

**SATISFACTION AND RELEASE OF MORTGAGE**  
**(Certificate of Satisfaction)**

*(HI 253613)*

FOR VALUABLE CONSIDERATION, the following described real estate in Lake County, in the State of Indiana:

See attached Appendix A and incorporate herein by reference.

THAT CERTAIN MORTGAGE owned by the undersigned, in the amount of \$36,439.57 dated March 1, 1993, and executed by JOHN SIKMA & BRENDA SIKMA, as Mortgagor, to WILLIAM SIKMA & GRACE SIKMA, as Mortgagee, and filed for record on December 28, 1993, as Document Number 93088520 in Book \_\_\_\_\_, Page \_\_\_\_\_, in the Office of the County Recorder of Lake County, Indiana, is, with the indebtedness thereby secured, fully paid and satisfied.

Date: July 12, 2002

Signature: Grace Sikma

Printed Name: GRACE SIKMA

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

2002  
064238

STATE OF INDIANA  
COUNTY OF LAKE

**Document is NOT OFFICIAL!**

Before me, Teresa M. Acres (name of notary) a Notary Public in and for said County and State, this 12th day of July, 2002,

(Name of person signing document) acknowledged the execution of this Satisfaction and Release of Mortgage.

Teresa M. Acres  
Signature Of Notary Public or Other Official

Teresa M. Acres  
Printed Name of Notary Public or Other Official

**TERESA M. ACRES**  
Notary Public, State of Indiana  
My Commission Expires January 9, 2009  
My commission expires: 1/9/09

This Instrument was prepared by Mark Thiros, Attorney at Law, Merrillville, Indiana; and Patrick W. Walsh, Attorney at Law, 625 Plainfield Road, Suite 330, Willowbrook, IL 60527.

2/18/03  
NETCO  
5201 FOUNTAIN DRIVE  
SUITE C  
CROWN POINT, IN 46307

15  
W.A.

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE October 13, 2000  
 At Cook County Dept. of Public Health  
 1010 Lake Street  
 Oak Park, IL 60301

SIGNED [Signature]  
 Official Title Chief Deputy Registrar

REGISTERED NUMBER	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	William			Sikma	2. Male	3. October 12, 2000
1. COUNTY OF DEATH	4. Cook	5a. AGE-LAST BIRTHDAY (YRS)	5b. UNDER 1 DAY	5c. UNDER 1 DAY	5d. UNDER 1 DAY	5e. DATE OF BIRTH (MONTH, DAY, YEAR)
		81				June 21, 1919
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	7. Lansing, IL	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8b. Grace Scheeringa	8c. NAME OF SURVIVING SPOUSE (Maiden Name, if wife)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
		Married				Yes
10. SOCIAL SECURITY NUMBER	11a. Farmer	11b. AGRICULTURE	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	13a. INSIDE CITY (YES/NO)	13b. No	13c. COUNTY
10303-32-8817			8			Cook
13a. RESIDENCE (STREET AND NUMBER)	13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.	13c. INSIDE CITY (YES/NO)	13d. COUNTY	14a. MOTHER'S NAME (FIRST, MIDDLE, LAST)	14b. No	14c. CORA
2685 Lincoln Highway	Bloom Township			Jonkman		
139. ILLINOIS STATE	139. 60411	14a. White	14b. No	14c. YES	14d. SPECIFY:	14e. MIDDLE
15. FATHER-NAME	15. Harry	15. Sikma	16. MOTHER-NAME	16. Cora	16. Jonkman	16. Last
17a. INFORMANT'S NAME (TYPE OR PRINT)	17a. Grace Sikma	17b. RELATIONSHIP	17c. Mailing Address (Street and No. or R.F.D., City or Town, State, ZIP)	17d. Height	17e. Weight	17f. Chicago
		Wife	2685 Lincoln Highway			
18. PART I. 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					
	Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	20d. HOUR OF DEATH	20e. DATE SIGNED	20f. DATE OF DEATH	20g. P. M.
		No		3:30	10-13-00	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21b. ILLINOIS LICENSE NUMBER	21c. DATE SIGNED	21d. DATE OF DEATH	21e. DATE SIGNED	21f. DATE OF DEATH	21g. P. M.
22a. SIGNATURE	22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22c. ILLINOIS LICENSE NUMBER	22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	22e. DATE SIGNED	22f. DATE OF DEATH	22g. P. M.
	Peter Teune, DO 17850 Kedzie Hazelcrest, IL 60429	34150				
23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	23a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	23b. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	23c. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	23d. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	23e. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	23f. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	24b. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	24c. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	24d. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	24e. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	24f. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	24g. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
25a. FUNERAL HOME	25b. CEMETERY OR CREMATORY-NAME	25c. LOCATION	25d. CITY OR TOWN	25e. STATE	25f. DATE	25g. (MONTH, DAY, YEAR)
Schroeder-Lauer Funeral Home 3227 Ridge Rd. Lansing, IL 60438	Oakridge Cemetery	Lansing, IL			24 Oct	2000
25a. FUNERAL DIRECTOR'S SIGNATURE	25b. FUNERAL DIRECTOR'S SIGNATURE	25c. FUNERAL DIRECTOR'S SIGNATURE	25d. FUNERAL DIRECTOR'S SIGNATURE	25e. FUNERAL DIRECTOR'S SIGNATURE	25f. FUNERAL DIRECTOR'S SIGNATURE	25g. FUNERAL DIRECTOR'S SIGNATURE
William Bepler	William Bepler	William Bepler	William Bepler	William Bepler	William Bepler	William Bepler
25a. LOCAL REGISTRAR'S SIGNATURE	25b. LOCAL REGISTRAR'S SIGNATURE	25c. LOCAL REGISTRAR'S SIGNATURE	25d. LOCAL REGISTRAR'S SIGNATURE	25e. LOCAL REGISTRAR'S SIGNATURE	25f. LOCAL REGISTRAR'S SIGNATURE	25g. LOCAL REGISTRAR'S SIGNATURE
KAREN L. SCOTT, M.D. REGISTRAR	KAREN L. SCOTT, M.D. REGISTRAR	KAREN L. SCOTT, M.D. REGISTRAR	KAREN L. SCOTT, M.D. REGISTRAR	KAREN L. SCOTT, M.D. REGISTRAR	KAREN L. SCOTT, M.D. REGISTRAR	KAREN L. SCOTT, M.D. REGISTRAR
26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	26d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	26e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	26f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	26g. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

MEDICAL CERTIFICATE OF DEATH

PART OF THE SOUTHWEST QUARTER OF SECTION 13, TOWNSHIP 34 NORTH, RANGE 10 WEST OF THE 2ND PRINCIPAL MERIDIAN DESCRIBED AS FOLLOWS: COMMENCING TO A POINT ON THE NORTH LINE OF SAID SOUTHWEST QUARTER THAT IS 4240 FEET WEST OF THE EAST LINE OF SAID DECTION; THENCE SOUTH, PERPENDICULAR TO SAID NORTH LINE, 280 FEET; THENCE WEST PARALLEL TO SAID NORTH LINE 155.57 FEET; THENCE NORTH 280 FEET TO SAID NORTH LINE; THENCE EAST, ALONG SAID NORTH LINE 155.57 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA.

PARCEL NUMBER: 05-06-0063-008  
COMMONLY KNOWN AS: 15939 WEST 121ST AVENUE, CEDAR LAKE, IN, 46308

