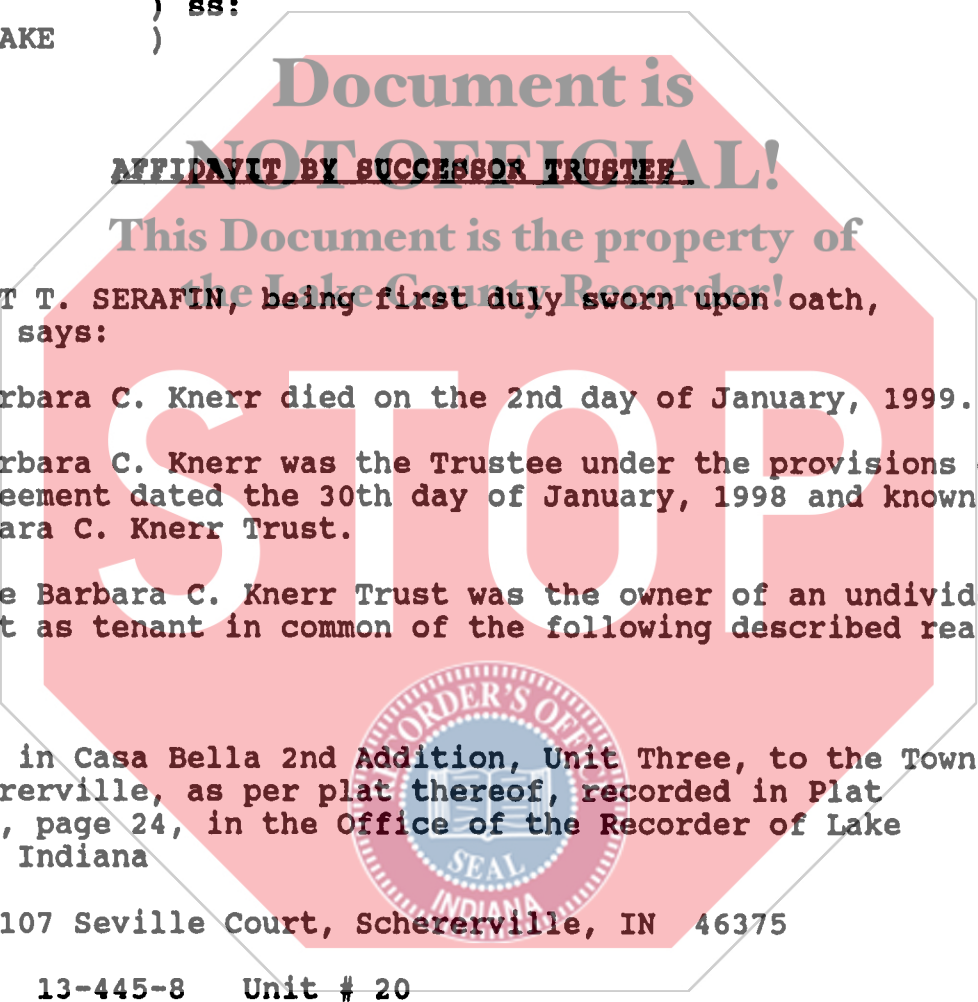


3.

2000 042191

FILED
2000 JUN 15 11:03 AM
LAKE COUNTY, INDIANA

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)



MARGARET T. SERAFIN, being first duly sworn upon oath, deposes and says:

That Barbara C. Knerr died on the 2nd day of January, 1999.

That Barbara C. Knerr was the Trustee under the provisions of a Trust Agreement dated the 30th day of January, 1998 and known as the Barbara C. Knerr Trust.

