

92004364 QUITCLAIM DEED

THIS INDENTURE WITNESSETH, That Ruby A. Rogers

of St. Bernard Parish ~~County~~, in the State of Louisiana

RELEASE AND QUITCLAIM TO Paul and Carol Deming

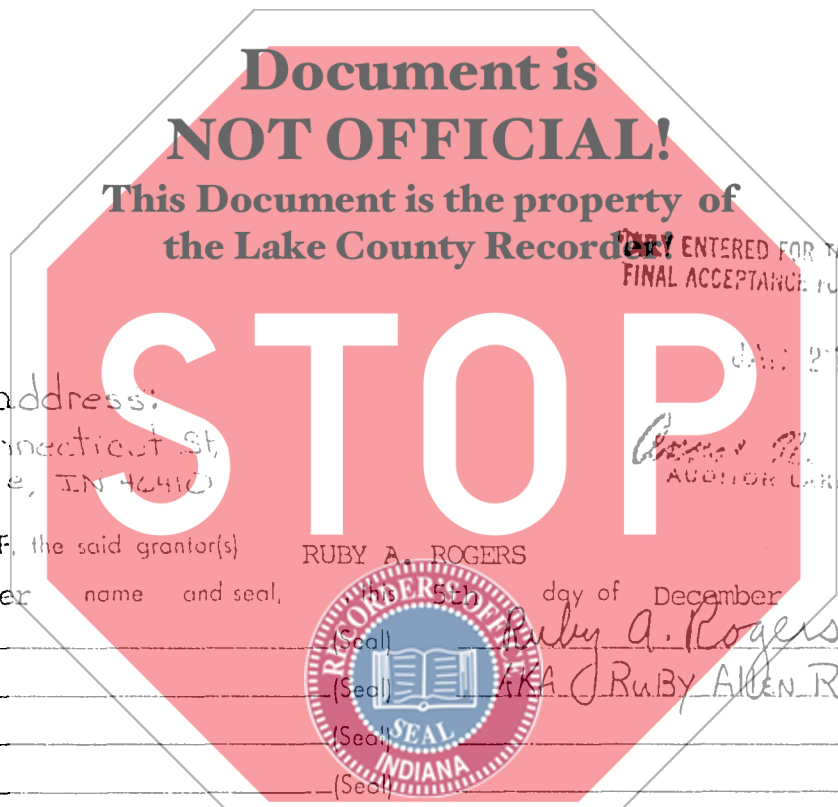
of Lake County, in the State of Indiana for and in consideration  
of Six Thousand, Five Hundred Dollars

the receipt whereof is hereby acknowledged, the following described Real Estate in Lake County

in the State of Indiana, to-wit: Part of the Northwest Quarter of Section 15, Township 35 North, Range 8 West of the Second Principal Meridian, described as: Commencing at a point in the center line of Connecticut Street which is 671.75 feet East and 540.57 feet South of the Northwest corner of said Section and running thence West 176.75 feet, thence North 100 feet, thence East 176.70 feet, thence South 100 feet to the place of beginning, containing .39 of an acre, more or less, in Lake County, Indiana.

Key # 15-27-20

Sign in BLACK INK for better Micro copies



tax mailing address:  
6970 Connecticut St,  
Merrillville, IN 46410

STATE OF INDIANA, S.W. 103  
LAKE COUNTY, IN  
FILED FOR RECORD  
JAN 22 9 00 PM '92  
ROBERT W. ROGERS JR.  
AUDITOR LAKE COUNTY

IN WITNESS WHEREOF, the said grantor(s) RUBY A. ROGERS  
has hereunto affixed her name and seal, this 5th day of December, 19 91  
\_\_\_\_\_  
(Seal) Ruby A. Rogers (Seal)  
\_\_\_\_\_  
(Seal) AKA RUBY ALLEN ROGERS (Seal)  
\_\_\_\_\_  
(Seal) \_\_\_\_\_ (Seal)  
\_\_\_\_\_  
(Seal) \_\_\_\_\_ (Seal)

