

3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 053680

2000 JUL 31 AM 10:29

**TRUSTEE'S DEED** MORRIS W. CARTER  
RECORDER

THIS INDENTURE WITNESSETH, that **RONALD J. STEPP** <sup>J.</sup> ~~SUCCESSOR TRUSTEE~~ OF THE JOHN W. BISHOP INTER VIVOS TRUST AGREEMENT DATED DECEMBER 4, 1990, by virtue of and pursuant to the authority vested in said Trustee in and by said agreement, does hereby convey unto **GEORGE H. BELL** and **DANA SEIFERT** <sup>J.</sup> of Lake County, Indiana, for an in consideration of ten and no/100 dollars (\$10.00) and other valuable consideration, receipt of which is hereby acknowledged, the following described real estate situated in Lake County, Indiana, to-wit:

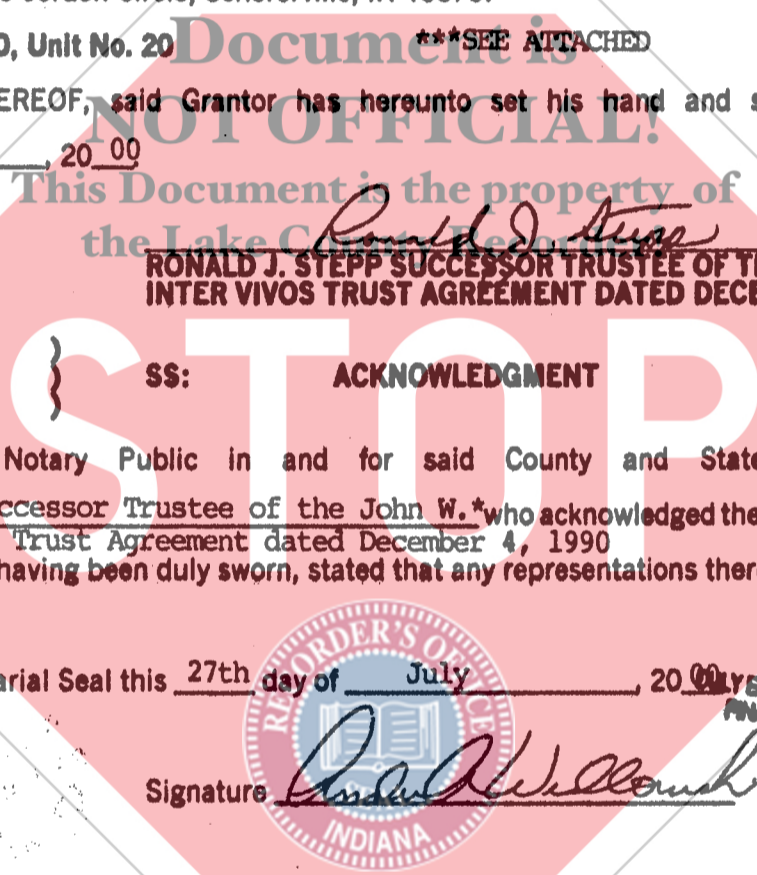
Lot 60 in Baker Estates, as per plat thereof, recorded in Plat Book 51, page 56 and amended by Instrument recorded August 26, 1980 as Document No. 595796, in the Office of the Recorder of Lake County, Indiana.

Subject to all real estate taxes payable.

Subject to any and all easements, agreements and restrictions of record. The address of such real estate is commonly known as 920 Jordon Circle, Schererville, IN 46375.

Key No. 13-324-60, Unit No. 20 \*\*\*SEE ATTACHED

IN WITNESS WHEREOF, said Grantor has hereunto set his hand and seal this 27th day of July, 2000



STATE OF INDIANA  
COUNTY OF LAKE

SS: ACKNOWLEDGMENT

Before me, a Notary Public in and for said County and State, personally appeared Ronald J. Stepp Successor Trustee of the John W. \*who acknowledged the execution of the foregoing \*Bishop Inter Vivos Trust Agreement dated December 4, 1990 Warranty Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 27th day of July, 2000 ONLY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

My Commission Expires: 9/17/01

Signature: Andrea A. Widlowski JUL 31 2000

Printed Andrea A. Widlowski, Notary Public **PETER BENJAMIN LAKE COUNTY AUDITOR**  
Resident of LAKE County, Indiana

This instrument prepared by MARK A. PSIMOS, 9219 Broadway, Merrillville, Indiana, Attorney at Law (No legal opinion given or rendered)

Return deed to \_\_\_\_\_  
Send tax bills to 920 Jordon Circle Schererville, IN 46375

