

Intercounty Title Co.
2050 45th Avenue
Highland, IN 46322

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

51576870N99081467

99 OCT -4 AM 11:18

MORRIS W. CARTER
RECORDER

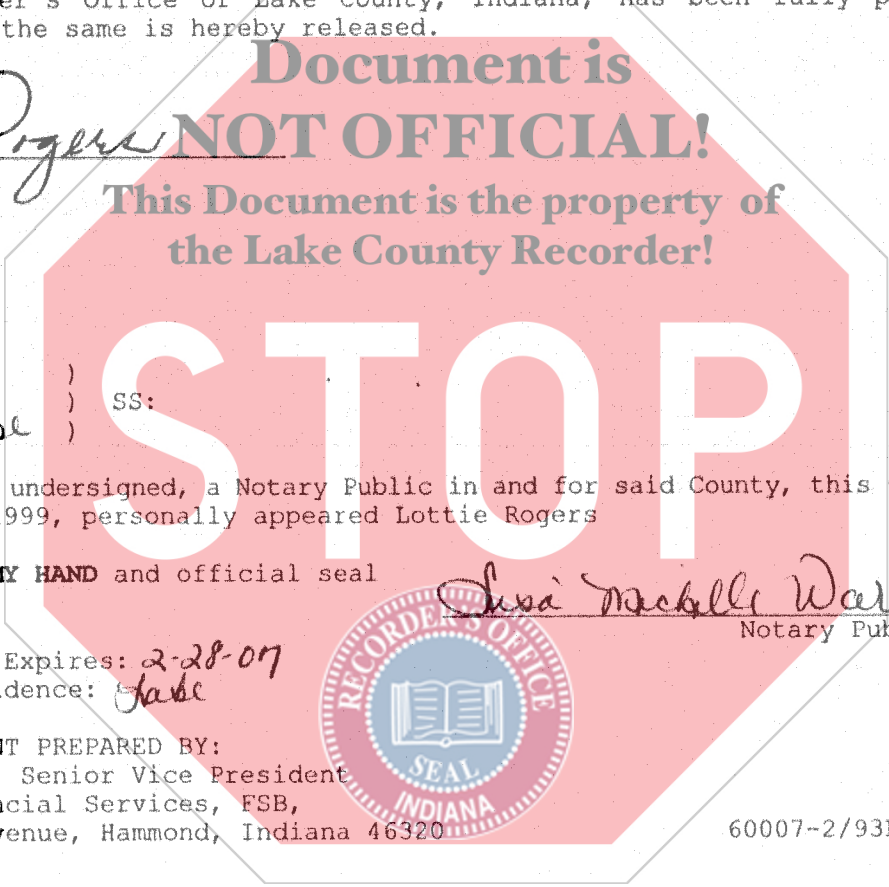
SATISFACTION OF MORTGAGE

THIS CERTIFIES that a certain Mortgage executed by Gary J. Rogers and Georgianna Rogers, husband and wife to James L. Rogers and Lottie Rogers, on June 26, 1993 in the amount of \$21,000.00 and recorded as Document number 93050837, in the Recorder's Office of Lake County, Indiana, has been fully paid and satisfied and the same is hereby released.

Lottie Rogers
Lottie Rogers

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!



State of)
County of *Laurel*) SS:

Before me, the undersigned, a Notary Public in and for said County, this *20th* day of *September*, 1999, personally appeared Lottie Rogers

WITNESS MY HAND and official seal

Lisa Michelle Ward
Notary Public

My Commission Expires: *2-28-07*
County of Residence: *Laurel*



THIS INSTRUMENT PREPARED BY:
Peter A. Ruhl, Senior Vice President
Citizens Financial Services, FSB,
5311 Hohman Avenue, Hammond, Indiana 46320

60007-2/93LP

2 of 3

12:00 pm

J#200501

1

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. <u>16-24</u>		MEDICAL CERTIFICATE OF DEATH	
REGISTERED NUMBER	DECEASED-NAME 1. James L Rogers		
COUNTY OF DEATH 4. Cook	AGE-LAST BIRTHDAY (Y/M/D) 5a. 69	UNDER 1 YEAR 5b. 5 DAYS	DATE OF DEATH (MONTH, DAY, YEAR) 3. November 11, 1995
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Harvey	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Ingalls Memorial Hospital		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. February 17, 1926
BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Illinois	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (NAME AND MAR. ST.) 8b. Lottie	IF HOSP. OR INST. INDICATED, O.A. OPER. OR INST. PATIENT (SPECIFY) 8c. Inpatient
SOCIAL SECURITY NUMBER 9. 334-24-2284	USUAL OCCUPATION 11a. Press Foreman	KIND OF BUSINESS OR INDUSTRY 11b. Newspapers	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12
RESIDENCE (STREET AND NUMBER) 13a. 619 East 173rd Street	CITY, TOWN, OR ROAD DISTRICT NO. 13b. South Holland	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
STATE 13e. Illinois	ZIP CODE 13f. 60473	RACE (WHITE, BLACK, AMERICAN INDIAN, HISPANIC) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY COUNTRY OF BIRTH) 14b. NO
FATHER-NAME 15. John David Rogers	MOTHER-NAME 16. Mary Rose Rainville	INFORMANT'S NAME (TYPE OR PRINT) 17a. Deborah Miele Medical Records	
RELATIONSHIP 17b. None		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. One Ingalls Dr. Harvey, IL. 60426	
18. PART I. Enter the disease, injury, or condition that caused the death. Do not enter the name of a drug, or the name of a laboratory or testing agency.			
Immediate Cause (Final disease or condition leading to death)		(a) Ischemic Cardiomyopathy (b) Coronary Artery Disease (c) Chronic Obstructive Pulmonary Disease	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(a) _____ Years (b) _____ Years (c) _____ Years	
PART II. Other significant conditions contributing to death or to the underlying cause (specify).			
Hypertension Diabetes Mellitus Pneumonia		AUTOPSY (YES/NO) 19a. No	
DATE OF OPERATION, IF ANY 20a. November 3, 1995	MAJOR FINDINGS OF OPERATION 20b. Pleural Effusion		IF FEMALE, WAS THERE A PREGNANCY IN THE PREVIOUS THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
(M/D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. November 10, 1995	WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 2:15 A.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			DATE SIGNED (MONTH, DAY, YEAR) 22b. November 11, 1995
22a. SIGNATURE <i>Alexander W. Kmicikewycz</i>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Alexander W. Kmicikewycz, M.D. 16531 S. Oak Park Ave.		ILLINOIS LICENSE NUMBER 22d. 36-064794
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
23. _____			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Assumption	LOCATION CITY OR TOWN STATE 24c. Glenwood Illinois	DATE (MONTH, DAY, YEAR) 24d. Nov. 14 1995
FUNERAL HOME NAME 25a. Olen Mortuary	STREET AND NUMBER OR R.F.D. 15700 Emerald Ave.	CITY OR TOWN STATE ZIP Harvey Illinois 60426	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034 - 011748
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>[Signature]</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. November 13, 1995	
LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i>		26c. _____	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS AND DEATHS. **NOV 13 1995**

DATED NOV 13 1995 SIGNED *[Signature]* LOCAL REGISTRAR AT HARVEY, ILLINOIS.

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.