Notary Seal      STATE OF Louisiana, St. Bernard Parish County, ss:      Corporate Seal  
Before me, the undersigned, a Notary Public in and for said County and State,  
this 5th day of December, 19 91,  
personally appeared RUBY A. ROGERS  
\_\_\_\_\_  
and acknowledged the execution of the foregoing deed.  
Lena R. Torres Notary Public  
LENA R. TORRES  
My Commission expires AT-DEATH

Auditor Stamp      Recorder Stamp

This Document Prepared by Robert W. Rogers Jr.  
5322 Carrollton Rd B-6  
Indpls 46220      00834

700

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

Below for State Office Use

- A \_\_\_\_\_
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EMBALMER'S NAME Chas. W. Wells

LICENSE No. 4237

FUNERAL DIRECTOR'S SIGNATURE *John D. Buehler*

FUNERAL DIRECTOR'S LICENSE No. 723

FUNERAL HOME No. 245

Local No. 303-78

TYPE OR PRINT IN PERMANENT INK FOR INSTR. CLERKS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LEADING TO UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

DECLAISED NAME 1 ROBERT W. ROGERS				SEX Male	DATE OF DEATH March 4, 1978
HAIR White	AGE 64	UNDER 1 YEAR Males Females	UNDER 1 DAY Males Females	DATE OF BIRTH 12-8-1913	COUNTY OF DEATH Lake
CITY, TOWN, OR LOCATION OF DEATH Merrillville			HOSPITAL OR OTHER INSTITUTION Broadway Methodist Hospital		STATUS Inpatient
STATE OF BIRTH Ohio	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, DIVORCED, OR SEPARATED Married	SURVIVING SPOUSE Ruby Allen		WAS EXERCISE EVER IN U.S. ARMED FORCES? Yes
SOCIAL SECURITY NUMBER 279-03-2976		USUAL OCCUPATION Retired Steelworker		KIND OF BUSINESS OR INDUSTRY US Steel Corp.	
RESIDENCE STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Merrillville			
STREET AND NUMBER 6970 Connecticut St.			IS RESIDENT ON A FARM? NO	INSIDE CITY LIMITS SPECIFY LINES OR NOT Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO					
FATHER NAME Wilbur Rogers		MOTHER-MAIDEN NAME Ada Weaver			
INFORMANT NAME (Type or print) Ruby Rogers		MAILING ADDRESS 6970 Connecticut Street, Merrillville, Ind.		CITY OR TOWN STATE ZIP 46410	
BURIAL, CREMATION, REMOVAL, OTHER Burial		CEMETERY OR CREMATORY - FUNERAL HOME Galumet Park Cemetery		LOCATION CITY OR TOWN STATE Merrillville, Indiana	
DATE (Month, Day, Year) March 8, 1978		FUNERAL HOME - NAME AND ADDRESS PRUZIN FUNERAL HOME, 6360 Broadway, Merrvl, Ind.		STREET OR RD NO. CITY OR TOWN STATE ZIP 46410	
SIGNATURE <i>Mary D. Carroll</i>		DATE SIGNED March 9, 1978		HOUR OF DEATH 1:35 PM	
NAME OF ATTENDING PHYS. MARY D. CARROLL M.D.					
MAILING ADDRESS - PHYSICIAN 124 N. Main St., Crown Point, Indiana 46307					
HEALTH OFFICER SIGNATURE <i>Chas. W. Wells</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 3-9-78	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE ITEMS (a) AND (b))					
PART I (a) Myocardial Infarction		DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH minutes	
PART I (b) Atherosclerotic Cardio - Vascular Disease		DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH years	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions which being together but not in themselves cause death in PART I (a) or (b) Anemia, Diabetes Mellitus, Chronic Obstructive Lung Disease					