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Steve Tokarski

Chicago Title Insurance Company

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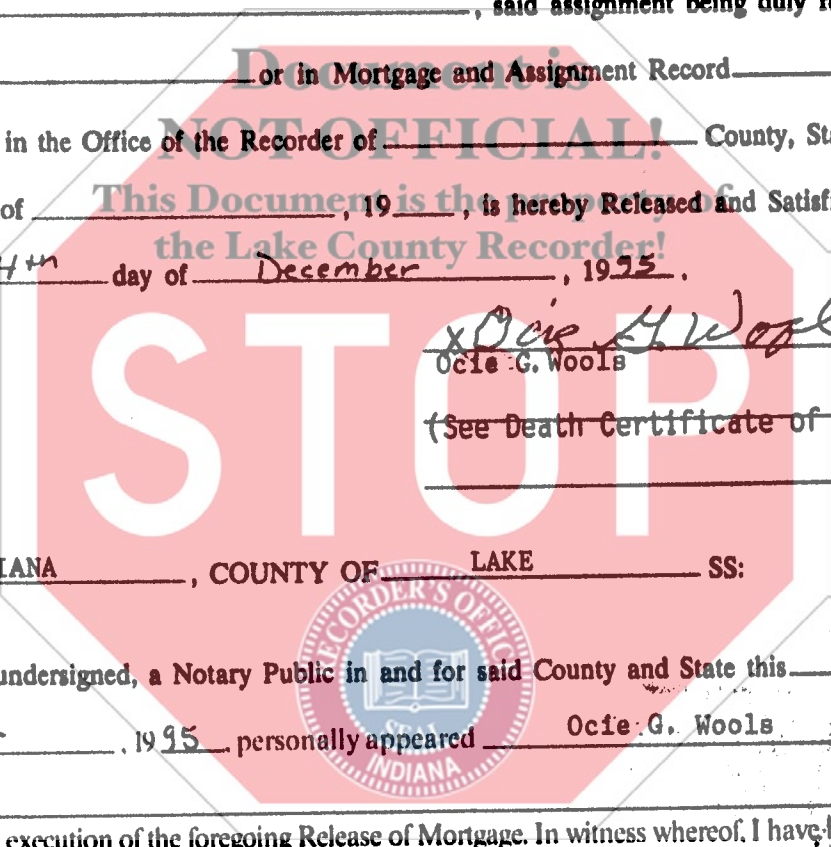
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RELEASE OF MORTGAGE

For a valuable consideration, it is hereby certified that a certain mortgage executed by _____
 P.
 Harry Nelson and Fred M. Lutgen, Jr. as tenants in common to
 Ocie G. Wools and Vesta Wools _____, on the 24th
 day of March 1989, securing the principal sum of Sixty-five Thousand
 and no/100 _____ Dollars (\$65,000.00 _____)
 which mortgage was duly recorded as Document Number 029112 or in Mortgage Record
 _____ at pages _____ in the office of the Recorder of Lake
 County, Indiana, on 28th day of March, 1989, and subsequently assigned on
 _____ 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 the
 _____ day of _____, 19____, is hereby Released and Satisfied.
 Dated this 4th day of December, 1995.

96022769
96 APR 10 AM 10:22
MARGARETTE CLEVELAND
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



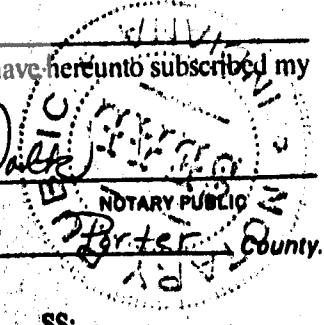
Ocie G. Wools
 Ocie G. Wools
 (See Death Certificate of Vesta Wools attached)

STATE OF INDIANA, COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State this 4th day of
 December, 1995, personally appeared Ocie G. Wools

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: 3-26-97
Debra L. Volk
 Debra L. Volk
 Resident of Porter 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.

Handwritten initials/signature

This instrument was prepared by Steve H. Tokarski, Attorney At Law
 7803 West 75th Avenue, Suite 1, Schererville, IN 46375 (219)769-7214 or 322-1271.
 COPYRIGHT ALLEN COUNTY BAR ASSOCIATION 7-85 Rev 8-88

481534 LD
4398
Steve Tokaraki

INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

State No.

Local No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) Vesta Wools		2. SEX Female	3a. TIME OF DEATH 5:39 P.	3b. DATE OF DEATH (Month, Day, Year) January 3, 1991
4. SOCIAL SECURITY NUMBER 312-16-5359	5a. AGE—Last Birthday (Year) 70	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) Sept 12, 1920
7. BIRTHPLACE (City and State or Foreign Country) Linton, Indiana		8a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> POA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. WAS DECEDENT A U.S. VETERAN No	9b. YEAR LAST SERVED IN U.S. ARMED FORCES No	9c. CITY, TOWN OR LOCATION OF DEATH Dyer		9d. COUNTY OF DEATH Lake
9e. FACILITY NAME (If not institution, give street and number) Our Lady of Mercy Hospital ER		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		
10b. KIND OF BUSINESS/INDUSTRY Own Home	11. SURVIVING SPOUSE (If wife, give maiden name) Ocie Wools		12. COUNTY OF DEATH Lake	
12a. RESIDENCE—STATE Indiana	12b. COUNTY Lake	12c. CITY, TOWN OR LOCATION Crown Point	12d. STREET AND NUMBER 7709 West 89th Place	
13a. ZIP CODE 46307	13b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13c. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) 8 College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) Joseph Goodman		19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Odessa		
20a. INFORMANT'S NAME (Type/Print) Ocie Wools		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7709 W 89th Pl., Crown Point, IN 46307		20c. Relationship Husband
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 7, 1991 Chapel Lawn Memorial Gardens		21c. LOCATION—City or Town, State Schererville, Indiana
22a. EMBALMER'S NAME Raymond White		22b. EMBALMER'S LICENSE NO. FDO 8700086		22c. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
23a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		23b. LICENSE NUMBER (of Licensee) FDO1014511		23c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home FDH 300-7500 9039 Kleinman Rd., Highland, IN 46322
24. PART I. Enter the disease, injury, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Death and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Hyperglycemia				Unknown
DUE TO IOR AS A CONSEQUENCE OF: Blood glucose 938 mg/dl				
DUE TO IOR AS A CONSEQUENCE OF:				
DUE TO IOR AS A CONSEQUENCE OF:				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
25a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		26. DATE SIGNED (Month, Day, Year) FEB 21 1991		27. DATE FILED (Month, Day, Year) 21, 1991
28. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29. THIS CERTIFIER CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Crown Point, Indiana 46307		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street,		31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY	33c. INJURY AT WORK? (Yes or no)
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34b. DESCRIBE HOW INJURY OCCURRED <i>[Signature]</i> LAKE COUNTY HEALTH COMMISSIONER		
34c. DATE PRONOUNCED DEAD (Month, Day, Year) January 3, 1991		34d. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		