3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Hold For:
Intercounty Title Co.
2050 45th Avenue
Highland, IN 46322
S1590592N

2000 034060

2000 MAY 17 PM 12:08

MORRIS W. CARTER

MAIL TAX BILLS TO:
Ricardo E. Figueroa
6645 Howard
Hammond, IN 46320

TAX KEY NO: 35-275-4, Unit 26

ADDRESS OF REAL ESTATE:
6645 Howard
Hammond, IN 46320

TRUSTEE'S DEED

This Indenture Witnesseth that Donald A. Kucer and James R. Kucer, as Successor Co-Trustees, under the provisions of that certain Trust Agreement dated the 26th day of February, 1986, and known as Trust No. K-101, do hereby grant, bargain, sell and convey to:

RICARDO E. FIGUEROA

of Lake County, Indiana, for and in consideration of the sum of Ten Dollars ($10.00), and other good and valuable consideration, the receipt of which is hereby acknowledged, a certain parcel of real estate in Lake County, Indiana, to-wit:

The North 1/2 of Lot 3, as marked and laid down on the recorded plat of Ridge Road Addition to Hessville, in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 14, Page 32, in the Recorder's Office of Lake County, Indiana.

This conveyance is subject to State, County and City taxes for 2000 payable in 2001 and all subsequent years; all special assessments levied prior to and payable subsequent to the date hereof; building and zoning ordinances now or hereafter in effect; easements; restriction of record and questions of survey. Grantor expressly limits said Warranties only against the acts of the Grantor and all persons claiming by, through or under the Grantor.

This Deed is executed pursuant to, and in the exercise of, the powers and authority granted to and vested in the Successor Co-Trustees by the terms of the Trust Agreement dated February 26, 1986, known as Trust No. K-101, as well as the powers and authorities in the Deed or Deeds in Trust, delivered to the Trustee pursuant to the above described Trust Agreement.

INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN
CROWN POINT, IN 46307

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAY 17 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

02100 18

CM # 13771 cm

IN WITNESS WHEREOF, Donald A. Kucer and James R. Kucer, as Successor Co-Trustees, have executed this Deed this 19th day of April, 2000.

Donald A. Kucer, Successor Co-Trustee

James R. Kucer, Successor Co-Trustee

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 19th day of April, 2000, personally appeared Donald A. Kucer and James R. Kucer, as Successor Co-Trustees of the foregoing Trust Agreement, and acknowledged the execution of the foregoing Deed. In Witness Whereof, I have hereunto subscribed my name and affixed my official seal.

Janice L. Maddox, Notary Public

My Commission Expires: 1-26-08

Resident of Lake County, Indiana

"OFFICIAL SEAL"
JANICE L. MADDOX
NOTARY PUBLIC, STATE OF INDIANA
MY COMMISSION EXPIRES JAN 26, 2008

This Document was Prepared By: John M. O'Drobinak, Attorney at Law, 5265 Commerce Drive, Suite A, Crown Point, Indiana 46307.

S1590592N

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Intercounty Title Co.
[illegible]
Highland, IN 46322

* **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. 2375-99 State No. .....

26886

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

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.)
EMILY	KUCER	FEMALE	4:55 P.M	OCTOBER 13, 1999

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)
306-10-3319	85			May 13, 1914	Hammond, Indiana

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)
NO	N/A	HOSPITAL ☒ 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
THE COMMUNITY HOSPITAL	MUNSTER	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
Widow	N/A	Home Maker	Own Home

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Hammond	6645 Howard Avenue

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) Elementary/Secondary (0-12)	College (1-4 or 5 +)
46324	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	9th	

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
Stanley Sliwa	Catherine Kolalarczyk

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
Donald A. Kucer	3419 LaVerne Dr., Highland, Indiana 46322	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
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	October 18, 1999 St. John Cemetery	Hammond, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Dean G. Wagner	8800057	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Dean G. Wagner	8800057	Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, IN. 46324

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. Use only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a Bilateral subdural Hematoma

DUE TO (OR AS A CONSEQUENCE OF): b

DUE TO (OR AS A CONSEQUENCE OF): c

DUE TO (OR AS A CONSEQUENCE OF): d

Conditions if any, which gave rise to the immediate cause stating the underlying cause last

OCT 20 1999

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	N/A

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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
[signature]	01050120	OCTOBER 18, 1999

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
NABEEL JABRI, M.D. 7905 CALUMET AVENUE MUNSTER, INDIANA 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Alexander D. Williams, M.D.	October 20, 199

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.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1