

The West 5-1/2 rods of Lot 14 and the North 1 Rod of the West 5-1/2 Rods of Lot 13, Clark's Addition to the Town of Lowell, as shown in Miscellaneous Record "A", page 413, in Lake County, Indiana.

THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER.

RELEASE OF MORTGAGE

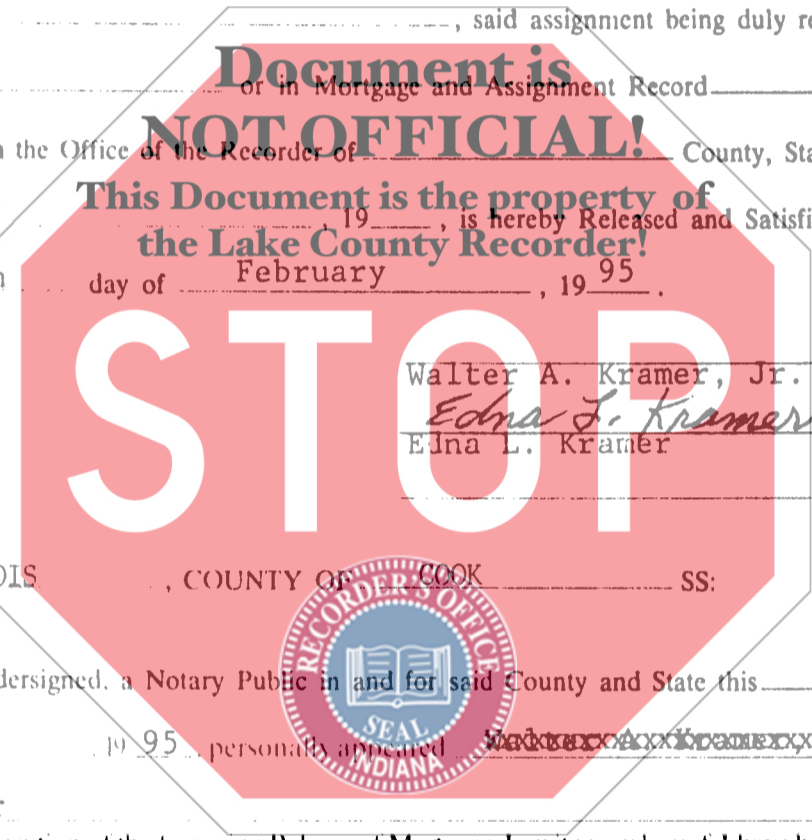
For a valuable consideration, it is hereby certified that a certain mortgage executed by Mark Kramer and Jamie Kramer, husband and wife

, on the 20th day of May 19 93, securing the principal sum of Sixty-Five Thousand Dollars (\$ 65,000.00)

which mortgage was duly recorded as Document Number 93033967 or in Mortgage Record at pages _____ in the office of the Recorder of Lake County, Indiana, on 25th day of May, 19 93, and subsequently assigned on the _____ day of _____, 19 _____ to the _____

_____ said assignment being duly recorded as Document Number _____ or in Mortgage and Assignment Record _____ at page _____ in the Office of the Recorder of _____ County, State of Indiana on _____ day of _____

Dated this 20th day of February, 19 95, is hereby Released and Satisfied.



Walter A. Kramer, Jr.
Edna L. Kramer
Edna L. Kramer

95010361

95 FEB 28 AM 8:34

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

RECORDED

STATE OF ILLINOIS, COUNTY OF COOK SS:

Before me, the undersigned, a Notary Public in and for said County and State this 20th day of February, 19 95 personally appeared ~~Walter A. Kramer, Jr.~~

Edna L. Kramer and acknowledged the execution of the foregoing Release of Mortgage. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: _____
"OFFICIAL SEAL"
Philip M. Mignall
Notary Public, State of Illinois
My Commission Expires 11/7/96
Philip M. Mignall
NOTARY PUBLIC
Resident of Cook County.

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
Resident of _____ County.

This instrument was prepared by Gerald E. Bowman (Attorney I.D. #10548-45)
8605 Broadway, Merrillville, IN 46410 Attorney At Law

