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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 054088

2007 JUL -5 AM 9:33

MICHAEL A. BROWN
RECORDER

SATISFACTION OF MORTGAGE

620072596

Chicago Title Insurance Company

THIS CERTIFIES, That a certain Mortgage executed by Michael Roy Bush and Mary Ann Bush to Martin Geertsema and Coby Geertsema (Martin is deceased as evidence on attached death certificate), on the 18th day of September, 1999 and recorded as Mortgage Record No. 2000 020038 in the Recorder's office of Lake County, State of Indiana, has been fully paid and satisfied and the same is hereby released.

IN WITNESS WHEREOF, her hand and seal, this 25th day June, 2007.

Coby Geertsema
Coby Geertsema, Surviving Mortgagee

STATE OF INDIANA, LAKE COUNTY, SS:

Before me, the undersigned, a Notary Public in and for said County, this 25th day of June, 2007 personally appeared Coby Geertsema, acknowledged the execution of the annexed satisfaction of mortgage.

WITNESS MY HAND and official seal.

Deborah Rios-Mejia
Notary Public

My Commission expires:
County of Residence:

DEBORAH RIOS-MEJIA
Lake County
My Commission Expires
December 26, 2007



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.
Barbara Megquier

Prepared by Bank One

14-
D/C
1

CERTIFICATE NUMBER 901 255 DEC. 99

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 1. MARTIN C. GEERTSEMA MALE 3. DEC. 10, 1999

COUNTY OF DEATH 4. COOK **AGE-LAST BIRTHDAY (YRS)** 5a. 77 **UNDER 1 YEAR** 5b. **UNDER 1 DAY** 5c. **DATE OF BIRTH (MONTH, DAY, YEAR)** 5d. March 6, 1922

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Chicago Heights **HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)** 6b. ST. JAMES HOSPITAL **IF HOSP. OR INST. INDICATE D.O.A., OP/EMER. RM, INPATIENT (SPECIFY)** 6c. ER

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Netherlands **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)** 8a. Married **NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)** 8b. Coby Dykstra **WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)** 9. yes

SOCIAL SECURITY NUMBER 10. 325-26-3275 **USUAL OCCUPATION** 11a. Carpenter **KIND OF BUSINESS OR INDUSTRY** 11b. Carpentry **EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)** 12. 12
 Elementary/Secondary (0-12) College (1-4 or 5+)

RESIDENCE (STREET AND NUMBER) 13a. 36 Village Woods Dr. **CITY, TOWN, TWP. OR ROAD DISTRICT NO.** 13b. Crete **INSIDE CITY (YES/NO)** 13c. Yes **COUNTY** 13d. Cook

STATE 13e. Illinois **ZIP CODE** 13f. 60417 **RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)** 14a. WHITE **OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)** 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST **MOTHER-NAME** FIRST MIDDLE (MAIDEN) LAST
 15. Cornelius Geertsema 16. Hilda Geerts

INFORMANT'S NAME (TYPE OR PRINT) 17a. Coby Geertsema **RELATIONSHIP** 17b. Wife **MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)** 17c. 36 Village Woods Dr. Crete IL 60417

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH**

Immediate Cause (Final disease or condition resulting in death) → (a) **ARTERIO-SCLEROTIC CARDIOVASCULAR DISEASE**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
 (b) _____
 (c) _____

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 19. **DIABETES MELLITUS**

AUTOPSY (YES/NO) 19a. NO **WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)** 19b. _____

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. NATURAL **DATE OF INJURY (MONTH, DAY, YEAR)** 20b. _____ **HOUR** 20c. _____ **HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)** 20d. _____

INJURY AT WORK (YES/NO) 20e. _____ **PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)** 20f. _____ **LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE)** 20g. _____ **IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES NO**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT **THE DECEASED WAS PRONOUNCED DEAD ON** **AT**
 21a. _____ 21b. DEC. 10, 1999 21c. 7:06 P. M.

CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22a. *Denogus, M.D.* **DATE SIGNED (MONTH, DAY, YEAR)** 22b. DEC. 14, 1999
CORONER'S PHYSICIAN'S NAME (Type or Print) 22c. _____ **DATE SIGNED (MONTH, DAY, YEAR)** 22d. _____

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial **CEMETERY OR CREMATORY-NAME** 24b. Skyline Mem. Park **LOCATION** 24c. Monee Illinois **DATE (MONTH, DAY, YEAR)** 24d. Dec. 14, 1999

FUNERAL HOME 25a. Steger Memorial Chapel 3045 Chicago Rd. Steger, IL 60475

FUNERAL DIRECTOR'S SIGNATURE 25b. *Timothy J. Fruts* **FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER** 25c. 034-014483

LOCAL REGISTRAR'S SIGNATURE 26a. *Rachel M. Vega* **DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)** 26b. December 14, 1999

VR202 (Rev. 5/89) Illinois Department of Public Health - Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILL BIRTHS & DEATHS.

DATE: DEC 14 1999 **SIGNED:** Rachel M. Vega
AT: CHICAGO HEIGHTS, IL 60411 **TITLE: LOCAL REGISTRAR**