

2003 12243

TICOR TITLE INSURANCE

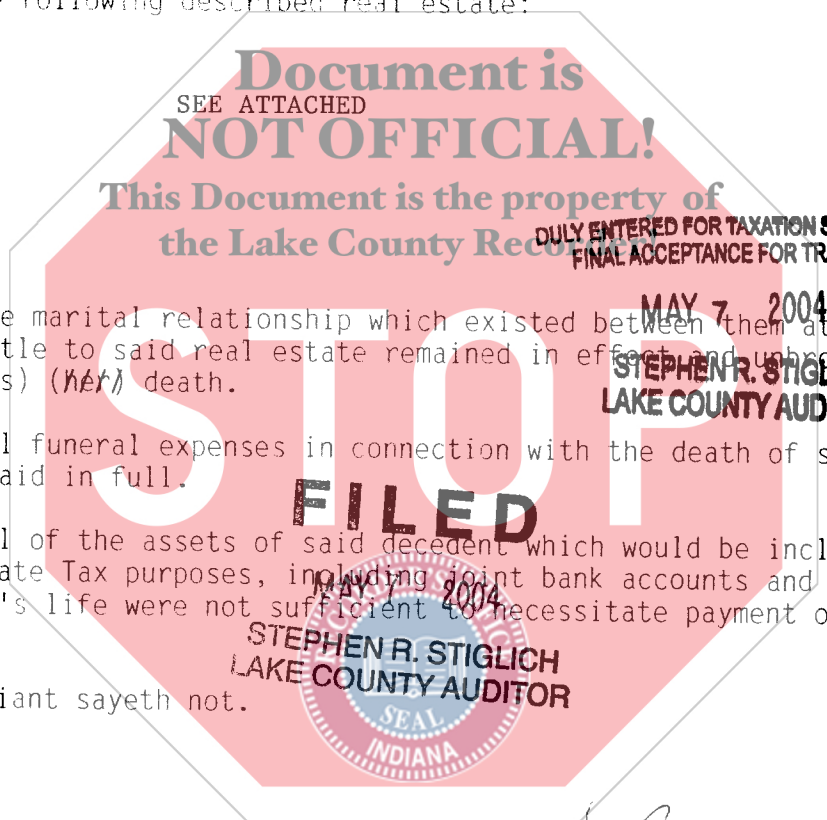
2004 038084

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

LEONA E. LUKE, being first duly sworn upon oath, deposes and says:

1. That EDWARD N. LUKE died on March 1, 2003, ~~XX~~ at 7:44 AM

2. That LEONA E. LUKE and EDWARD N. LUKE were duly and legally married at the time they acquired title as husband and wife to the following described real estate:



3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (~~her~~) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Leona E. Luke
LEONA E. LUKE

Subscribed and sworn to before me, a Notary Public, this 12TH day of NOVEMBER, ~~XX~~ 2003.

This document is being re-recorded to add additional Real Estate.

My Commission expires: 10-29-08

County of Residence: LAKE

This document is subscribed to by LEONA E. LUKE

Gloria Miller Notary Public
Gloria Miller
Lake County
Commission Expires
October 29, 2008



NOV 17 2003 001078

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

TICOR TITLE INSURANCE
11055 BROADWAY SUITE A
CROWN POINT, INDIANA 46307
920237913

15-
FDG
KF

No: 920037913

LEGAL DESCRIPTION

The South 1/2 of the South 1/2 of the Southeast 1/4 of Section 31, Township 34 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana, except that part deeded to Northern Indiana Public Service Company, its successors and/or assigns in Warranty Deed recorded September 30, 1981 as Document No. 645656.

No: 920041430

LEGAL DESCRIPTION

That part of the Southwest Quarter of Section 32, Township 34 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana being more particularly described as follows: Commencing at the Southwest corner of said Southwest Quarter; thence North 00 degrees 00 minutes 00 seconds East (Assumed Bearing for the West line of said Section) along the West line of said Section 32, 392.89 feet to the point of beginning; thence continuing North 00 degrees 00 minutes 00 seconds East along said West line, 421.91 feet; thence South 90 degrees 00 minutes 00 seconds East, 754.85 feet; thence North 00 degrees 00 minutes 00 seconds East, 334.13 feet; thence South 89 degrees 32 minutes 20 seconds East along a line parallel with the South line of said Section, 754.88 feet; thence South 00 degrees 00 minutes 00 seconds West along a line parallel with the West line of said Section 32, 1155.0 feet to the South line of said Section; thence North 89 degrees 32 minutes 20 seconds West along said South line, 925.83 feet to the Northwesterly line of the land of Northern Indiana Public Service Company in said Section 32 described in Warranty Deed recorded September 30, 1981 as Document No. 645656, in the Office of the Recorder of Lake County, Indiana; thence North 55 degrees 44 minutes 55 seconds West along said line (North 55 degrees 28 minutes 49 seconds West 707.89 per Deed), 706.41 feet (as measured) to the point of beginning.

