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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 037001

PERSONAL REPRESENTATIVE'S DEED

Donald L. Gray, as Personal Representative of the Last Will and Testament of Antoinette Lukacsek, deceased, which estate is under the supervision of the Lake Superior Court of Lake County, under Cause Number 45 DO1-0208-ES-135 in the Office of the Clerk of the Lake Superior Court of Lake County, Indiana, pursuant to an order of the Lake Superior Court of Lake County, Indiana, dated on the 4th day of April, 2004, for good and sufficient consideration, conveys to:

↓ PHIL MCPHERSON

the following described real estate in Lake County, State of Indiana, to-wit:

Lot 5, Block 1, Second Lake Addition to Hammond as same appears of record in Plat Book 18, page 12, in the Recorder's Office of Lake County, Indiana, more commonly known and described as 2118 Davis Avenue, Whiting, Indiana.

Key # 34-244-5

Open Court

APR 07 2004

Thomas R. Philpott
CLERK LAKE SUPERIOR COURT

This conveyance is given subject to real estate taxes for 2003 payable in 2004 and subsequent, together with covenants, conditions, restrictions, easements and limitations of record.

This Document is the property of the Lake County Recorder

IN WITNESS WHEREOF, the said Donald L. Gray, as Personal Representative of the Last Will and Testament of Antoinette Lukacsek, has hereunto set his hand and seal this 31st day of March, 2004.

Donald L. Gray
Donald L. Gray, Personal Representative

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, the undersigned, a Notary Public, for said County and State, personally appeared Donald L. Gray, as personal representative of the Last Will and Testament of Antoinette Lukacsek, deceased, and acknowledged the execution of the deed to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS my hand and seal this 31st day of March, 2004.

My Commission expires:
February 26, 2010

Deanna Laughlin
Deanna Laughlin, Notary Public
A Lake County Resident

This instrument prepared by Attorney Donald L. Gray, 1244-119th Street, Whiting, IN 46394

MAIL TAX STATEMENTS TO: 2740 Georgetown Drive, Highland, IN 46322

ALL OF WHICH IS FOUND AND RECOMMENDED THIS 7 DAY OF April, 2004.

[Signature]
PROBATE COMMISSIONER

ALL OF WHICH IS ORDERED AND APPROVED THIS 7 DAY OF April, 2004

FILED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER TO BUCKEYE ALICE SUPERIOR COURT
[Signature]
MAY 5 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

000322

6025
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* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 676

CERTIFICATE OF DEATH

SDH06-28-2002
Date Issued Franklin S. Sprme
Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) ANTOINETTE LUKACSEK		2. SEX FEMALE		3a. TIME OF DEATH 2:26 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) AUGUST 26, 2002	
4. *SOCIAL SECURITY NUMBER 354-01-5876		5a. AGE—Last Birthday (Years) 84		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr.) NOV. 25, 1917		7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS					
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.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) XX Residence			
9b. FACILITY NAME (If not institution, give street and number) 2118 DAVIS AVENUE				9c. CITY, TOWN, OR LOCATION OF DEATH HAMMOND		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		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 HAMMOND (WHITING P.O.)		13d. STREET AND NUMBER 2118 DAVIS 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? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) WHITE		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) VALENTINE STANLEY BROZEK				19. MOTHER'S NAME (First, Middle, Maiden Surname) MARY SZERLAK			
20a. INFORMANT'S NAME (Type/Print) MR. DONALD L. GRAY				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1244-119TH, WHITING, IN 46394		20c. Relationship EXECUTOR	
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) AUGUST 30, 2002 ST. JOHN CEMETERY				21c. LOCATION—City or Town, State HAMMOND, INDIANA	
22a. EMBALMER'S NAME HENRY J. BLAKE		22b. EMBALMER'S LICENSE NO. FDE01019456		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Walter J. ...</i>		24b. LICENSE NUMBER (of Licensee) FDE01019456		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CA of the lung DUE TO (OR AS A CONSEQUENCE OF) respiratory failure b. cardiac desaturation 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							
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) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Paul ...</i>		29c. MEDICAL LICENSE NO. 690		29d. DATE SIGNED (Month, Day, Year) AUG. 28, 2002	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) SAMI AHMADZAI, M.D., 6924 INDIANAPOLIS BLVD., HAMMOND, INDIANA 46324							
31. HEALTH OFFICER'S SIGNATURE <i>Franklin S. Sprme</i>		32. DATE FILED (Month, Day, Year) August 28, 2002		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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. ADDRESS (Street and Number or Rural Route Number, City or Town, State) 690222					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			