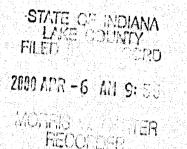
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## Trustee's Deed

This Indenture Witnesseth, That SALLY A. EVANS and JAMES M, HERRICK, as Successor Co-Trustees of the KATIE HERRICK REVOCABLE TRUST, of Lake County, and State of Indiana, does hereby grant, bargain, sell and convey to: MICHAEL T. DAVIS and DEBORAH J. MAGURA, Jan Tengals with Poshls of Survivishio. of Lake County, in the State of Indiana for the sum of Ten Dollars (\$10.00) and Other Good and Valuable Consideration, the following described Real Estate in Lake County, in the State of Indiana, to-wit:

The South Half of Lots 26, 27, 28, 29 and 30 in Chas. Nagle's Addition to Hobart, as per plat thereof, recorded in Plat Book 2 page 52, in the Office of the Recorder of Lake County, Indiana.

Key No. 18-84-27 Document is the property of Property Address: 6 North Hobart Road, Hobart, IN 46342

Subject to covenants and restrictions, easements for streets and utilities, and building lines, as contained in plat of subdivision and as contained in all other documents of record; and taxes for 1999 and 2000.

This Deed is executed pursuant to, and in the exercise of, the power and authority granted to and vested in the said Successor Co-Trustees by the terms of said Deed or Deeds in Trust delivered to the said Successor Co-Trustees in pursuance of the Trust Agreement above mentioned, and subject to all restrictions of record.

In Witness Whereof, the SALLY A. EVANS and JAMES M. HERRICK, as Successor Co-Trustees, have hereunto set their hands and seals this <u>31st</u> day of <u>March</u>, 2000.

JAMES M. HERRICK

SALLY A. EVANS Successor Co-Trustee

Successor Co-Trustee

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named SALLY A. EVANS and JAMES M. HERRICK, as Successor Co-Trustees, who acknowledged the

> DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

> > APR 05 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

MYRS

acknowledged the execution of the foregoing instrument as their free and voluntary act, as Co-Trustees.

**Witness**, my hand and Official Seal this \_\_\_\_\_ day of \_\_\_\_\_\_

Notary Public, DEBRA DAVIS

My Commission Expires: 9/9/2006

County of Residence of Notary Public: Porter

DEBRA DAVIS Notary Public, State of Indiana County of Porter My Commission Expires 09/09/2006

This instrument prepared by John R. Sorbello, attorney at law.

Mail tax statements to:

This Document is the property of the Lake County Recorder!



		RDS IN THIS S	ERIES ARE	CONFIDENTIAL PE	1110-11-118-0				Managar (1994)	and the second of the	
TYPE/PRINT IN	1. DECEABED-HAME (FINA MIXED LAND) CHARLES RICHARD HERRICK, DDS				2 SEX Male			34. TIME OF DEATH 2:20AM		Sb. DATE OF DEATH (Acres Day 7) February 27, 1996	
PERMANENT BLACK INK	4 SOCIAL SECURITY HUMBER 370-05-3778		Sa. AGE - Lest Britishy (Years) 84 8b. YEAR LAST SERVED IN		Bb. UNDER 1 YEAR BG. UNDER 1 DAY Morethe Days House Minutes		No	6. DATE OF BIRTH (Mo Day Yr)  NOV 18, 1911  B. PLACE OF DEATH (Check only one, 8		7. BIRTHPLACE (City and State or Foreign Country) Valiparaiso, IN	
	MAS DECEDENT A U.B. VETERANT Yes		U.S. ARMED FORCES 1944		HOSPITAL IN Inpatient ERVOurpatient		N. V	OTHER		Offer (Specify)	
DECEDENT	ST. MARY MEDICAL CENTER  10. MARYAL STATUS  11. SURVIVING SPOUSE				Hobart			WIN OR LOCATION OF DEATH OCCUPATION (Give kind of work		ed. COUNTY OF DEATH Lake	
	(Specify) Married 13a, RESIDENCE - STATE		(If wife, give maiden nerne) KATIE VUCICH		DENTIST  130, CITY TOWN OR LOCATION		most of wo	toet of working life. Do not use relied)		SELF-EMPLOYED	
	IN  13a. ZIP CODE 13t. INSIDE CT		Lake		Hobart		6 NORTH HOB				
	46342	INO [	XI Yes	WHAT COUNTRY?		Yes. (If yes specify		Black Wh (Specify)		17. DECEDEN (Specify only high lementary/Secondary (0-1	2) College (1-4 or 5+)
PARENTS	18. FATHER'S NAME (First, Middle, Loo)  19. TOTAL PROSE (First, Middle, Middle										
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ISPOSITION	224 EMBALMEN JAMES J.	R'S NAME . KRAUSE						EATH REPORTED T	REPORTED TO CORONERY		
	24A SIGNATURE OF FUNERAL DIRECTOR  AUC M. LIET HADER A LIGHT MANGE				24b. UCENSE NUMBER (of Licenses)  FDO1006463			33. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road , Hobart, IN 46342			
	All	AMULESTIN	AUTES	ALIMINATURE C		U1000403		OUU VV. OH	d Ridge Roac	Hobart, IN 4	6342
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34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify

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34g. DATE PRONOUNCED DEAD (Morth, Day, Year)

State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1

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