

1120 E 12th St  
Hobart, IN 46342

92055126

# QUIT-CLAIM DEED

This Indenture Witnesseth, That Mrs. Vivian M. Richa, widow

of Lake County, in the State of Indiana

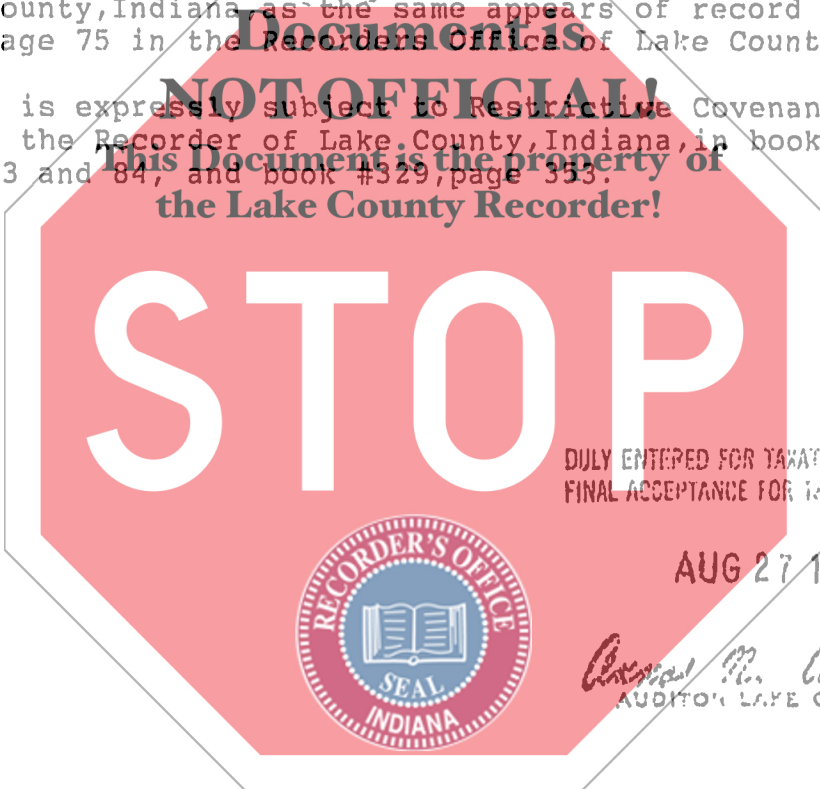
Release and Quit-Claim to Arthur K. Richa and Sandra L. Richa, husband and wife

of Lake County, in the State of Indiana, for and in consideration of Two Dollars,

and other valuable consideration, the receipt whereof is hereby acknowledged, the following described Real Estate in Lake County

in the State of Indiana 15-164-11, to-wit: Lot number Two Hundred and Fourteen (#214) in Englehart's Country Club Manor, in Lake County, Indiana, as the same appears of record in Plat Book 24, page 75 in the Recorder's Office of Lake County, Indiana.

This deed is expressly subject to Restrictive Covenants in the Office of the Recorder of Lake County, Indiana, in book #309, at page 83 and 84, and book #329, page 353.



In Witness Whereof, The said Vivian M. Richa, has prepared, signed, executed, acknowledged and delivered in her own hand and behalf, and has hereunto set her hand and seal, this 16th day of July, 1992

Laloya Scott (Seal) Vivian Richa (Seal)  
 Witness Seller  
 \_\_\_\_\_ (Seal) \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal) \_\_\_\_\_ (Seal)

STATE OF INDIANA,

COUNTY, ss:

Before me, the undersigned, a Notary Public in and for said County, this 16th day of July 1992, came Vivian Richa

*[Handwritten Signature]*

and acknowledged the execution of the foregoing instrument. Witness my hand and official seal.

My Commission expires 7/1/94

LB Blissmer Notary Public

This instrument prepared by:

Resident of Lake County

700  
.509

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- M \_\_\_\_\_
- N \_\_\_\_\_
- O \_\_\_\_\_
- P \_\_\_\_\_
- Q \_\_\_\_\_
- R \_\_\_\_\_
- S \_\_\_\_\_
- T \_\_\_\_\_
- U \_\_\_\_\_
- V \_\_\_\_\_
- W \_\_\_\_\_
- X \_\_\_\_\_
- Y \_\_\_\_\_
- Z \_\_\_\_\_

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

FUNERAL HOME No. 245  
 FUNERAL DIRECTOR'S LICENSE No. 723  
 EMBALMER'S NAME Chas. W. Wells  
 FUNERAL DIRECTOR'S SIGNATURE *John L. Sawyer*  
 LICENSE No. 4237

Englehart's Country Club Manor Lot 214  
**INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH**

Key # 15-164-11  
 unit # 08  
 State No.

505

Local No. 148-80

DECEASED - NAME <b>KENNETH P. RICHA</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>January 23, 1980</b>
RACE - (Specify if other than White, Black American Indian or Specify) <b>White</b>	AGE - Last Birthday (Year) <b>68</b>	UNDER 1 YEAR MOB DATE	UNDER 1 DAY MINS MINS
CITY, TOWN OR LOCATION OF DEATH <b>Merrillville</b>		HOSPITAL OR OTHER INSTITUTION (Name if not in space give street and number) <b>Broadway Methodist Hospital</b>	IF HOSP OR INST (Specify) <b>Emer. Room</b>
STATE OF BIRTH (If not in U.S.A. Name Country) <b>Illinois</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	SURVIVING SPOUSE (If not in space give maiden name) <b>Vivian Wallace</b>
SOCIAL SECURITY NUMBER <b>317-09-2875</b>		PROF. OCCUPATION (Specify usual work done during most of long life, even if retired) <b>Retired Welder</b>	KIND OF BUSINESS OR INDUSTRY <b>American Bridge Co.</b>
RESIDENCE - STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Merrillville</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>
STREET AND NUMBER <b>1017 West 62nd Place</b>		RESIDENCE ON A FARM? <b>NO</b>	151 <b>yes</b>
18 DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>NO</b>			
FATHER - NAME (FIRST MIDDLE LAST) <b>Albert Richa</b>		MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) <b>Diana Billadeu</b>	
INFORMANT - NAME (Type or print) <b>Vivian Richa</b>		MAILING ADDRESS (Type or print) <b>1017 West 62nd Place, Merrillville, Ind. 46410</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CEMETERY OR CREMATORY (Specify) <b>SS Peter &amp; Paul Cem.</b>	
DATE (MONTH DAY YEAR) <b>January 26, 1980</b>		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) <b>PRUZIN FUNERAL HOME, 6360 Broadway, Merr., Ind. 46410</b>	
21a (Signature) <i>E.C. Mirich</i>		DATE SIGNED (Mo. Day Year) <b>1/25/80</b>	HOUR OF DEATH <b>5:10 PM</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>E.C. Mirich M.D.</b>		21c	
MAILING ADDRESS - PHYSICIAN <b>500 West Lincoln Hwy., Merrillville, Ind. 46410</b>		21d	
HEALTH OFFICER - SIGNATURE <i>Feen Feen M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>1-29-80</b>	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (SIC) IN AMENITIES) <b>Acute myocardial infarction suspected</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
PART I (b) <b>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART I (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) <b>no</b>	