## THIS INDENTURE WITNESSETH

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The Taylor Dispussion	-
That	<del>©</del>
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of County, and St	9
RELEASE & QUI	T CLAIM
of Lake County, in the S	Kichard J. Metzger Jr.
-and-Carolyn-Met	zger/W/F/R/o/S.
of County, in the S	
for the sum of <u>Ten</u> dollars + 00/10	SO
and other good and valuable consideration, the receipt o	f which is hereby acknowledged. The blowing
described Rea! Estate, in County, in the State	
Document	
TIME WE SERVICE	
the Lake County Red	
·	
TO THE TOP TO VATION CI	AJECT TO
DULY ENTERED FOR TAXATION SU FINAL ACCEPTANCE FOR TRAN	ISFER
NOV 1 2 2004	
STEPHEN R. STIGLIO	
LAKE COUNTY AUDIT	OK .
KEY NO. 18-28-0433-0044	
WOLANA	1500 Lake ShoreD
SEND TAX STATEMENTS TO: Richard J + Caro	// / / / / / / / / / / / / / / / / / / /
IN WITNESS WHEREOF, The said	LINC3
HaShereunto set 1tcr_ Hand_On_ this_10	2_day of Nov_10_2004
State ofCounty, ss:	
Before me, the undersigned, a Notary Public, in and for said County and State, personally ap-	Tourse Mairies
peared the within named Irudy XXXXXXX	Trudy Vrince. Seal
	Seal
and acknowledged the execution of the foregoing Deed to bevoluntary act and deed, in	Seal
witness whereof, I have hereunto subscribed my name and affixed my official seal. My commission	Notary Public, State of Indiana Seal
expires:	My Commission Expires 9/24/06
Caltera Tont Notary Public	Seal
Resident of County	AM 4
This instrument prepared by: Richard Metagen	<b>001600</b> U
• (1	— — — — — ····························

ATTENTION LOTATE. THE OUTIN DECUNITY # 15
being requested by this state agency in order to
Oursup its statutory reconnectibility Di
pursue its statutory responsibility. Disclosure is
voluntary and there will be no penalty for refusal.

