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2002 04 36 74
2002 MAY -9 PM 12: 39
RECORDED

License or Permit Bond

Bond No. 1705162-43

KNOW ALL BY THESE PRESENTS, That we **Jalpa Construction Corporation**, whose address is, **4431 S. Knox Avenue, Chicago Illinois 60632** Principal, and The Hanover Insurance Company, as Surety, a New Hampshire Corporation are held and firmly bound unto the **All Cities, Towns, Municipalities of Lake County Indiana**, whose address is, **2293 North Main Street, Crown Point Indiana 46307**, Oblige, in the penal sum of **(Five Thousand Dollars (\$5,000.00))**, good and lawful money of the United States, for the payment of which well and truly to be made, we bind ourselves, and our heirs, executors, administrators, jointly and severally, firmly by these presents.

WHEREAS, the said Principal has applied to said Oblige for a license to do business as a **Concrete Contractor**.

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That, if Principal shall faithfully observe and honestly comply with the provisions of all Laws or Ordinances of Oblige regulating the business for which license is issued, then this obligation shall be void; otherwise to be and remain in full force and effect.

Provided However:

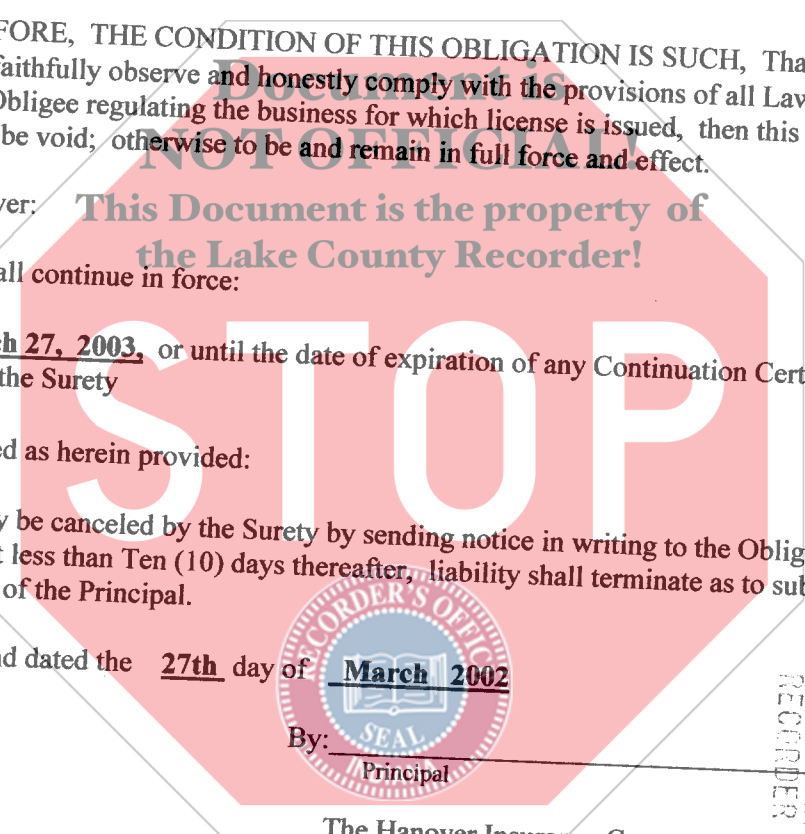
1. This bond shall continue in force:
 - Until **March 27, 2003**, or until the date of expiration of any Continuation Certificate executed by the Surety
 - Until canceled as herein provided:
2. This bond may be canceled by the Surety by sending notice in writing to the Oblige, stating when, not less than Ten (10) days thereafter, liability shall terminate as to subsequent acts or omissions of the Principal.

Signed, sealed and dated the 27th day of March 2002

By: _____
Principal

The Hanover Insurance Company

By: *Joe DeBenedictis*
Attorney in Fact



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2002-01-3676

2002 MAY -9 12:52

RELEASE OF MECHANIC'S LIEN.

The debt secured by a certain Mechanic's Lien existing in favor of Style-Craft Inc and against RAM PATEL / MOTEL LEG on the following real estate, to-wit:

PT OF NE 1/4 NW 1/4 EXC N 450.01 FT S. 17 T. 35 R. 9 LY'G N OF JOL.

a written notice of an intention to hold which was filed in the office of the Recorder of LAKE County, State of Indiana and recorded on page _____ in _____ Record No. _____ in said county, having been fully paid, said Mechanic's Lien is hereby declared fully satisfied and released this 9th day of May 2002

Document is Artis Ples Seal.

