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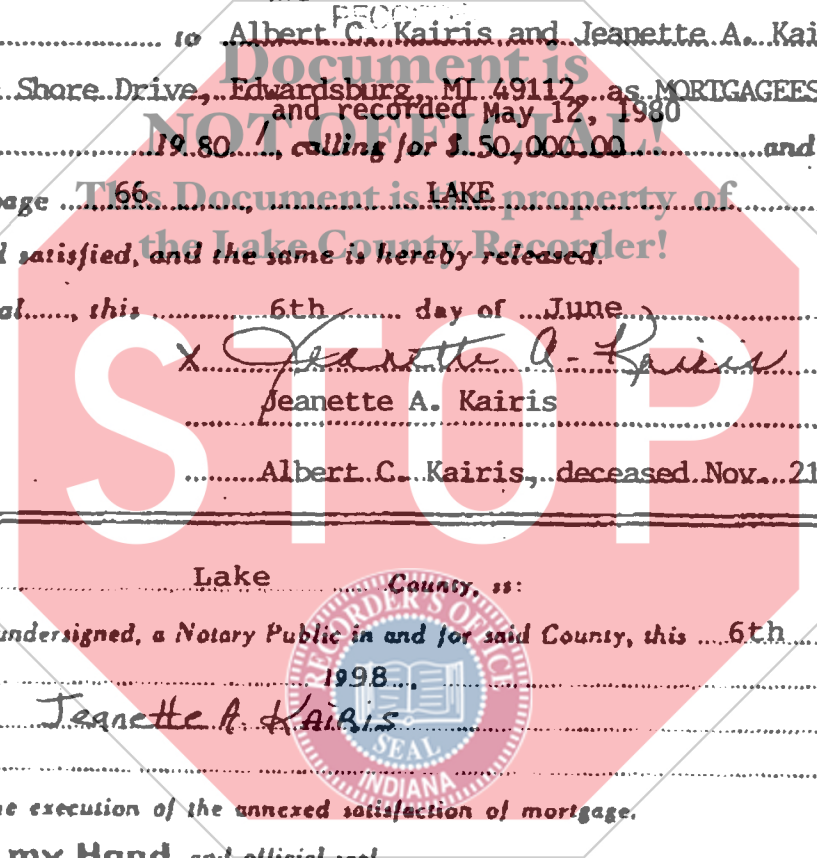
LTC 64701

SATISFACTION OF MORTGAGE

STATE OF INDIANA
FILED FOR RECORD

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46007

This Certifies, That ~~98046748~~ mortgage executed by ~~James A. Hosfeld and Susan A. Hosfeld~~,
husband and wife, of 8604 Windy Hill Court, Hobart, IN 46342, as MORTGAGORS
to Albert C. Kairis and Jeanette A. Kairis,
husband and wife, of 23927 North Shore Drive, Edwardsburg, MI 49112, as MORTGAGEES,
on TWELFTH day of MAY 1980, calling for \$50,000.00 and recorded
INSTRUMENT NO. 584038
in Mortgage Record No. 45, page 66, This Document is LAKE property of _____ County,
State of Indiana, has been fully paid and satisfied, and the same is hereby released.



WITNESS hand and seal..... this 6th day of June, 1998
SEE ATTACHED EXHIBIT A
X *Jeanette A. Kairis*
Jeanette A. Kairis
..... Albert C. Kairis, deceased Nov. 21, 1984

State of Indiana, Lake County, ss:
Before me, the undersigned, a Notary Public in and for said County, this 6th
day of June 1998
Jeanette A. Kairis
acknowledged the execution of the annexed satisfaction of mortgage.
Witness my Hand and official seal.
Karen Monroe (Karen Monroe) Notary Public.
Resident of Lake County
My Commission expires September 15, 2001
This instrument prepared by: *Jeanette A. Kairis*

EXHIBIT A

MEDICAL CERTIFICATE OF DEATH

State No.

ADDING INK
THIS IS A
PERMANENT
RECORD

Local No. *WA 800*

DECEASED—NAME 1 Albert C. KAIRIS		SEX Male	DATE OF DEATH—MONTH DAY YEAR November 21, 1984
RACE— <i>White</i>	AGE— <i>66</i>	UNDER 1 YEAR <i>Mo</i> <i>Da</i> <i>Sc</i>	DATE OF BIRTH— <i>Aug. 23, 1918</i>
CITY, TOWN OR LOCATION OF DEATH South Bend		HOSPITAL OR OTHER INSTITUTION Memorial Hospital	IF HOSP OR INST Inpatient
STATE OF BIRTH Illinois	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED Married	SURVIVING SPOUSE Jeanette A. Prochazka
SOCIAL SECURITY NUMBER 315 10 4555	USUAL OCCUPATION Owner	KIND OF BUSINESS OR INDUSTRY Real Estate Office	
RESIDENCE—STATE Michigan	COUNTY Cass	CITY, TOWN OR LOCATION Edwardsburg	ZIP 49112
STREET AND NUMBER 23927 North Shore Drive		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS no
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			
15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

FATHER—NAME Carolus Kavarskas	MOTHER—MAIDEN NAME Petronella Unknown
INFORMANT—NAME Jeanette A. Kairis—Wife	RELATIONSHIP Wife
MAILING ADDRESS 23927 North Shore Drive, Edwardsburg, Mich. 49112	

BURIAL, CREMATION, REMOVAL, OTHER Burial	CEMETERY OR CREMATORY—FUNERAL HOME Edwardsburg Cemetery	LOCATION Edwardsburg, Michigan
DATE November 24, 1984	FUNERAL HOME—STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP Danilewicz Funeral Service, South Bend, Ind. 46601 for Halbritter Funeral Home, 615 E. Main, Niles, Mich. 49120	

NAME OF ATTENDING PHYSICIAN Hansel O. Foley MD	DATE SIGNED 11-23-1984	HOUR OF DEATH 4:30 A.
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MAILING ADDRESS—PHYSICIAN 701 North St. Joseph Street South Bend, Indiana	HEALTH OFFICER—SIGNATURE <i>George Blain, M.D.</i>	DATE RECEIVED BY LOCAL HEALTH OFFICER 11-27-84
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CONDITIONS OF DEATH PART I 1a Office Kestrogate hypodermic	CAUSE 1b Office Kestrogate hypodermic	INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE 11 months
PART II OTHER SIGNIFICANT CONDITIONS		AUTOPSY no

ENBALMER'S NAME: Rodney J. Danilewicz
 FUNERAL DIRECTOR'S SIGNATURE: *Rodney J. Danilewicz*
 LICENSE No. 938
 FUNERAL HOME LICENSE No. 504

This is a true and correct copy of the original document as it appears on Reel No. 358-D in the St Joseph County Health Department

RECORDED
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