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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 060500

2000 AUG 22 AM 9:51

MORRIS W. CARTER
RECORDER
Tax Key No.: (9)11-97-4

H620003261LO

Mail tax bills to:

Georgene M. Resney
14208 W. 81st Avenue
Dyer In 46311

WARRANTY DEED

This indenture witnesseth that

RICHARD D. DYKSTRA and WENDY L. DYKSTRA,
Husband and Wife

Lake

County in the State of Indiana

Convey and warrant to

GEORGENE M. RESNEY

of

Lake

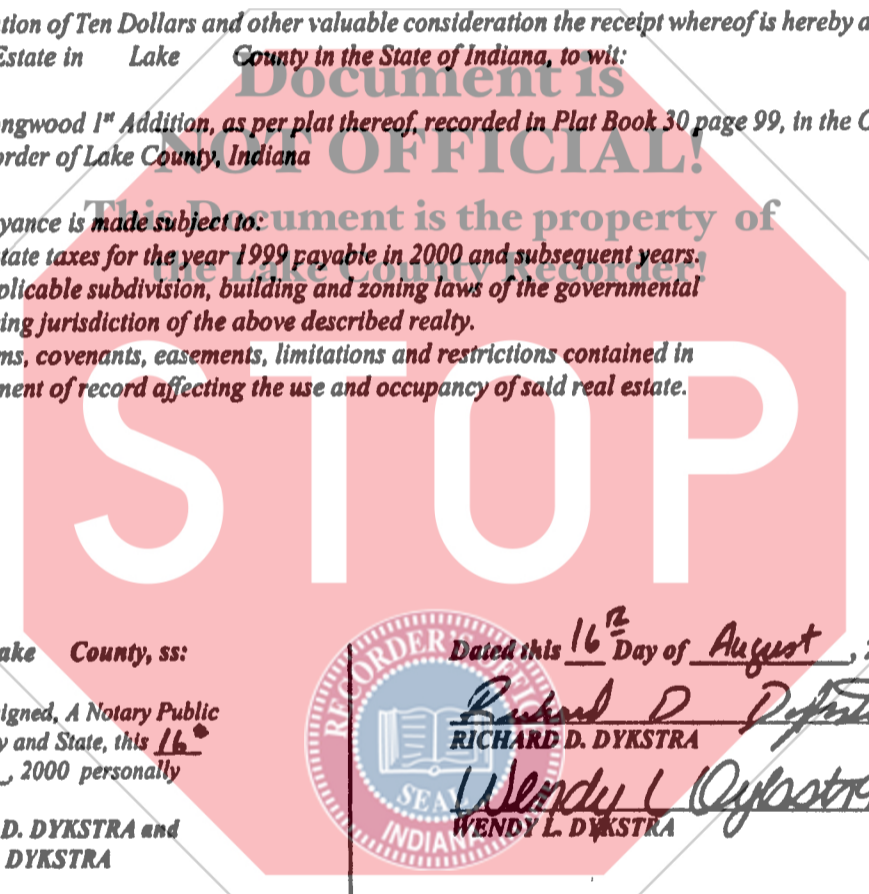
County in the State of Indiana

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

Lot 4 in Longwood 1st Addition, as per plat thereof, recorded in Plat Book 30 page 99, in the Office of the Recorder of Lake County, Indiana

This conveyance is made subject to:

1. Real Estate taxes for the year 1999 payable in 2000 and subsequent years.
2. All applicable subdivision, building and zoning laws of the governmental bodies having jurisdiction of the above described realty.
3. The terms, covenants, easements, limitations and restrictions contained in any instrument of record affecting the use and occupancy of said real estate.



State of Indiana, Lake County, ss:

Dated this 16th Day of August, 2000

Before me, the undersigned, A Notary Public in and for said County and State, this 16th August, 2000 personally appeared:

RICHARD D. DYKSTRA and WENDY L. DYKSTRA



Richard D. Dykstra
RICHARD D. DYKSTRA
Wendy L. Dykstra
WENDY L. DYKSTRA

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:

SHIRLEY R. KASPER 2000.

Notary Public, State of Indiana
County of Lake

My Commission Expires July 31, 2008

Resident of Lake County.

Shirley R. Kasper

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

AUG 21 2000

This instrument prepared by

Thomas C. O'Donnell, Attorney at Law
9719 Prairie Avenue, Highland, Indiana 46322 (219) 922-1010

PETER BENJAMIN
LAKE COUNTY AUDITOR

01386

1400
E.P.
CT

Chicago Title Insurance Company

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 176

State No.

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) MARIE THERESA PATENA		2 SEX FEMALE	3a. TIME OF DEATH 8:30 a.m.	3b. DATE OF DEATH (Month, Day, Yr.) MAY 28, 1992
4 SOCIAL SECURITY NUMBER 307-01-2469	5a. AGE—Last Birthday (Years) 70	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) JULY 20, 1921
7 BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, IN		8a. PLACE OF DEATH (Check only one. See instructions)		
8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence
9a. FACILITY NAME (If not institution, give street and number) ST. CATHERINE HOSPITAL		9b. CITY, TOWN, OR LOCATION OF DEATH EAST CHICAGO	9c. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) JOHN PATENA	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER		12b. KIND OF BUSINESS/INDUSTRY OWN HOME
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION EAST CHICAGO	13d. STREET AND NUMBER 4902 BARING AVE	
13e. ZIP CODE 46312	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)		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)		
18. FATHER'S NAME (First, Middle, Last) JOHN SKALBA		19. MOTHER'S NAME (First, Middle, Maiden Surname) CAROLINE BETLEJ		
20a. INFORMANT'S NAME (Type/Print) JOHN PATENA		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4902 BARING E CHICAGO, IN 46312	20c. Relationship HUSBAND	
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 (Name of cemetery, crematory, or other place) JUNE 1, 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. FD01004194	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John B. Lewis</i>		24b. LICENSE NUMBER (of Licensee) FD01005491	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LESNIAK FD83001601 4918 MAGOUN EAST CHICAGO, IN	
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.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Cerebrovascular accident				
DUE TO (OR AS A CONSEQUENCE OF) atrial fibrillation				
DUE TO (OR AS A CONSEQUENCE OF) arterio-sclerotic heart disease				
DUE TO (OR AS A CONSEQUENCE OF) Diabetes mellitus				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. End stage Renal disease				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) FILED	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01390716	29d. DATE SIGNED (Month, Day, Year) AUG 21 2000	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ALI KHEIRBEK MD 4321 FIR ST. EAST CHICAGO, IN 46312 LAKE COUNTY AUDITOR				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) 6-4-92
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input 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)	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.		01388		