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Filed in Clerk's Office

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Nov 16 [illegible]

2009 081755

2009 DEC 10 AM 9:0[illegible]

MICHAEL A. BROWN
RECORDER

CHICAGO TITLE INSURANCE COMPANY

620095429

ESTATE OF **JOSEPH A. LINGVAY**
CAUSE NO.: 45D02-0807-ES-81
Parcel No. 45-03-17-101-005.000-025

DEED OF CO-PERSONAL REPRESENTATIVES

JPMORGAN CHASE BANK, NA., By Mary Piantek, Vice-President and Trust Officer and RONALD J. LINGVAY, as Co-Personal Representatives of the supervised estate of **JOSEPH A. LINGVAY**, Deceased, which estate is under the supervision of the Lake Superior Court under Cause Number 45D02-0807-ES-81, pursuant to an order of said Court dated the 19th day of November, 2008, for good and sufficient consideration, conveys to: **YSRAEL CONTRERAS**, the following described real estate in Lake County, Indiana, to-wit:

Lot 43 and 44, in Block 2, in Davidson's 7th Addition to Whiting, as per plat thereof, recorded in Plat Book 2 page 76, in the Office of the Recorder of Lake County, Indiana.

Parcel No. 45-03-17-101-005.000-025.
commonly known as: 2513 White Oak Avenue, Whiting, Lake County, Indiana 46394.
Grantee's Address: 2513 White Oak Avenue, Whiting, Lake County, Indiana 46394.
Mail Tax Bills to: 2513 White Oak Avenue, Whiting, Lake County, Indiana 46394.
subject to all legal highways, rights-of-way and easements, taxes for the year 2008 payable in 2009 and all taxes subsequent thereto and any other conditions on the conveyance.

WITNESS my hand and seal this 13th day of November, 2009.

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STOP

MARY PIANTEK, as Vice-President and Trust Officer for JPMORGAN CHASE BANK, NA., Co-Personal Representative of the Supervised Estate of **JOSEPH A. LINGVAY**

STATE OF INDIANA)
) SS:
COUNTY OF Lake)

Before me, the undersigned, a Notary Public, in and for said County and State, this 13 day of NOVEMBER 2009, personally appeared **MARY PIANTEK, as Vice-President and Trust Officer for JPMORGAN CHASE BANK, NA.**, as Co-personal representative of the supervised estate of **JOSEPH A. LINGVAY** and acknowledged the execution of this Deed to be his voluntary act and deed for the uses and purposes expressed therein.

[illegible], Notary Public
ESTATE OF **JOSEPH A. LINGVAY**

9.18

CT
CX

Filed in Open Court
NOV 18 2009
SUPERIOR COURT OF LAKE COUNTY
CIVIL DIVISION COURT ROOM 2

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

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
DEC 09 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

021492

* ATTENTION ESTATE: 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2992

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 620095429

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEDENT—NAME (First, Middle, Last): STELLA LINGVAY
2. SEX: F
3a. TIME OF DEATH: 8:24 PM
3b. DATE OF DEATH (Month Day Yr): 11-21-02
4. *SOCIAL SECURITY NUMBER:
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): AUG. 16, 1918
7. BIRTHPLACE (City and State or Foreign Country): WHITING, IN.
8a. WAS DECEDENT A U.S. VETERAN? NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☑ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): ST. CATHERINE HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: EAST CHICAGO
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): JOSEPH
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: OWN HOME
13a. RESIDENCE—STATE: IN.
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: WHITING
13d. STREET AND NUMBER: 2513 WHITE OAK AVE.
13e. ZIP CODE: 46394
13f. INSIDE CITY LIMITS: ☐ No ☑ Yes
13g. ON A FARM? ☑ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? ☑ No ☐ 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): 8; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): ANDREW JASEK
19. MOTHER'S NAME (First, Middle, Maiden Surname): ANGELINE BAISH

INFORMANT

20a. INFORMANT'S NAME (Type/Print): JOSEPH LINGVAY
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2513 WHITE OAK AVE. WHITING, IN
20c. Relationship: HUS.

DISPOSITION

21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): NOV. 25, 2002 ST. MERCY CEMETERY
21c. LOCATION—City or Town, State: GARY, IN.
22a. EMBALMER'S NAME: J. OWENS
22b. EMBALMER'S LICENSE NO: 1000049
23. WAS DEATH REPORTED TO CORONER? ☐ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): 10049
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: OWENS F.H. 816-119th ST. WHITING 2291

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CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Sepsis	hours
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. b. DUE TO (OR AS A CONSEQUENCE OF)	Urinary tract infection	2-3 days
c. DUE TO (OR AS A CONSEQUENCE OF)		
d. DUE TO (OR AS A CONSEQUENCE OF)		

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

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no):
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):

CERTIFIER

29a. CERTIFIER (Check only one)
☑ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: Paula Benchik Abrinko MD
29c. MEDICAL LICENSE NO: 01045436
29d. DATE SIGNED (Month Day Year): 11-21-02
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Paula Benchik-Abrinko M.D. 1534 119th St. Whiting IN 463[illegible]

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Dr Timothy Rainouch
32. DATE FILED (Month Day Year): November 25 [illegible]

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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):
34g. DATE PRONOUNCED DEAD (Month Day Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

Chicago Title Insurance Company