



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98049100

98 JUN 30 PM 1:54

MORRIS W. GARDNER
RECORDER

MAIL TAX BILLS TO:

PERMANENT INDEX NO.:

WARRANTY DEED

This indenture witnesseth that **KATHRYN SHINOVICH**, a Widow, of Lake County in the State of Indiana conveys and warrants to **SHELDON E. FLOYD** and **TANGELA FLOYD**, Husband and Wife, of Lake County in the State of Indiana for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt whereof is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana, to wit:

Lot 362 (except the North 5 feet thereof) and the North 5 feet of Lot 363, Turkey Creek Meadows, Unit No. 6, as shown in Plat Book 34, page 100, in Lake County, Indiana.

Subject to: (1) All unpaid real estate taxes and assessments for 1997 payable in 1998, and for all real estate taxes and assessments for all subsequent years. (2) All easements, conditions, restrictions, covenants, limitations and building setback lines contained in proper instruments of record. (3) All building and zoning ordinances.

This Document is the property of
the Lake County Recorder!

State of Indiana)

)SS

County of Lake)

Dated this 25 day of June, 1998.

Kathryn Shinovich
KATHRYN SHINOVICH

Before me, the undersigned, a Notary Public in and for said County and State, this ___ day of June, 1998, personally appeared **KATHRYN SHINOVICH** and acknowledged the execution of the foregoing deed.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

R. Brian Woodward
R. Brian Woodward, Notary Public

My Commission Expires: 8/22/01

County of Residence: Jasper

This instrument prepared by: R. Brian Woodward, R. BRIAN WOODWARD, P.C.
99 East 86th Avenue, Merrillville, IN 46410 (219) 736-9990

RETURN RECORDED DOCUMENT TO: **GUARANTEED FIDELITY** Title Corporation, 401 - 15th SE, Suite 3, DeMotte, Indiana 46310

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

JUN 30 1998

SAM ORLICH
AUDITOR LAKE COUNTY

#3646

002190
1200
km

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0404-96

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) ROBERT SHINOVICH		2 SEX MALE	3a TIME OF DEATH 12:06P	3b DATE OF DEATH (Month Day, Yr) FEBRUARY 16, 1996	
4 SOCIAL SECURITY NUMBER 304-42-1823	5a AGE—Last Birthday (Years) 55	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) AUGUST 7, 1940	
7 BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA	8a. WAS DECEDENT A U.S. VETERAN? NO				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		8c. PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) NORHLAKE NURSING & REHABILITATION CENTER		9b. CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE	9c. COUNTY OF DEATH LAKE		
10 MARITAL STATUS (Specify) DIVORCED	11. SURVIVING SPOUSE (If not, give maiden name) NONE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work or profession, occupation, or service. Do not use retired) DISABILITY BUYER		12b. KIND OF BUSINESS/INDUSTRY MIDWEST STEEL	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN OR LOCATION MERRILLVILLE		13d. STREET AND NUMBER 601 W. 61ST Avenue	
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input 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 College (1-4 or 5+) 4		18 FATHER'S NAME (First Middle Last) ISAAC SHINOVICH			
19 MOTHER'S NAME (First Middle Maiden Surname) ESTELLE STORER		20a. INFORMANT'S NAME (Type/Print) JAMES SHINOVICH			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1920 W. 99th Ave. CROWN POINT, IN 46307		20c. Relationship BROTHER			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FEBRUARY 19, 1996 CALUMET PARK CEMETERY		21c. LOCATION—City or Town, State MERRILLVILLE, INDIANA	
22a. EMBALMER'S NAME LEONARD GREGORCZYK		22b. EMBALMER'S LICENSE NO. FD08800305	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert C. Wiatrolik</i>		24b. LICENSE NUMBER (of Licensee) FD01001293	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME STILINOVICH & WIATROLIK 7535 TAFT ST. MERRILLVILLE, IN. 46410		
26. PART I Enter the disease, injuries, 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 Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF)					
b. _____ DUE TO (OR AS A CONSEQUENCE OF)					
c. _____ DUE TO (OR AS A CONSEQUENCE OF)					
d. _____ DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I RECENT CVA (STROKE)					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		
29a. CERTIFIER (Check only one) <input checked="" 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 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>Mona K. Stern MD</i>		29c. MEDICAL LICENSE NO. 01018886	29d. DATE SIGNED (Month, Day, Year) 2/21/96		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. MONA STERN 601 West 61st Ave Merrillville, Indiana 46410					
31 HEALTH OFFICER'S SIGNATURE <i>Donald D. Williams MD</i>			32. DATE FILED (Month, Day, Year) February 27 1996		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED, WITH A TIME AND DATE COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT JUN 24 1998
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <i>Alexander Stillman MD</i>			