

STATE OF INDIANA
LAKE COUNTY
FILED

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

2000 005945

2000 JAN 27

JAN 21 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

SUCCESSOR TRUSTEE'S DEED

THIS INDENTURE WITNESSETH that **DANIEL R. VALKO**, as **Successor Trustee** under the provisions of a **Trust Agreement dated October 23, 1998 and known as the JUANITA C. VALKO LIVING TRUST**, does hereby grant, bargain, sell and convey to: **ALBERT B. MEDINA and CAMILLE Q. MEDINA, Husband and Wife, as tenants by the entireties**, of Lake County, Indiana, for and in consideration of the sum of Ten Dollars, and other good and valuable consideration, the receipt of which is hereby acknowledged, the following real estate in Lake County, State of Indiana, to-wit:

Lot 60 in Ridgeland Park First Addition to the Town of Munster, as per plat thereof, recorded December 20, 1956 in Plat Book 31, page 88, in the Office of the Recorder of Lake County, Indiana.
Commonly known as: 636 River Dr., Munster, IN 46321
Key #28-180-60

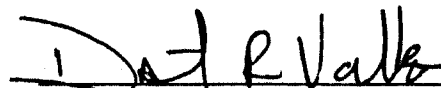
This conveyance is made subject to the following:

1. The terms, covenants, easements, limitations and restrictions contained in any instrument of record affecting the use or occupancy of said real estate;
2. All applicable subdivision, building and zoning laws of the governmental bodies having jurisdiction of the above-described realty;
3. Real Estate taxes for the year 1998 payable in 1999 and subsequent years;
4. Roads and highways, streets and alleys;
5. Limitation by fences and/or other established boundary lines;
6. Easements, if any, for established ditches and/or drains.

This Deed is executed in accordance with, pursuant to, and in exercise of, the terms, provisions, power and authority granted to and vested in the said Successor Trustee by the terms of said Deed or Deeds in Trust in pursuance of the unrecorded Juanita C. Valko Living Trust Agreement dated October 23, 1998 above mentioned and it is held that the Successor Trustee has full power and authority to execute this Deed.

IN WITNESS WHEREOF, the said **DANIEL R. VALKO**, Successor Trustee, has set his hand and seal this 12th day of January, 2000.

COMMUNITY TITLE COMPANY
FILE NO 19000



DANIEL R. VALKO, Successor Trustee

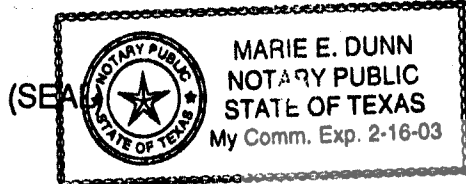
18.00
E.P.
COMM
7-12-00

01378

25 X 17

STATE OF TEXAS)
) SS:
COUNTY OF Dallas)

Before me, the undersigned, a Notary Public for Dallas County,
State of Texas, personally appeared DANIEL R. VALKO, who acknowledged the
execution of this Successor Trustee's Deed this 12 day of January, 2000.



Marie E. Dunn
NOTARY PUBLIC

MY COMMISSION EXPIRES:

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

THIS INSTRUMENT PREPARED BY:

JOHN F. HILBRICH, ATTORNEY AT LAW (#7513-45)
HILBRICH, CUNNINGHAM & SCHWERD
2637-45TH ST., HIGHLAND, IN 46322
PH: 219/924-2427

MAIL FUTURE TAX STATEMENTS TO:

RETURN RECORDED INSTRUMENT TO:



* 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

State No.

Local No. 2473-98

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Juanita Charlotte Valko		2 SEX Female	3a TIME OF DEATH 1:45 M	3b DATE OF DEATH (Month Day Yr) November 7, 1998	
4 *SOCIAL SECURITY NUMBER 311-28-1855	5a AGE—Last Birthday (Years) 68	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Dec. 15, 1929	
7 BIRTHPLACE (City and State or Foreign Country) Hammond, IN	8a WAS DECEDENT A US VETERAN? No				
8b YEAR LAST SERVED IN US ARMED FORCES? No		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Riley Hospice Residence		9c CITY TOWN OR LOCATION OF DEATH Munster	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widow	11 SURVIVING SPOUSE (If wife give maiden name) ---	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Toll Attendant		12b KIND OF BUSINESS/INDUSTRY Toll Road	
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY TOWN OR LOCATION Munster	13d STREET AND NUMBER 636 River Dr.		
13e ZIP CODE 46321	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) College (1-4 or 5 +) 12 --		18 FATHER'S NAME (First Middle Last) John Nauch			
19 MOTHER'S NAME (First Middle Maiden Surname) Emma Niece		20a INFORMANT'S NAME (Type/Print) Daniel R. Valko			
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 1914 Bosque Ln. Arlington TX 76006		20c Relationship Son			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input 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 10, 1998 Concordia Cemetery		21c LOCATION—City or Town State Hammond, IN	
22a EMBALMER'S NAME James Porras		22b EMBALMER'S LICENSE NO 1045964	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J Burns</i>		24b LICENSE NUMBER (of Licensee) 1045184	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #300496 8415 Calumet Munster, IN 46321		
26 PART I Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions if any which gave rise to the immediate cause stating the underlying cause last		a <u>Metastatic Colon Cancer</u> DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death <u>1.5 months</u>	
b _____ DUE TO (OR AS A CONSEQUENCE OF)		c _____ DUE TO (OR AS A CONSEQUENCE OF)		d _____	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27 WAS DECEDENT PRECERNANT 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) ---	
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 causes) 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 causes) 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 causes) and manner as stated		29b SIGNATURE AND TITLE OF CERTIFIER <i>Barbara L Fuller, MD</i>			
29c MEDICAL LICENSE NO 01034701		29d DATE SIGNED (Month Day Year) Nov. 9, 1998			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) Barbara Fuller 9305 Calumet Munster, IN 46321					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>			32 DATE FILED (Month Day Year) November 10, 1998		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIPTION OF INJURY AND ACCIDENT COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT
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) JUN 24 1999			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc <i>Alexander S. Williams, MD</i> LAKE COUNTY HEALTH COMMISSIONER			