

2004 051383

2004 JUN 18 AM 10:16

Mail tax bills to:  
11108 West 133rd Ave.  
Cedar Lake IN 46303

Key No. 49-16  
MORTGAGE CENTER  
RECORDS

### WARRANTY DEED

THIS INDENTURE WITNESSETH, That **HILDA NOWAK** ("Grantor") of Lake County in the State of Indiana CONVEY (S) AND WARRANT (S) TO **LOWELL AUTO WASH, INC.** ("Grantee") of Lake County in the State of Indiana in consideration of One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

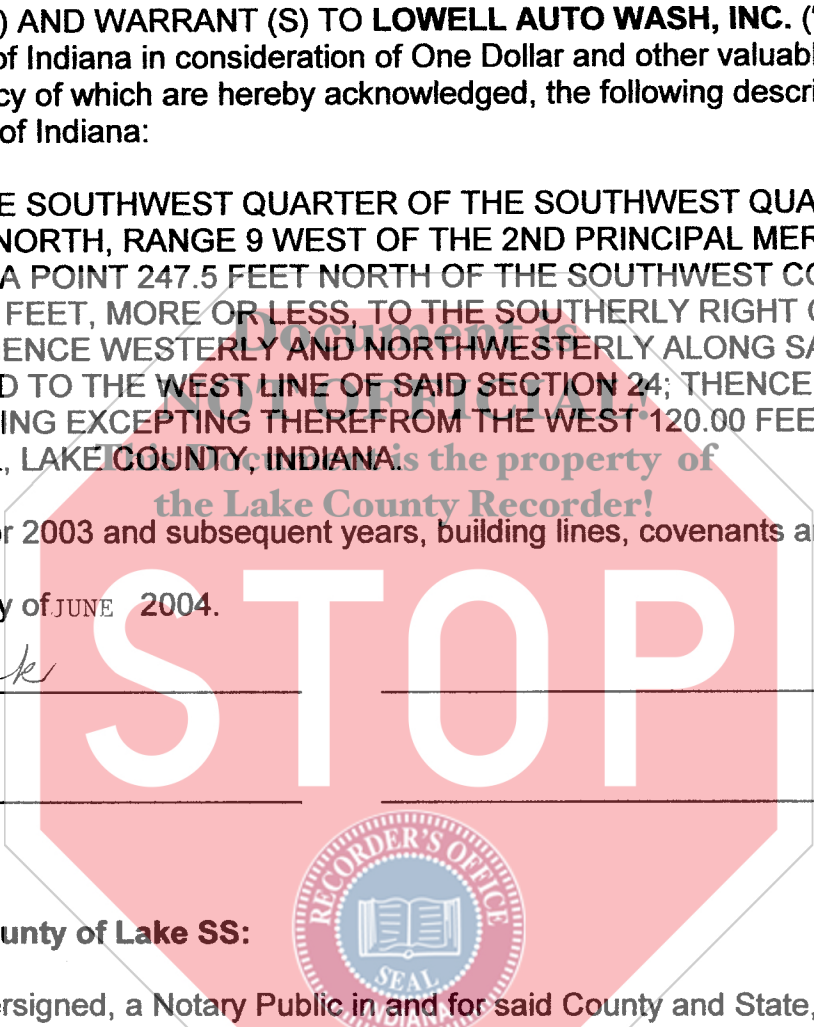
PART OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 24, TOWNSHIP 33 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, DESCRIBED AS BEGINNING AT A POINT 247.5 FEET NORTH OF THE SOUTHWEST CORNER THEREOF; THENCE EAST 429 FEET, MORE OR LESS, TO THE SOUTHERLY RIGHT OF WAY LINE OF STATE ROAD 2; THENCE WESTERLY AND NORTHWESTERLY ALONG SAID SOUTHERLY LINE OF SAID ROAD TO THE WEST LINE OF SAID SECTION 24; THENCE SOUTH TO THE PLACE OF BEGINNING EXCEPTING THEREFROM THE WEST 120.00 FEET THEREOF IN THE TOWN OF LOWELL, LAKE COUNTY, INDIANA is the property of

the Lake County Recorder!

Subject to: Taxes for 2003 and subsequent years, building lines, covenants and restrictions.

Dated this 16TH day of JUNE 2004.

Hilda Nowak  
HILDA NOWAK



State of Indiana County of Lake SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 16TH day of JUNE 2004, personally appeared: Hilda Nowak and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 2-11-09

Kimberly Arnold  
Notary Public KIMBERLY ARNOLD

County of Residence: LAKE

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, ATTORNEY AT LAW, 162 WASHINGTON STREET LOWELL, IN 46356

NORTHWEST INDIANA TITLE SERVICES, INC.  
162 Washington Street  
Lowell, Indiana 46356  
719-658-0100

12841

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN 18 2004

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

001596

16-  
EC  
10722

File # 12841

Key # 4-9-16

DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

Local No. 185

State No. 185

1. PLACE OF DEATH  
a. COUNTY Lake

b. CITY, TOWN, OR LOCATION Lake

c. Length of Stay in 114 County Rd. "O." 31 months

d. NAME OF HOSPITAL OR INSTITUTION Lake County Conv. Home

e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES  NO

2. USUAL RESIDENCE (Where deceased lived. If identification: Residence before admission)  
a. STATE Indiana

b. COUNTY Lake

c. CITY, TOWN, OR LOCATION Gary

d. STREET ADDRESS 1250 Adams St.

e. IS RESIDENCE INSIDE CITY LIMITS? YES  NO

3. NAME OF DECEASED (Type or print)  
First Josephine Middle Mika Last Mika

4. DATE OF DEATH  
Month May Day 5 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

8. DATE OF BIRTH Mar. 16, 1884

9. AGE (In years, Months, Days, Hours, Min.)  
Years 77 Months 0 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Kudej

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 316-22-9587

17. INFORMANT'S ADDRESS 1250 Adams Street, Gary, Indiana

17a. INFORMANT'S NAME John Mika

17c. RELATIONSHIP TO DECEASED Husband

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cerebro Vascular Accident  
DUE TO (b) High Blood Pressure  
DUE TO (c) Residual Hemiplegia Left Side, Incontinent to Urine & Feces

19. WAS A AUTOPSY PERFORMED? YES  NO

20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
20a. RESIDENT SUICIDE  HOMICIDE  AT WORK

20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20c. TIME OF INJURY  
Hour 8 Month May Day 5 Year 1961

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Gary COUNTY Lake STATE Indiana

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from May 5, 1961 to May 5, 1961 and last saw her at 2:10 PM alive on May 5, 1961 Death occurred at 2:10 PM M (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.

22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at 2:10 PM M (C.S.T.) from causes stated and on above date.

23. SIGNATURE OF Attending Physician or Health Officer. A.G. Skad, M.D.

23b. ADDRESS Crown Point, Ind.

23c. DATE SIGNED 5-5-1961

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE May 9, 1961

24c. NAME OF CEMETERY OR CREMATORY J.O. Parramore Hosp.

24d. LOCATION Bohemian National Cem. Chicago, Illinois

25. SIGNATURE OF LOCAL HEALTH OFFICER Admit P. Parramore

25. FUNERAL DIRECTOR John A. Pruzin, Gary, Indiana

PRINT WITH INK 3 A ENT ID Office Use

Chas. W. Wells  
LAKE COUNTY AUDITOR  
STEPHEN MENDELTS  
FURNAL DIRECTOR'S LICENSE NO. 165100  
MIN 8-2004  
4237