

SATISFACTION OF MORTGAGE

This certifies that a certain mortgage executed by Michael Gratkowski (deceased) and Stefania Gratkowski, (deceased) Husband and Wife, to John G. Kania (deceased) and Sophie S. Kania, dated July 25, 1969 in the amount of \$9,000.00 and recorded as Document No. 28130 in the Recorder's Office of Lake County, State of Indiana, has been paid and satisfied and the same is hereby released.

Lot Three (3), in Block Four (4) of Park Ridge Addition, a subdivision of part of the South one-half of the South-west quarter of Section 6, Township 36 North, Range 9 West of the Second Principal Meridian, in Hammond, Lake County, Indiana, as the same appears of record in Plat Book 13, page 35, in the Office of the Recorder of Lake County, Indiana.

More commonly known as: 6411 Euclid, Hammond, Indiana

IN WITNESS WHEREOF, the said Sophie S. Kania has hereby set her hand this 9th day of June 2004.

Sophie Kania
SOPHIE S. KANIA

2004 JUN 17 AM 11:11
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
COMMUNITY TITLE COMPANY
FILE NO L 28781

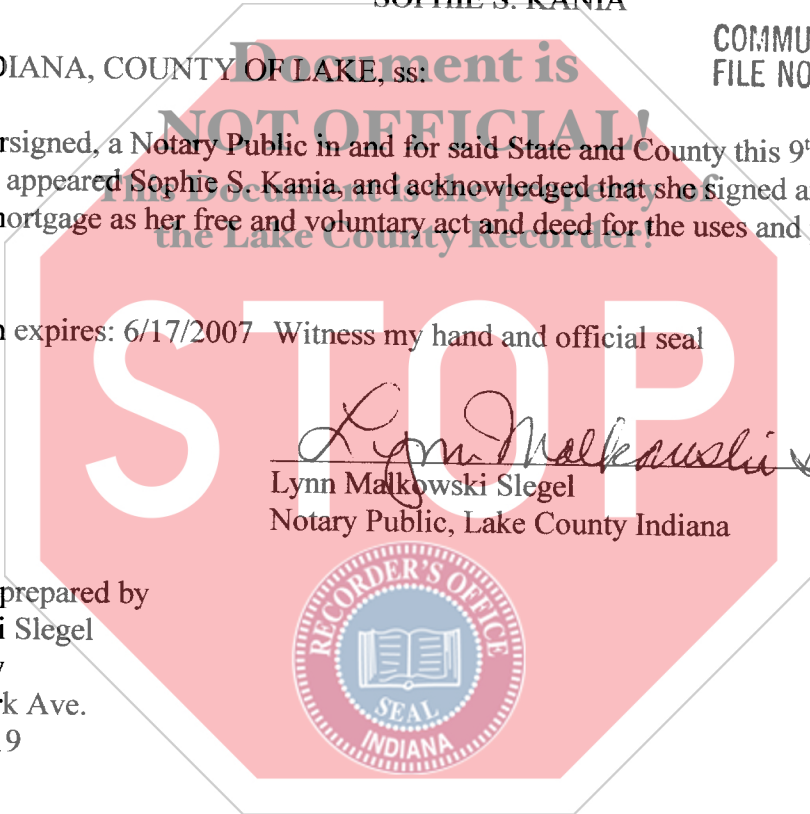
STATE OF INDIANA, COUNTY OF LAKE, ss:

Before the undersigned, a Notary Public in and for said State and County this 9th day of June, 2004 personally appeared Sophie S. Kania, and acknowledged that she signed and delivered the satisfaction of mortgage as her free and voluntary act and deed for the uses and purposes therein set forth.

My Commission expires: 6/17/2007 Witness my hand and official seal

Lynn Malkowski Slegel
Lynn Malkowski Slegel
Notary Public, Lake County Indiana

This instrument prepared by
Lynn Malkowski Slegel
Attorney At Law
735 W. Glen Park Ave.
Griffith, IN 46319
(219) 776-8998



13
51
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[Signature]

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2853-94

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

| | | | | |
|--|---|--|--|---|
| 1. DECEASED—NAME (First, Middle, Last) John Kania | | 2. SEX Male | 3a. TIME OF DEATH 9:32A.M | 3b. DATE OF DEATH (Month, Day, Yr) Nov. 4, 1994 |
| 4. SOCIAL SECURITY NUMBER 317-14-9592 | 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) Feb. 7, 1910 |
| 7. BIRTHPLACE (City and State or Foreign Country) Manchester, NH | 8a. WAS DECEASET A U.S. VETERAN? No | | | |
| 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? --- | | 9. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | |

DECEDENT

| | | | |
|--|---|--|--|
| 9b. FACILITY NAME (If not institution, give street and number) Meridian Nursing Home | | 9c. CITY, TOWN, OR LOCATION OF DEATH Dyer | 9d. COUNTY OF DEATH Lake |
| 10. MARITAL STATUS (Specify) Divorced | 11. SURVIVING SPOUSE (If wife, give maiden name) --- | 12a. DECEASET'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Crane Operator | 12b. KIND OF BUSINESS/INDUSTRY American Can Co. |
| 13a. RESIDENCE—STATE Indiana | 13b. COUNTY Lake | 13c. CITY, TOWN, OR LOCATION East Chicago | 13d. STREET AND NUMBER 1308 W. 150th Street |
| 13e. ZIP CODE 46312 | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? USA | 15. WAS DECEASET 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. DECEASET'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+): _____ | | |

PARENTS

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| 18. FATHER'S NAME (First, Middle, Last) Joseph Kania | 19. MOTHER'S NAME (First, Middle, Maiden Surname) Not Available |
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INFORMANT

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|--|--|--------------------------------------|
| 20a. INFORMANT'S NAME (Type/Print) Diana Kania | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1308 W. 150th St. E. Chicago, IN 46312 | 20c. Relationship Daughter |
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DISPOSITION

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|--|--|--|
| 21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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 7, 1994 Oakland Memory Lanes | 21c. LOCATION—City or Town, State Dolton, Illinois |
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DISPOSITION

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| 22a. EMBALMER'S NAME James W. Gholston | 22b. EMBALMER'S LICENSE NO. 1004194 | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | 24b. LICENSE NUMBER (of License) 1005491 | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Lesniak FH83001601 4918 Magoun, E. Chicago, IN 46312 |
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CAUSE OF DEATH

26. PART I. COMPLETE COPY OF THE CERTIFICATE OF DEATH FROM THE LAKE COUNTY HEALTH DEPT. WITH THE LAKE COUNTY HEALTH DEPT. STAMP AND SIGNATURE OF THE HEALTH OFFICER.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
APR 2 - 1994
cause of death: acute myocardial infarction

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST:
underlying cause: congestive heart failure

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.
Severe Aortic Aneurysm

CERTIFIER

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| 27. WAS DECEASET 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) No |
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HEALTH OFFICER

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| 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>[Signature]</i> | 29c. MEDICAL LICENSE NO. 01027951 | 29d. DATE SIGNED (Month, Day, Year) 11/7/94 |
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| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Kim, 622 W. Chicago Ave. East Chicago, IN 46312 |
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| 31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, MD</i> | DATE FILED (Month, Day, Year) November 7, 1994 |
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|--|--|--|----------------------------------|-----------------------------------|
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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) | | |

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| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. |
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