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2002 JAN 9 10:52

Case No. 20014156

Send tax bills to: Grantee at Property Address

QUITCLAIM DEED

This Indenture Witnesseth, That Pearl E. Doty, surviving spouse of Donald R. Doty, (Grantor) of Lake County, in the State of Indiana, **QUITCLAIM(S)** to Pearl E. Doty, an adult, (Grantee) of Lake County, in the State of Indiana, for the sum of Ten & 00/100 Dollars (\$10.00) and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

Lot 16 in Dalecarlia, Block 22, as per plat thereof, recorded in Plat Book 27, page 59 in the Office of the Recorder of Lake County, Indiana.

Affiant states that Donald R. Doty died May 5, 1992, as evidenced by his death certificate filed with the Lake County Health Department and recorded June 12, 1996 as Doc.#96039380* Affiant states that she is the surviving spouse of Donald R. Doty and that the marital relationship remained unbroken until the death of Affiant's spouse.

Commonly known as: 501 Lakeview Court, Lowell, IN 46356

*in the Office of the Recorder of Lake County, a copy of which is attached hereto.

Tax Parcel Number: 02-03-0179-0016

Subject To any and all easements, agreements and restrictions of record.

In Witness Whereof, Grantor has executed this deed this 27 day of December, 2001.

Pearl E. Doty

Pearl E. Doty

STATE OF INDIANA, Lake COUNTY) ss: ACKNOWLEDGEMENT

Before me, a Notary Public in and for the said County and State, personally appeared Pearl E. Doty, surviving spouse of Donald R. Doty, who acknowledged the execution of the foregoing Quitclaim Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notarial seal this 27th day of December, 2001.

My commission expires:

Signature *Denise A. Largey*

Printed Denise A. Largey Notary Public
Resident of Jasper County, Indiana

Residing in _____ My Commission Expires December 11, 2008



This instrument prepared by: Pearl E. Doty with the assistance of The Title Search Company, P.O. Box 780, Granger, IN 46530-0780

JAN 9 2002

Return to: Grantee at Property Address

**HOLD FOR:
THE TITLE SEARCH CO.**

LAKE COUNTY AUDITOR

000547 CK
#19829
546 180
9

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

No. 1009-92

State No.

E/PRINT IN MANENT CK INK

IDENT

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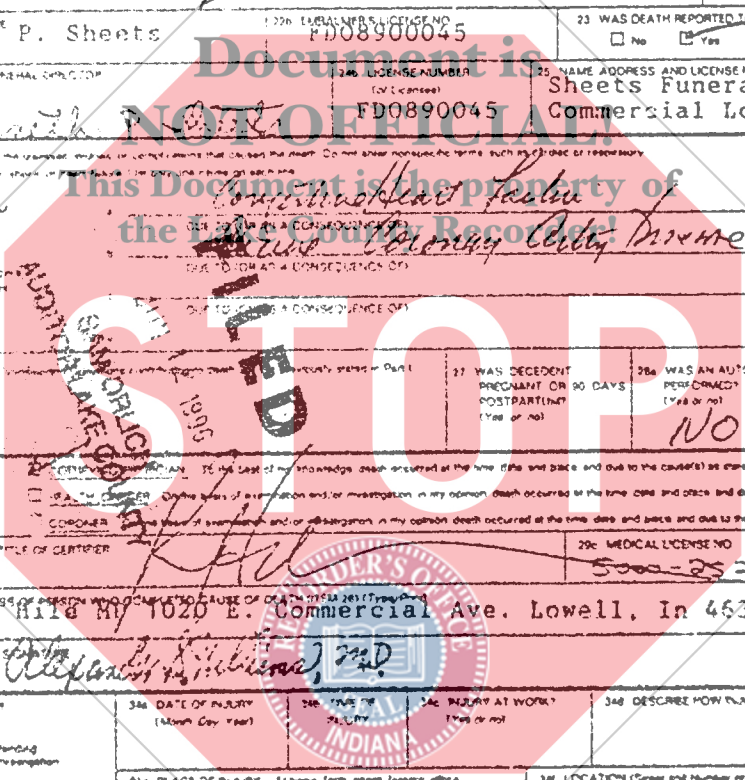
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1 DECEASED—NAME (Print Middle Last) Donald R. Doty		2 SEX MALE	3a TIME OF DEATH 12:15 pm	3b DATE OF DEATH (Month Day Yr) May 5, 1992
4 SOCIAL SECURITY NUMBER 353-16-0519	5a AGE—Last Birth Day (Years) 64	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Sep 25, 1927
7 BIRTHPLACE (City and State or Foreign Country) Illinois	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DDA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a FACILITY NAME (If not mention give street and number) 501 Lake View Court	9b CITY/TOWN OR LOCATION OF DEATH Lowell	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS Married	11 SURVIVING SPOUSE Pearl Peterson	12a DECEASED'S USUAL OCCUPATION (Give kind of work or service. Do not use retired) Truck Driver	12b KIND OF BUSINESS/INDUSTRY Grocery Business	
13a RESIDENCE—STATE In	13b COUNTY Lake	13c CITY/TOWN OR LOCATION Lowell	13d STREET AND NUMBER 501 Lake View Court	
14 ZIP CODE 46356	15 INSURANCE CITY LIMITS ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 CITIZENSHIP Usa	17 WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	18 RACE—American Indian, Black, White, etc. WHITE
19 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary; Secondary (10-12) 12		19a MOTHER'S NAME (Print Middle Maiden Surname) May E. Young		
20a DECEASED'S NAME (Print Middle Maiden Surname) Pearl E. Doty	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 501 Lake View Court Lowell, In			20c DECEASED'S RELATIONSHIP TO DECEASED Spouse
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Autopsy from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Specify cemetery, crematory or other place) May 7, 1992 Oakland Memory Lanes		21c LOCATION—City or Town Dolton, IL
22a FUNERAL HOME NAME Kenneth P. Sheets	22b LICENSE NUMBER (or license) FD08900045	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Kenneth P. Sheets</i>	24b LICENSE NUMBER (or license) FD0890045	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home 604 E. Commercial Lowell In. FD830042		
26 PART I: Explain the principal medical or scientific reasons that caused the death. Do not use nonspecific terms such as "old age" or "respiratory distress" unless it is clearly stated that the cause of death is due to these conditions.				
27 PART II: Explain the principal medical or scientific reasons that caused the death. Do not use nonspecific terms such as "old age" or "respiratory distress" unless it is clearly stated that the cause of death is due to these conditions.				
28a DECEASED'S SIGNATURE <i>Donald R. Doty</i>		28b DECEASED'S ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home 604 E. Commercial Lowell In. FD830042	29 DATE SIGNED (Month Day Year) 5-6-92	
29a SIGNATURE AND TITLE OF CERTIFIER <i>Randall Hile M.D.</i>		29b MEDICAL LICENSE NO. 5000-2521	29c DATE SIGNED (Month Day Year) 5-6-92	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If not reporting) Randall Hile M.D. 1020 E. Commercial Ave. Lowell, In 46356				
31 HEALTH OFFICER'S SIGNATURE <i>Randall Hile M.D.</i>				
32 DATE FILED (Month Day Year) May 7, 1992				
33 MANNER OF DEATH <input type="checkbox"/> Homicide <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
35a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		35b LOCATION (Street and Number or Rural Route Number, City or Town, State) 00000		
36 DATE PROHOUNG DEAD (Month Day Year)		37 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		

3-179-16



96 JUN 12 AM 9:55
REC'D
HEALTH DEPT

