

92023603

MCOR TITLE INSURANCE
Crown Point, Indiana

MAIL TAX BILLS TO:

Jesse E. and Rosemarie Jones

5814 W. 25th
Gary, IN 46406

TAX KEY NUMBER:

Key No. 49-264-9&10

ADDRESS OF PROPERTY:

25th & Calhoun
Gary, IN 46402

PERSONAL REPRESENTATIVE'S DEED

LARRY E. NOELTING, as Personal Representative of the Estate of LEO SANKSTONE, deceased, which Estate is under the supervision of the Lake Circuit Court, Lake County, Indiana, under Estate Number 45CO1-9107-ES-222, pursuant to an Order of the Lake Circuit Court, dated the 8th day of October, 1991, for good and sufficient consideration, conveys to:

JESSE E. JONES AND ROSEMARIE E. JONES,
HUSBAND AND WIFE

the following described Real Estate in Lake County, State of Indiana, to-wit:

Lots Nine (9) and Ten (10), Block Three (3), Oak Center Addition, as shown in Plat Book 23, Page 46, in Lake County, Indiana.

This conveyance is subject to State, County and City taxes for 1991 payable in 1992, and all subsequent years; all special assessments levied prior to and payable subsequent to the date hereof; building and zoning ordinances; easements; restrictions of record and questions of survey and all zoning ordinances now or hereafter in effect. Grantor expressly limits said Warranties only against the acts of the Grantor and all persons claiming by, through or under the Grantor.

IN WITNESS WHEREOF, the said LARRY E. NOELTING, as Personal Representative of the Estate of LEO SANKSTONE, deceased, has hereunto set her hand and seal this 17th day of October, 1991.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

APR 14 1992

Anna N. Antos
AUDITOR LAKE COUNTY

EXAMINED AND APPROVED in Open Court this 17th day of October, 1991

Filed in Open Court

OCT 17 1991

George E. Antos
CLERK LAKE CIRCUIT COURT

Larry E. Noelting
LARRY E. NOELTING, Personal Representative of the Estate of LEO SANKSTONE, Deceased

George E. Antos
JUDGE, LAKE CIRCUIT COURT

STATE OF INDIANA/S.S.H.O.
LAKE COUNTY
FILED FOR RECORD
APR 20 1992
ROBERT L. ...
35 AM '92

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163049

State of Indiana)
) ss:
County of Lake)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared LARRY E. NOELTING, as Personal Representative of the Estate of LEO SANKSTONE, and acknowledged the execution of the foregoing Deed to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL THIS 17th DAY of October, 1991.

My Commission Expires:

11-28-93

Gloria J. Deno

Gloria J. Deno, Notary Public
Resident of Lake County, Indiana

Documents

NOT OFFICIAL!

This instrument was prepared by John M. O'Drobinak, Attorney at Law, 5240 Fountain Drive, Suite 100, Crown Point, Indiana 46307

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

STOP



LAKE COUNTY BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED - NAME FIRST: <u>Ruth</u> MIDDLE: LAST: <u>Sankstone</u>		SEX: <u>Female</u>	DATE OF DEATH (MONTH DAY YEAR) <u>June 11, 1982</u>
RACE: <u>White</u>	AGE - Last Birthday: <u>82</u>	DATE OF BIRTH (MONTH DAY YEAR): <u>Aug. 25, 1900</u>	COUNTY OF DEATH: <u>Lake</u>
CITY, TOWN OR LOCATION OF DEATH: <u>Crown Point</u>		HOSPITAL OR OTHER INSTITUTION: <u>St. Anthony's Hospital</u>	
STATE OF BIRTH: <u>Illinois</u>	CITIZEN OF WHAT COUNTRY: <u>USA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: <u>Married</u>	SURVIVING SPOUSE: <u>Leo Sankstone</u>
SOCIAL SECURITY NUMBER: <u>309-61-5377</u>	USUAL OCCUPATION: <u>Unknown</u>	KIND OF BUSINESS OR INDUSTRY: <u>Unknown</u>	
RESIDENCE - STATE: <u>Indiana</u>	CITY, TOWN OR LOCATION: <u>Portage</u>	RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>
<p style="text-align: center;">This Document is the property of the Lake County Recorder!</p>			
FATHER - NAME: <u>Charles</u>		MOTHER - MAIDEN NAME: <u>Laura</u>	
INFORMANT - NAME: <u>Leo Sankstone</u>		RELATIONSHIP: <u>Husband</u>	
MARRIAGE ADDRESS: <u>6500 Parkway</u>		CITY OR TOWN: <u>Portage - Indiana</u>	
BURIAL, CREMATION, REMOVAL, OTHER: <u>Cremation</u>		CEMETERY OR CREMATORY - FUNERAL HOME: <u>Calvary Crematory</u>	
DATE: <u>June 11, 1982</u>		FUNERAL HOME - NAME AND ADDRESS: <u>2700 Willoughby Road, Portage, Ind.</u>	
NAME OF ATTENDING PHYSICIAN: <u>Wesley Poramibson, M.D.</u>		DATE SIGNED: <u>6-17-82</u>	HOUR OF DEATH: <u>1:30</u>
MARRIAGE ADDRESS - PHYSICIAN: <u>3587 Corn. N. 100th</u>		HEALTH OFFICER - SIGNATURE: <u>Wesley Poramibson M.D.</u>	
CAUSE (PART I): <u>Renal failure, gangrene of bowel?</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER: <u>6-21-82</u>	
CAUSE (PART II): <u>Rupture abdominal aortic aneurysm</u>		<p style="text-align: center;">FILED</p> <p style="text-align: center;">APR 14 1982</p> <p style="text-align: center;">Aud N. Unto AUDITOR LAKE COUNTY</p>	
OTHER SIGNIFICANT CONDITIONS: _____			

163049 Job 9 and 10 Block 3 Oak Center Add. 167 49-264
 TYPE OR PRINT PLAINLY WITH UNFADING INK
 THIS IS A PERMANENT RECORD
 Below for State Office Use

TIGOR TITLE INSURANCE
 Local No. _____
 Crown Point, Indiana
 FUNERAL HOME LICENSE NO. _____
 FUNERAL DIRECTOR'S LICENSE NO. _____
 COMMISSIONER'S SIGNATURE: _____
 M.D. OR D.O. _____
 CAUSE: _____

49-264-9410

447-A