That the Barbara C. Knerr Trust was the owner of an undivided 1/2 interest as tenant in common of the following described real estate:

Lot 29, in Casa Bella 2nd Addition, Unit Three, to the Town of Schererville, as per plat thereof, recorded in Plat Book 64, page 24, in the Office of the Recorder of Lake County, Indiana

a/k/a 107 Seville Court, Schererville, IN 46375

Key No. 13-445-8 Unit # 20

JUN 15 2000

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13-445-8
7A

HOLD FOR FIRST AMERICAN TITLE

①

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①

That pursuant to the terms and provisions of the Barbara C. Knerr Trust, Margaret T. Serafin is appointed Successor Trustee upon the death of Barbara C. Knerr (which occurred on January 2, 1999).

Further Affiant sayeth not.

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Margaret T. Serafin
MARGARET T. SERAFIN
Affiant

Subscribed and sworn to before me, a Notary Public residing in Lake County, Indiana, on this 9th day of June, 2000.

Andrea A. Widlowski

Andrea A. Widlowski
Notary Public

My Commission Expires:

9/17/01

My County of Residence: Lake COUNTY

This Instrument Prepared By:

JOHN F. HILBRICH #7513-45
HILBRICH, CUNNINGHAM & SCHWERD
2637 - 45th Street
Highland, IN 46322
Phone: (219) 924-2427

(2)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE January 4, 1999
 At Cook County Dept. of Public Health
 1010 Lake Street
 Oak Park, IL 60301

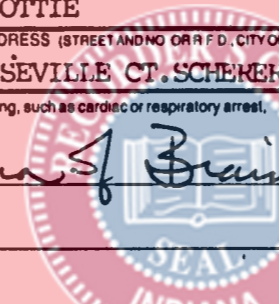
SIGNED

Karen R. Compton
 Official Title Chief Deputy Registrar

REGISTRATION DISTRICT NO. <i>16.0</i>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
1. DECEASED-NAME FIRST MIDDLE LAST BARBARA C. KNERR		SEX FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) JANUARY 2, 1999	
4. COUNTY OF DEATH COOK		5a. AGE-LAST BIRTHDAY (YRS) MOS DAYS 64		5b. UNDER 1 YEAR UNDER 1 DAY 5d. JUNE 12, 1934	
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER GLENWOOD		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) GLENWOOD NURSING HOME		6c. IF HOSP. OR INST. INDICATE D O A OP/EMER RM. INPATIENT (SPECIFY) INPATIENT	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) HAMMOND, IND.		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) NONE	
10. SOCIAL SECURITY NUMBER 338-26-3805		11a. USUAL OCCUPATION ADMINISTRATIVE ASSISTANT		11b. KIND OF BUSINESS OR INDUSTRY HOTEL BUSINESS	
13a. RESIDENCE (STREET AND NUMBER) 107 SEVILLE CT.		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. SCHERERVILLE		13c. INSIDE CITY (YES/NO) YES	
13e. STATE INDIANA		13f. ZIP CODE 46375		13g. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE	
15. FATHER-NAME FIRST MIDDLE LAST MICHAEL GERMICK		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST LOTTIE NOWAK		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
17a. INFORMANT'S NAME (TYPE OR PRINT) MARGARET SERAFIN		17b. RELATIONSHIP SISTER		17c. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 107 SEVILLE CT. SCHERERVILLE, IN. 46375	
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, 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) → Malignant carcinoma of Brain 6 months		(b) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		19a. AUTOPSY (YES/NO) NO		19b. IF RE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) December 29, 1998		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		21c. HOUR OF DEATH 6:30 A.M.	
22a. SIGNATURE <i>[Signature]</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) 1-4-99		22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 18454 Halsted Glenwood IL	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22e. ILLINOIS LICENSE NUMBER 036-057121		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24a. BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL		24b. CEMETERY OR CREMATORY-NAME HOLY CROSS CEMETERY		24c. LOCATION CITY OR TOWN STATE CALUMET CITY, ILLINOIS	
24d. DATE (MONTH, DAY, YEAR) 1-6-1999		25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Pfeiffer Funeral Service 5745 Circle Dr. Oak Lawn, IL. 60453		25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014511		25d. LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, M.D.		25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) January 4, 1999	
26a. REGISTRAR		26b. REGISTRAR		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	

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