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Chicago Title Insurance Company

2000 023399

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 APR -6 AM 9:53

MICHAEL A. BROWNING
RECORDER

C620000599

(1)

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, Joint Tenants with Rights of Survivorship, 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
TAX BILL

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 31st day of March, 2000.

Sally A. Evans
SALLY A. EVANS
Successor Co-Trustee

James M. Herrick
JAMES M. HERRICK
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

RTRS

18.00

3238

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

Witness, my hand and Official Seal this 31st day of March, 2000.

Notary Public, DEBRA DAVIS

My Commission Expires: 9/9/2006

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

County of Residence of Notary Public: Porter

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

Mail tax statements to: _____

1 Reg
2 Cert
14 Total

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

Local No. 0625-96

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED–NAME (First Middle Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month Day Yr)
CHARLES RICHARD HERRICK, DDS	Male	2:20AM	February 27, 1996

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr)	7. BIRTHPLACE (City and State or Foreign Country)
370-05-3778	84			Nov 18, 1911	Valparaiso, IN

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES	9a. PLACE OF DEATH (Check only one. See Instructions)
Yes	1944	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
ST. MARY MEDICAL CENTER	Hobart	Lake

10. MARITAL STATUS (Specify)	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)	12b. KIND OF BUSINESS INDUSTRY
Married	KATIE VUCICH	DENTIST	SELF-EMPLOYED

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY TOWN OR LOCATION	13d. STREET AND NUMBER
IN	Lake	Hobart	6 NORTH HOBART ROAD

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46342	[ ] No [X] Yes	[X] No [ ] Yes	USA	[X] No [ ] Yes	WHITE	Elementary/Secondary (0-12)	College (1-4 or 5+)
							5+

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
DWIGHT HERRICK	ROSE KRYSIAK

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
JAMES HERRICK	1515 W. 3RD STREET, Hobart, IN 46342	Son

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	21c. LOCATION - City or Town State
[X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)	Mar 1, 1996 WATERVLIET CEMETERY	WATERVLIET, MI

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
JAMES J. KRAUSE	FD01006463	[X] No [ ] Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
James J. Krause	FD01006463	FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342

CAUSE OF DEATH

26. PART I. COMPLETE THE APPROPRIATE ITEMS FOR DEATH ON FILE WITH LAKE COUNTY HEALTH DEPT.

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. Usually one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute Respiratory distress Syndrome	days
	DUE TO (OR AS A CONSEQUENCE OF) b. Sepsis	days
Conditions if any which gave rise to the immediate cause stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF) c.	
	DUE TO (OR AS A CONSEQUENCE OF) d.	

Rajendra D. Williams, M.D.
LAKE COUNTY HEALTH COMMISSIONER

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

Coronary artery disease

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

CERTIFIER

29a. CERTIFIER (Check only one)

[X] 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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month Day Year)
R. Devanathan	01040141	2/29/96

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

RAJA DEVANATHAN MD, 1400 S. LAKE PARK AVENUE, SUITE 405, HOBART, IN 46342

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE Rajendra D. Williams, M.D.

32. DATE FILED (Month Day Year) February 29, 1996

33. MANNER OF DEATH	34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

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.

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