59444
LAWYERS TITLE INS. CO. INC.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46001

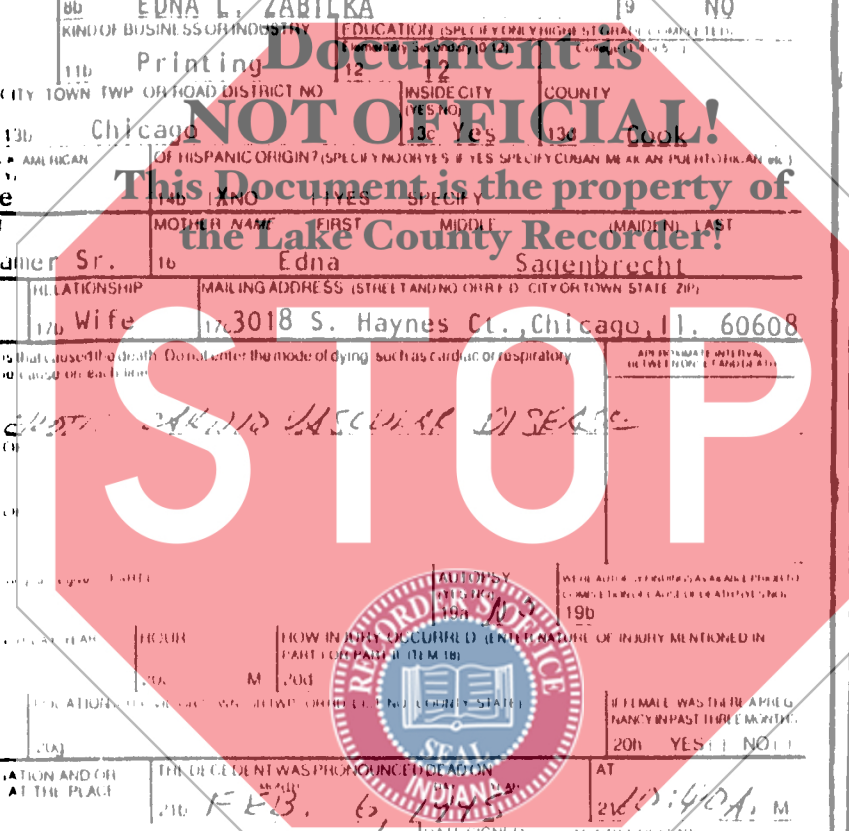
900
WJ

PERMANENT CERTIFICATE		REGISTERED NUMBER 16.10		STATE OF ILLINOIS MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH			
TEMPORARY CERTIFICATE		DECEASED NAME FIRST MIDDLE LAST WALTER A. KRAMER SR.		SEX MALE		DATE OF DEATH (MONTH DAY YEAR) FEB. 6, 1995	
COUNTY OF DEATH COOK		AGE LAST BIRTHDAY 5a 68		UNDECEASED DEATH 5b		UNDECEASED DEATH 5c	
CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER CHICAGO		HOSPITAL OR OTHER INSTITUTION (NAME OR NUMBER, STREET AND NUMBER) HOLY CROSS HOSPITAL		DATE OF BIRTH (MONTH DAY YEAR) JUNE 14, 1926		IF DECEASED IN A HOME OR OTHER PLACE EMPLOYED OR INSTITUTION SPECIFY DMA	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED 8a MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) EDNA L. ZABILKA		WAS DECEASED EVER MARRIED, ANNULLED OR SEPARATED? NO	
SOCIAL SECURITY NUMBER 339-20-9965		USUAL OCCUPATION Printer		KIND OF BUSINESS OR INDUSTRY Printing		EDUCATION (SPECIFY EARLY HIGH SCHOOL, COLLEGE, ETC.) 12	
RESIDENCE (STREET AND NUMBER) 3018 S. Haynes Ct.		CITY/TOWN/TWP OR ROAD/DISTRICT NO. Chicago		INSIDE CITY (YES/NO) Yes		COUNTY Cook	
STATE Illinois		ZIP CODE 60608		RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES SPECIFY CUBAN, MEXICAN, PORTUGUESE, ETC.) NO	
FATHER - NAME FIRST MIDDLE LAST Walter A. Kramer Sr.		MOTHER NAME FIRST MIDDLE LAST (MAIDEN) Edna Sagenbrecht		FATHER - NAME FIRST MIDDLE LAST (MAIDEN) Walter A. Kramer Sr.			
INFORMANT'S NAME (TYPE OR PRINT) Edna L. Kramer		RELATIONSHIP Wife		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 3018 S. Haynes Ct., Chicago, Ill. 60608			
18 PART I Immediate Cause (Final disease or condition resulting in death) ARTERIO SCLEROSIS AND CORONARY ARTERIO SCLEROSIS		Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. ARTERIO SCLEROSIS AND CORONARY ARTERIO SCLEROSIS		APPROXIMATE ANATOMICAL SITE (FROM TABLE 1, PART I) HEART		APPROXIMATE ANATOMICAL SITE (FROM TABLE 1, PART I) HEART	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (a) DUE TO OHAS A CONSEQUENCE OF		PART II. Other significant conditions contributing to death but not listed as causes of death. None		AUTOPSY PERFORMED? NO			
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (TYPE IF ANY) NATURAL		DATE OF INJURY (MONTH DAY YEAR) FEB. 6, 1995		HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OF PART I ITEM 18) HEART		IF FEMALE, WAS SHE PREGNANT IN PAST THREE MONTHS? NO	
INJURY AT WORK (YES/NO) NO		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BUILDING, ETC.) (TYPE IF ANY) HOME		IF FEMALE, WAS SHE PREGNANT IN PAST THREE MONTHS? NO		IF FEMALE, WAS SHE PREGNANT IN PAST THREE MONTHS? NO	
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT		THE DECEASED WAS PRONOUNCED DEAD ON FEB. 6, 1995		AT 2:40 P.M.			
CORONER'S PHYSICIAN'S NAME (Type Print) G. M. Donoghue, M.D.		DATE SIGNED (MONTH DAY YEAR) FEB. 6, 1995		CORONER'S SIGNATURE <i>G. M. Donoghue</i>		DATE SIGNED (MONTH DAY YEAR) FEB. 6, 1995	
CORONER'S SIGNATURE <i>G. M. Donoghue</i>		DATE SIGNED (MONTH DAY YEAR) FEB. 6, 1995		CORONER'S PHYSICIAN'S NAME (Type Print) G. M. Donoghue, M.D.		DATE SIGNED (MONTH DAY YEAR) FEB. 6, 1995	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY NAME Forest Home		LOCATION CITY/TOWN STATE Forest Park Ill. Illinois		DATE (MONTH DAY YEAR) Feb. 10, 1995	
FUNERAL HOME Egan Funeral Home		FURNAL DIRECTOR'S SIGNATURE <i>John P. Hill</i>		FURNAL DIRECTOR'S BUSINESS LICENSE NUMBER 034-009759		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) FEB 07 1995	
LOCAL REGISTRAR'S SIGNATURE <i>Sheila Lyne</i>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) FEB 07 1995		FURNAL DIRECTOR'S BUSINESS LICENSE NUMBER 034-009759		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) FEB 07 1995	

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

—FEB 08 1995

I, **SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO**, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.