P.U. return to =
LIBERTY SAVINGS
1900 Indianapolis Boulevard
Whiting, IN 46394

SATISFACTION OF MORTGAGE

2000024344

THIS CERTIFIES, THAT A CERTAIN MORTGAGE EXECUTED BY ROLAND RUDICK AND SANDRA RUDICK, HUSBAND AND WIFE

TO ALEX MASLIKOWSKI

ON THE 14 DAY OF APRIL, 19 75, CALL FOR

$ 10,000.00 AND RECORDED ON THE 15 DAY OF APRIL,

19 75 AS DOCUMENT NO. 29563 5 IN LAKE COUNTY

STATE OF INDIANA, HAS BEEN FULLY PAID AND SATISFIED AND THE SAME IS HEREBY RELEASED.

WITNESS HAND AND SEAL, THIS 25 DAY OF MARCH,

~~19~~ 2000.

x Helen Maslikowski

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2000 MAR 27 AM 10:38
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

COMMUNITY TITLE COMPANY
FILE NO L1990-MV

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY,

THIS 25 DAY OF MARCH, ~~19~~ 2000, CAME

AND ACKNOWLEDGED THE EXECUTION OF THE ABOVE SATISFACTION OF MORTGAGE.

WITNESS MY HAND AND OFFICIAL SEAL.

MY COMMISSION EXPIRES:

9-24-2002

NOTARY PUBLIC

COUNTY OF RESIDENCE: LAKE

PREPARED BY: _____

CM 13

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Mar. 31, 1992 Date Issued — Hammond Health Commissioner

Local No. 262

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): ALEX MASLIKOWSKI
2 SEX: MALE
3a TIME OF DEATH: 6:30PM
3b DATE OF DEATH (Month, Day, Yr.): MARCH 24, 1992
4 SOCIAL SECURITY NUMBER: 313-01-4926
5a AGE—Last Birthday (Years): 80
5b UNDER 1 YEAR Months Days:
5c UNDER 1 DAY Hours Minutes:
6 DATE OF BIRTH (Mo. Day Yr.): JAN. 6, 1912
7 BIRTHPLACE (City and State or Foreign Country): CHICAGO, IL
8a WAS DECEDENT A U.S. VETERAN?: no
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N)
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ■ Residence
9b FACILITY NAME (If not institution give street and number): 4913 BEECH STREET
9c CITY, TOWN OR LOCATION OF DEATH: HAMMOND
9d COUNTY OF DEATH: LAKE
10 MARITAL STATUS (Specify): MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name): HELEN GAJDA
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): SUPERVISOR
12b KIND OF BUSINESS/INDUSTRY: OIL REFINERY
13a RESIDENCE—STATE: INDIANA
13b COUNTY: LAKE
13c CITY, TOWN OR LOCATION: HAMMOND
13d STREET AND NUMBER: 4913 BEECH STREET
13e ZIP CODE: 46327
13f INSIDE CITY LIMITS? ☐ No ■ Yes
13g ON A FARM? ■ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ■ No ☐ 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 (0-12): 12; College (1-4 or 5 +):

PARENTS

18 FATHER'S NAME (First, Middle, Last): JOHN MASLIKOWSKI
19 MOTHER'S NAME (First, Middle, Maiden Surname): STELLA N/A

INFORMANT

20a INFORMANT'S NAME (Type/Print): HELEN MASLIKOWSKI
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4913 BEECH ST. HAMMOND, IN 46327
20c Relationship: WIFE

DISPOSITION

21a METHOD OF DISPOSITION: ■ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MARCH 27, 1992 HOLY CROSS CEMETERY
21c LOCATION—City or Town, State: CALUMET CITY, IL
22a EMBALMER'S NAME: JAMES W. GHOLSTON
22b EMBALMER'S LICENSE NO: FD 01004194
23. WAS DEATH REPORTED TO CORONER? ☐ No ■ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: John S. Lesniak
24b LICENSE NUMBER (of Licensee): FD01005491
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: LESNIAK FH83001601 4918 MAGOUN E. CHICAGO, IN 4631

CAUSE OF DEATH

26 PART I Enter the diseases, 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 Malignant Neoplasm Right Lung
DUE TO (OR AS A CONSEQUENCE OF)
b
DUE TO (OR AS A CONSEQUENCE OF)
c
DUE TO (OR AS A CONSEQUENCE OF)
d

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I
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

CERTIFIER

29a CERTIFIER (Check only one)
■ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated
☐ 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.
☐ 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: M.Y. Ali
29c MEDICAL LICENSE NO: 29782
29d DATE SIGNED (Month, Day, Year): Mar. 3/30/1992
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): M.Y. ALI M.D. 9116 COLUMBIA AVE, MUNSTER, IN 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Franklin D. Fernandez M.D.
32 DATE FILED (Month, Day, Year): March 31, 1992

CORONER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a DATE OF INJURY (Month, Day, Year)
34b TIME OF INJURY
34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g DATE PRONOUNCED DEAD (Month, Day, Year)
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.