EXCEEDED? YES	
22. FATHER - NAME Michael Hovedor		23. MOTHER - MARDEN NAME Julia Adler		24. YES	
25. HOME PHONE NUMBER Michael Hovedor		26. MARITAL ADDRESS 1401 E. 35th Ct. Gary, Ind.		27. CITY OF DEATH Gary, Ind.	
28. DISPOSITION Burial		29. CEMETERY OR CREMATORY Oak Hill Co.		30. LOCATION Gary, Ind.	
31. DATE April 1, 1978		32. FUNERAL HOME - NAME AND ADDRESS Stillinovich, Palmer & Wiatrolik 1213 Pduy. Gary, Ind.		33. CITY OR TOWN STATE ZIP	
34. NAME AND ADDRESS OF PHYSICIAN Dr. T. Willards		35. DATE SIGNED (Month Day Year) 4/7/1978		36. HOUR OF DEATH M	
37. NAME AND ADDRESS OF PHYSICIAN Albert T. Willards M.D., 2293 North Main St., Crown Point, Indiana 46307		38. DATE RECEIVED BY LOCAL HEALTH OFFICER 4-9-78		39. PREVIOUSLY DEAD (Month Day Year) 3/29/1978	
40. NAME OF CAUSE MYOCARDIAL INFARCTION		41. DATE RECEIVED BY LOCAL HEALTH OFFICER		42. PREVIOUSLY DEAD (Month Day Year)	
43. CAUSE		44. YES		45. OTHER CAUSE (If any)	
46. SUICIDE (HOW, UNDER WHAT CIRCUMSTANCES) NATURAL		47. DATE OF INJURY		48. HOUR OF INJURY	
49. PLACE OF INJURY		50. LOCATION		51. STREET OR R.F. NO.	
52. CITY OR TOWN		53. STATE		54. ZIP	



Death Certificate Recorded
 Mortgage information only

FURNERAL HOME LICENSE No. 242
 FURNERAL DIRECTOR'S LICENSE No. 222

EMBALMER'S NAME
 FURNERAL DIRECTOR'S SIGNATURE

RECORDERS OFFICE
 SEAL
 INDIANA

Disposition Permit Issued / /
Provisional Certificate
 Yes No