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2002 043110

2002 043110 9:59

Parcel No. 3-7-269-2

6252 BK

**QUITCLAIM DEED**

Order No. 6252BK

THIS INDENTURE WITNESSETH, That Stanley Edward Sutkowski

of Lake County, in the State of INDIANA QUITCLAIM(S) to Stanley Edward Sutkowski and Karleen J. Sutkowski husband and wife

of Lake County, in the State of INDIANA, for the sum of TEN AND 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, State of Indiana:

Lot 2 in Kersey's County Acres, as per plat thereof, recorded in Plat Book 45, page 68, in the Office of the Recorder of Lake County, Indiana.



Subject to any and all easements, agreements and restrictions of record. The address of such real estate is commonly known as 751 East 137th Avenue, Crown Point, Indiana 46307-8351

Tax bills should be sent to Grantee at such address unless otherwise indicated below.

IN WITNESS WHEREOF, Grantor has executed this deed this 25TH day of April, 2002  
Grantor: Stanley Edward Sutkowski (SEAL) Grantor: \_\_\_\_\_ (SEAL)  
Signature \_\_\_\_\_ Signature \_\_\_\_\_

Printed Stanley Edward Sutkowski Printed \_\_\_\_\_

STATE OF INDIANA } SS: ACKNOWLEDGEMENT  
COUNTY OF Lake }

Before me, a Notary Public in and for said County and State, personally appeared Stanley Edward Sutkowski 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 25th day of April, 2002

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER  
MAY 6 2002  
PETER BENJAMIN  
LAKE COUNTY AUDITOR

My commission expires: DECEMBER 26, 2007  
Signature Tina Brakley  
Printed Tina Brakley, Notary Name  
Resident of Lake County, Indiana.

This instrument prepared by Stanley Sutkowski

Return deed to 751 East 137th Avenue, Crown Point, Indiana 46307-8351

Send tax bills to 751 East 137th Avenue, Crown Point, Indiana 46307-8351

TINA BRAKLEY  
Notary Public, State of Indiana  
County of Lake  
My Commission Expires Dec 26, 2007

BD  
1600  
CT

Bankers Title

Chicago Title Insurance Company

04/19/02 05:29 FAX 219 883 4591

BALEMASTER

002

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. 1076-77

TYPE/PRINT IN PERMANENT BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 10-1-10-3

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Lillian Lorraine C. Sutkowski</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>12:45p</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>April 25, 1999</b>
4. SOCIAL SECURITY NUMBER <b>312-22-5890</b>		5a. AGE—Last Birthday (Year) <b>85</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6a. WAS DECEDENT A U.S. VETERAN? <b>No</b>	6b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>---</b>	8. DATE OF BIRTH (Month, Day, Yr) <b>September 21, 1913</b>		
7. BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, Indiana</b>				
9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ERO/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
10. FACILITY NAME (If not residential, give street and number) <b>St. Anthony Nursing Home</b>		11. CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		12. COUNTY OF DEATH <b>Lake</b>
10. MARITAL STATUS (Specify) <b>Widowed</b>	11. SURVIVING SPOUSE (If both, give maiden name) <b>---</b>	12a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>East Chicago</b>	13d. STREET AND NUMBER <b>1009 W. 144th</b>
13e. ZIP CODE <b>46312</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) <b>9</b>		College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) <b>Stanley Rossa</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Helen Wineski</b>		
20a. INFORMANT'S NAME (Type/print) <b>Lawrence S. Sutkowski</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>521 Dunewood Drive, Chesterton, IN 46304</b>		20c. Relationship <b>Son</b>
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) <b>April 28, 1999 Calumet Park Cemetery</b>		21c. LOCATION—City or Town, State <b>Merrillville, Indiana</b>
22a. EMBALMER'S NAME <b>Alexis Thanos</b>		22b. EMBALMER'S LICENSE NO. <b>FD08600505</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Alexis Thanos</i>		24b. LICENSE NUMBER (of Licensee) <b>FD08600505</b>	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, IN 4641</b>	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nondescript terms, such as "natural causes," "old age," "heart failure," "stroke," "check," or "heart failure. List only one cause on each line. APPROPRIATE THIS ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.				
IMMEDIATE CAUSE (First disease or condition resulting in death) <b>Malnutrition</b>		DUE TO (OR AS A CONSEQUENCE OF) <b>Dementia</b>		Approximate Interval Between Onset and Death <b>MOS</b>
Conditions, if any, which gave rise to the immediate cause, listing the underlying cause last <b>Cerebrovascular Disease, Diabetes, Pneumonia, Resp. Failure</b>		DUE TO (OR AS A CONSEQUENCE OF) <b>MAY 03 1999</b>		<b>4rs</b>
PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I.				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Year or not) <b>No</b>		28. WAS SUPPLEMENTARY PERFORMED? (Yes or no) <b>No</b>		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>---</b>
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 domain, 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) as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>William H. Green, M.D.</i>		29c. MEDICAL LICENSE NO. <b>01045687</b>	29d. DATE SIGNED (Month, Day, Year) <b>5-3-99</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/print) <b>William Green, M.D., 2050 N. Main Street, Crown Point, Indiana 46307</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander J. Killian, MD</i>				32. DATE FILED (Month, Day, Year) <b>May 3, 1999</b>
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <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. PLACE OF INJURY—At home (from street, factory, office, building, etc.) (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PROHOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		