

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD B-65914  
96 SEP -6 PM 1:06 4047  
MARGARETTE CLEVELAND  
RECORDER

Chicago Title Insurance Company

96059947

Send Tax Bills to:  
244 Dyer Boulevard  
Hammond, Indiana 46320

TAX KEY NO.:

QUIT-CLAIM DEED

THIS indenture witnesseth that: Violet V. Milne

of Lake County in the State of Indiana

Releases and quit claims to: Peoples Bank SB, as Trustee under the terms of the Revocable Trust Agreement of Violet V. Milne, dated March 13, 1991

of Lake County in the State of Indiana for and in consideration of Ten Dollars and other good and valuable considerations the receipt whereof is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana to wit:

THE WEST 45 FEET OF LOT 13, BLOCK 2, DYER'S SECOND ADDITION, TO THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 13, PAGE 26 IN LAKE COUNTY, INDIANA.

Commonly known as: 244 Dyer Boulevard, Hammond, Indiana 46320

SUBJECT TO THE FOLLOWING RESTRICTIONS:

1. All taxes and special assessments now due and payable and those due and payable after this date.
2. Zone and building laws and ordinances and amendments thereto.
3. Easements, if any, restrictions, conditions, reservations, and covenants appearing in any deed or other instrument of record.

STATE OF INDIANA, COUNTY, ss: Dated this 30th day of August, 1996

Before me, the undersigned, a Notary Public in and for said County and State, this 30th day of August, 1996 personally appeared:



*Violet V. Milne*  
Violet V. Milne

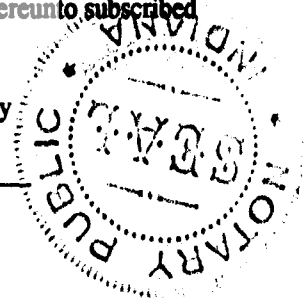
And acknowledged the execution of the foregoing Deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 3-11-98

Resident of Lake County

*Joyce M. Barr*  
Notary Public

Joyce M. Barr  
Notary Public Printed Name



This instrument was prepared by: FRANK J. BOCHNOWSKI, Attorney at Law  
9204 Columbia Avenue, Munster, Indiana 46321

CTIC Has made an accomodation recording of the instrument. We Have made no examination of the instrument or the land affected.

000273 1200  
Su  
Ct

INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

R-63914

Local No. 839-90

State No. ....

Chicago Title Insurance Company

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

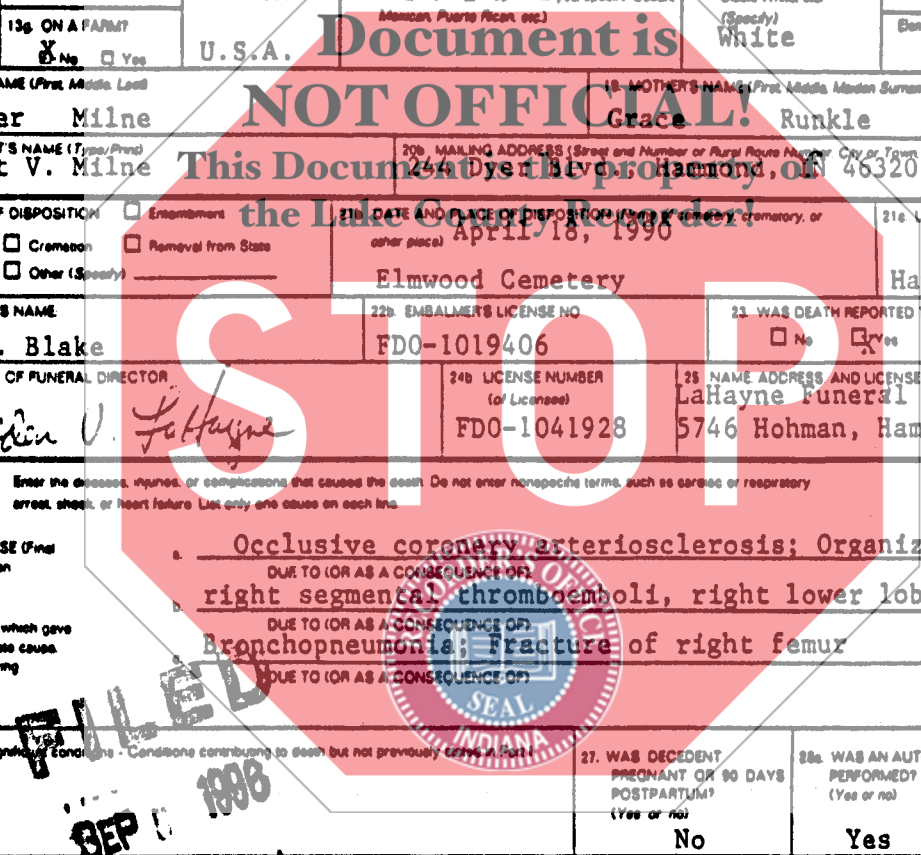
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) Verne R. Milne		2 SEX Male	3a TIME OF DEATH 4:47 P. M.	3b DATE OF DEATH (Month, Day, Year) April 14, 1990	
4 SOCIAL SECURITY NUMBER 306-10-6897	5a AGE—Last Birthday (Year) 88	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) Jul. 10, 1901	
7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				
8b WAS DECEDENT A U.S. VETERAN? Yes	8c YEAR LAST SERVED IN U.S. ARMED FORCES? 1942	9a FACILITY NAME (If not institution, give street and number) Munster Med-Inn			
9b CITY/TOWN OR LOCATION OF DEATH Munster		9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Single	11 SURVIVING SPOUSE (If wife, give maiden name) None	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Inspector		12b KIND OF BUSINESS/INDUSTRY Edward Valve Co.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY/TOWN OR LOCATION Hammond	13d STREET AND NUMBER 244 Dyer Blvd.		
13e ZIP CODE 46320	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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 (9-12) 12		17 College (1-4 or 5+)			
18 FATHER'S NAME (First, Middle, Last) Walter Milne		18 MOTHER'S NAME (First, Middle, Maiden Surname) Grace Runkle			
20a INFORMANT'S NAME (Type/Print) Violet V. Milne		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 244 Dyer Blvd., Hammond, IN 46320		20c Relationship Sister	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Date if different from cemetery, or other place) April 18, 1990 Elmwood Cemetery		21c LOCATION—City or Town, State Hammond, Indiana	
22a EMBALMER'S NAME Henry J. Blake		22b EMBALMER'S LICENSE NO. FDO-1019406		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Violet V. Milne</i>		24b LICENSE NUMBER (of Licensee) FDO-1041928		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home FH8-3002885 5746 Hohman, Hammond, IN 46320	
26 PART I Enter the disease, injuries, or complications that caused the death. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Occlusive coronary arteriosclerosis; Organized right segmental thromboemboli, right lower lobe; Unknown					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last Bronchopneumonia; Fracture of right femur					
PART II Other significant conditions—Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PRENANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a 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 checked="" 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 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) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>		29c MEDICAL LICENSE NO. 18120		29d DATE SIGNED (Month, Day, Year) Apr. 16, 1990	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN 46307					
31 HEALTH OFFICER'S SIGNATURE <i>Daniel D. Thomas</i> COMPLETE COPY OF THIS CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT 1990					
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) Feb. 19, 1990	34b TIME OF INJURY Unknown	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED Fracture of femur—Fall AUG 2, 1986
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Nursing Home			34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 7935 Calumet, Munster, IN		
34g DATE PRONOUNCED DEAD (Month, Day, Year) April 14, 1990		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. N/A			



FILED  
SEP 1 1990