No: 920040371



LEGAL DESCRIPTION

That part of the Southwest Quarter of Section 32, Township 34 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana more particularly described as follows: Commencing at the Southwest corner of said Southwest Quarter; thence North 00 degrees 00 minutes 00 seconds East (Assumed bearing for the West line of said Section) along the West line of said Section 32, 814.80 feet to the point of beginning; Thence South 90 degrees 00 minutes 00 seconds East, 754.85 feet; thence North 00 degrees 00 minutes 00 seconds East on a line parallel with the West line of said Section 32, 270.13 feet; thence South 89 degrees 59 minutes 26 seconds West, 532.05 feet; thence South 00 degrees 00 minutes 00 seconds West, 195.50 feet; thence South 90 degrees 00 minutes 00 seconds West, 222.31 feet to the West line of said Section 32; thence South 00 degrees 00 minutes 00 seconds West along said West line, 74.50 feet to the point of beginning.

* ATTENTION: 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.

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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 60103

448200
TYPE/PRINT
IN
PERMANENT
BLACK INK

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

DECEDENT

PARENTS

INFORMANT

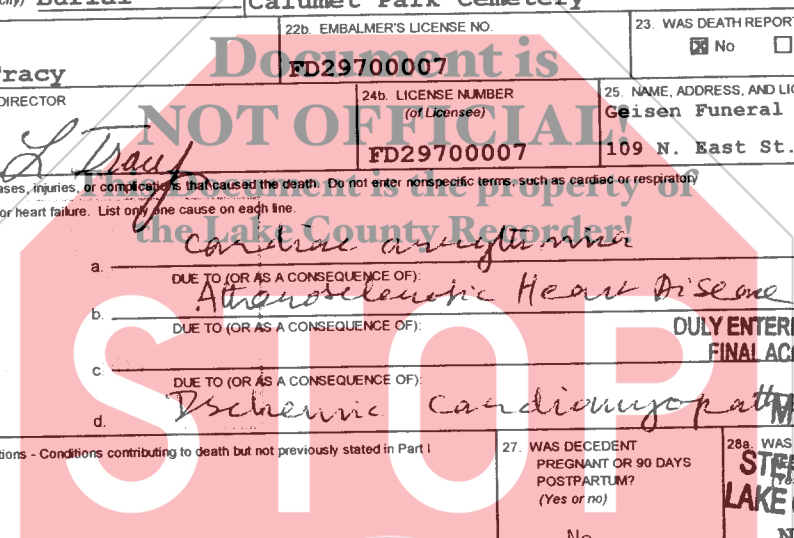
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Edward N. Luke		2. SEX Male	3a. TIME OF DEATH 7:44 AM	3b. DATE OF DEATH (Month, Day, Yr.) March 1, 2003
4. SOCIAL SECURITY NUMBER 315-14-8062	5a. AGE - Last Birthday (Years) 85	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) February 09, 1918
7. BIRTHPLACE (City and State or Foreign Country) Crown Point, Indiana		8. 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) <input checked="" type="checkbox"/> Residence		
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9b. FACILITY NAME (If not institution, give street and number) 14717 Chase St.		9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point
9d. COUNTY OF DEATH Lake		10. MARITAL STATUS (Specify) Married		
11. SURVIVING SPOUSE (If wife, give maiden name) Leona Nowviskie Luke		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer		12b. KIND OF BUSINESS/INDUSTRY Farming
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 14717 Chase St.
13e. ZIP CODE 46307-	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Martin J. Luke		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Siems		20a. INFORMANT'S NAME (Type/Print) Leona Luke		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14717 Chase St. Crown Point IN 46307
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) Burial		
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 5, 2003 Calumet Park Cemetery		21c. LOCATION - City or Town, State Merrillville, Indiana		
22a. EMBALMER'S NAME Michelle L. Tracy		22b. EMBALMER'S LICENSE NO. FD29700007		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Michelle L. Tracy</i>		24b. LICENSE NUMBER (of Licensee) FD29700007		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home FH19900060 109 N. East St., Crown Point, Indiana 46307-
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. X Coronary artery disease		Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Coronary artery disease		DUE TO (OR AS A CONSEQUENCE OF): Atherosclerotic Heart Disease		
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last Dyschemic cardiomyopathy		DUE TO (OR AS A CONSEQUENCE OF): Dyschemic cardiomyopathy		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		DUE TO (OR AS A CONSEQUENCE OF): Dyschemic cardiomyopathy		
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge and belief, the cause(s) as stated.		DUE TO (OR AS A CONSEQUENCE OF): Dyschemic cardiomyopathy		
29b. SIGNATURE AND TITLE OF CERTIFIER <i>V. R. Gandra</i>		29c. MEDICAL LICENSE NO. 29999		29d. DATE SIGNED (Month, Day, Year) 3/3/03
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Vidyadhar Gandra, MD 297 Franciscan Dr., Crown Point, IN 46307		31. HEALTH OFFICER'S SIGNATURE <i>Stephen R. Stiglich</i>		
32. DATE FILED (Month, Day, Year) March 5, 2003		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. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 001079		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.		



549-A