State of Indiana, Lake County, ss: _____ Seal.

Before me PATRICIA S. STRONG a Notary Public in and for said County and State, this 9th day of May 2002

acknowledged the execution of the above and foregoing release, Witness my hand and official seal. Patricia S. Strong Notary Public.

My commission expires the 1st day of March 2008

This instrument prepared by: Resident of Lake Co.



Style-Craft, Inc.
P.O. Box 217
Lawell In 46356

BD
1000
#016722

Key# 29-55-30

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.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

PRECEDENT

PARENTS

INFORMANT

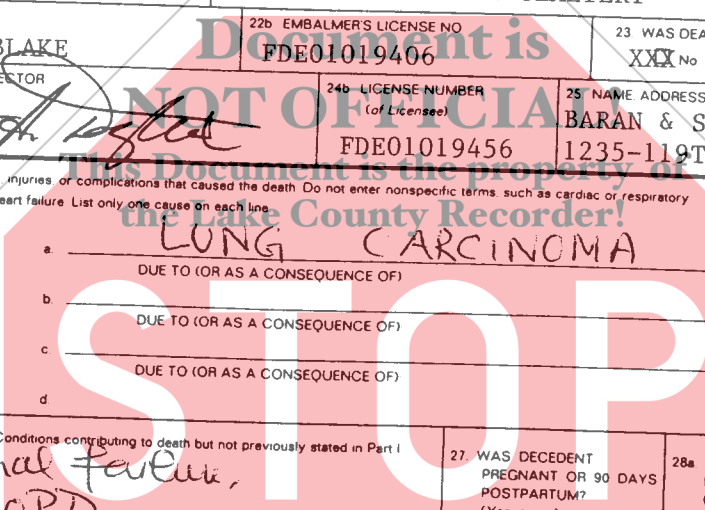
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle, Last) NEIL D. BOYLE		2 SEX MALE	3a TIME OF DEATH 1:42 A.M.	3b DATE OF DEATH (Month, Day, Yr.) NOVEMBER 8, 2001
4 *SOCIAL SECURITY NUMBER 305-20-3660		5a AGE—Last Birthday (Month, Day, Year) 72	5b UNDER 1 YEAR 04/25/77	5c UNDER 1 DAY 2001
6 DATE OF BIRTH (Mo, Day, Yr.) SEPT. 29, 1929		7 BIRTHPLACE (City and State or Foreign Country) WHITING, INDIANA		
8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		9c CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) VIRGINIA L. BEAL	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) COMPUTER ANALYST		12b KIND OF BUSINESS/INDUSTRY AMOCO OIL COMPANY
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN, OR LOCATION WHITING	13d STREET AND NUMBER 1618 LaPORTE AVENUE	
13e ZIP CODE 46394	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input 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) 12		17 College (1-4 or 5+)		
18 FATHER'S NAME (First, Middle, Last) DENIS BOYLE		19 MOTHER'S NAME (First, Middle, Maiden Surname) BRIDGET GALLAGHER		
20a INFORMANT'S NAME (Type/Print) MRS. VIRGINIA L. BOYLE		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1618 LaPORTE AVE., WHITING, IN 46394	20c Relationship WIFE	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) NOVEMBER 12, 2001 ST. JOHN CEMETERY		21c LOCATION—City or Town, State HAMMOND, INDIANA
22a EMBALMER'S NAME HENRY J. BLAKE		22b EMBALMER'S LICENSE NO. FDE01019406	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDE01019456	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH ST., WHITING, IN 46394	
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. LONG CARCINOMA				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Acute Renal failure, DVT, COPD				
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) N/A	
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) as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Pravin Gupta, M.D.		29c MEDICAL LICENSE NO. 01039588	29d DATE SIGNED (Month, Day, Year) NOVEMBER 9, 2001	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) PRAVIN GUPTA, M.D., 929 RIDGE ROAD, MUNSTER, INDIANA				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> But D.O.				
32 DATE SIGNED (Month, Day, Year) NOVEMBER 9, 2001		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) PETER BENJAMIN LAKE COUNTY AUDITOR	34d HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCAL ADDRESS (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. 000836		



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
8-9-2001

FILED

PETER BENJAMIN LAKE COUNTY AUDITOR

Costa