pursue its statute voluntary and ther	ory responsibili re will be no pe	ity. Disclosur nalty for refus	e is	INDIANA S	IAIL	= DEP/	ARTM	ENT	OF	HEA	LTH					
Local No s				(	CERT	IFICAT	E OF	DEA	ТН		State	No				
147913			ERIES A	RE CONFIDENTIAL P							State	: INO	• • • • • • •	• • • • •	• • • • • • • • • •	
TYPE/PRINT	I DECEASED-	-NAME (Firet N	Aiddle, Las	)	21110 10											
IN	LEO						ALE	- 1	3a TIME OF DEA	1-5	36 DATE OF DEATH (Month Day Yr)					
<b>PERMANENT</b>	4. *SOCIAL SECURITY NUMBER Sa AGE—Last Birthday						6 DAT				JANUARY 31. 2001  BIRTHPLACE (City and State or Foreign Country)					
BLACK INK	325-05	325-05-3654		(Years) 76		Months Days Hours Minutes			March 1, 1924				Chicago, IL			
	8ª WAS DECED		8b YEA	ARMED FORCES?	94					PLACE OF DEATH (Check only one See instru				tructions)		
	Yes		1 .	.A.	HOSPITAL LA Inpatient					Nursing Home						
DECEDENT	96 FACILITY NA	AME (If not institut	tion, give s	treet and number)	I	☐ ER/Outpatient ☐ DOA 9c CII			( TOWN		Residence					
DECEDENT		COMMUNI								HON OF DEATH	94 C	94 COUNTY OF DEATH				
	10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE				12a DECED	ENT'S USL	MUNSTE USUAL OCCUPATION		ATION (Give kind of work Do not use retired)		LAI			
			Tr	Trudy Cullon		-	Electri			1 Er	use retired) Igineer		126 KIND OF BUSINESS/INDUSTRY Stee1			
	130 RESIDENCE-STATE		136 CO	_	13c CITY, TOWN OR L						STREET AND NE					
	IN		L	Lake	M	unster	• •			_   9	805 Ros	se Lan	e			
	13e ZIP CODE	131 INSIDE CIT		14 CITIZEN OF WHAT COUNTRY			OF HISPANIC ORIGIN? Yes (If yes, specify Cubi				CE-American Indian.		17. DECEDENT'S EDUC			
	46321	13g ON A FAR			Mexican, Puerto Ric		ican, etc)			Black, White, etc. (Specify)			(Specify only highest grade complete Elementary/Secondary (0-12)   College (1-4)			
ļ		XO No D Yes U.S.A.							l v	White	<b>!</b>	-	Pemenjulry/Secondary (0-12)   College (1-4 or 5)			
PARENTS	18 FATHER'S NA		Lasti					19 MC	THER'S	NAME (Firs	. Middle, Maiden	Surname)			<u> </u>	
	Leo Pr		Oruse)					ında	N.A							
INFORMANT	200 INFORMANT'S NAME (Type/Print)  Trudy Prince					20b MAILING ADDRESS (Street end Number or Rurel Route Number, C. 9805 Primrose Lane Munster,						or Town, State, Zip Code) 20c Relationship				
	21a METHOD OF		☐ Ento	mbment	21b DATE	AND PLACE	OF DISBOSI	JOH (No-	ane	Mun				Wif		
	XX Buriel					b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 2, 2001							)NCity or T	own, State	ı	
	Donation Other (Specify)					Chapel Lawn Memorial Gardens Schererville, IN									`NT	
DISPOSITION	22. EMBALMER'S NAME					226 EMBALMER'S LICENSE NO 23 WAS DEATH REPORTED TO CORONER?									.111	
	John T. Noble 24 SIGNATURE OF FUNERAL DIRECTOR					9000031 TANO 1 Yes										
	24s SIGNATURE	OF FUNERAL DIÀ	ECTOR			246 LICENSE NUMBER 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME										
i	DOCUMENTIS Burns-Rish Funeral Home#3004968															
ļ	1021590 8415 Calumet Munster, IN 46321															
Í	26 PART I Enter the diseases injuries, of complications that caused the death. Do not enter nonspecific terms (such as cardiac or respiratory.  Approximate Interval Between															
	IMMEDIATE CAUSE (Final Onset and Death															
	disease or condition resulting in death)			DOE TO (OI	AS A CO	NSEQUENCE	OF)		1	102	13	· · · · · · · · · · · · · · · · · · ·	<del></del> -	Un	(ham	
DEATH	Conditions, if any, w	hich gave	b	the La		NSEQUENCE		cord	ier:							
1	rise to the immediate	Cause.	c													
	cause lest	•		DUE TO (OF	AS A CO	NSEQUENCE (	OF)									
<u> </u>			đ													
Į.	PART II Other signr	ficant conditions -	Condition	s contributing to death but	not previo	usly stated in P	art l 2				288 WAS AN		28b WERE	AUTOPS	Y FINDINGS	
								POSTP.	ARTUM?	90 DAYS	PERFORMI (Yes or no		AVAIL	ABLE PRI		
								(Yes or	no)	No	No			ATH? (Ye		
2	90 CERTIFIER	CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge deep provided to the data														
	(Check only one)  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															
-		H co	RONER	or the basis of examination	on and/or in	vestigation in a	my opinion, de	ath occurre	ed at the ti	ime, date, ar	d place, and due	o the cause(s)	and manner (	s stated		
CERTIFIER 2	96 SIGNATURE AI	SIGNATURE AND TITLE OF CERTIFIER									20: 44504041 445544				fonth. Day. Year)	
<u> </u>	0. NAME AND ADD	2 2 m		<u>ran</u>	$\supseteq$		<b>n</b> :9:			010	14/1569		2] i   c	5		
]*	SMITA R	CAIKER.	M.D.	COMPLETED CAUSE OF	DEATH (I	BIA AV	/Print)	MITTA		D /71			1			
HEALTH 31	HEALTH OFFICE			A	A LOF	DIA AV	LNUE	MUI	NS LE	K,/IN	DIANA	4632				
OFFICER				Dame	VX.	To ton	A IIIII			1	the second of the second of the second		32 PATE PIL	ED (Mont	7	
33	MANNER OF DE	ATH		340 DATE OF INJURY	34b	TIME OF		URY AT W	ÓRK?	34d -1	DESCRIBE HOW	IN HIRE CO.	July	Mich	4,2,200	
l	☐ Natural ☐	(Month, Day, Year)				INJURY (Yes or no)					PESCHIBE HUW	TANKET COO	ARE CORP.	V	Ψ	
l	☐ Netural L	Pending Investigation			ı		1				* 1 * 1 *				į	

SDH06\_004 State Form 10110 (P5/1 00)

Accident

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian, etc.

34f LOCATION (Street and N

34# PLACE OF INJURY— building etc (Specify)