1860  
18.00  
AM

HOLD FOR FIRST AMERICAN TITLE

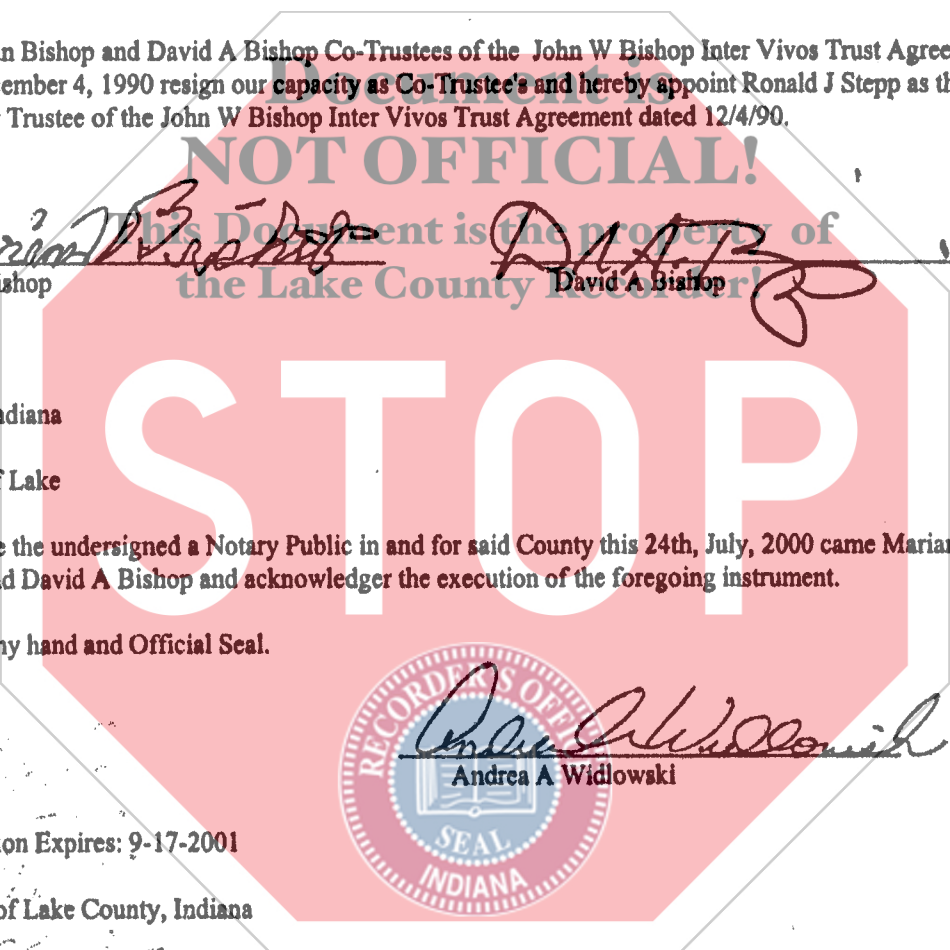
F32260

25x10

Legal : Lot 60 in Baker Estates, as per plat thereof, recorded in Plat Book 51, page 56, and amended by Instrument recorded August 26, 1980 as Document No 595796, in the Office of the Recorder of Lake County Indiana

Commonly Known as: 920 Jordon Circle, Schererville Indiana

We Marian Bishop and David A Bishop Co-Trustees of the John W Bishop Inter Vivos Trust Agreement dated December 4, 1990 resign our capacity as Co-Trustee's and hereby appoint Ronald J Stepp as the Successor Trustee of the John W Bishop Inter Vivos Trust Agreement dated 12/4/90.


  
Marian Bishop      David A Bishop  
Marian Bishop      David A Bishop

State of Indiana

County of Lake

Before me the undersigned a Notary Public in and for said County this 24th, July, 2000 came Marian Bishop and David A Bishop and acknowledged the execution of the foregoing instrument.

Witness my hand and Official Seal.

  
Andrea A Widlowski

Commission Expires: 9-17-2001

Resident of Lake County, Indiana

This Instrument was prepared by Marian Bishop

②

F32260

\* 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

→ 920 Jordan Circle  
Scherverville, In 46410

Local No. 257-95

## 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

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1 DECEASED—NAME (First, Middle, Last) John W. Bishop			2 SEX Male		3a TIME OF DEATH 5:09p M		3b DATE OF DEATH (Month, Day, Yr) September 27, 1995					
4 *SOCIAL SECURITY NUMBER 314-09-7537		5a AGE—Last Birthday (Years) 76		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) June 6, 1919		7 BIRTHPLACE (City and State or Foreign Country) Gary, IN.		
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES?		8c PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence								
9a FACILITY NAME (If not institution, give street and number) St. Margaret Mercy - Dyer					9c CITY, TOWN, OR LOCATION OF DEATH Dyer			9d COUNTY OF DEATH Lake				
10 MARITAL STATUS Married		11 SURVIVING SPOUSE (If wife, give maiden name) Marian Cacich			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Salesman			12b KIND OF BUSINESS/INDUSTRY Coffee				
13a RESIDENCE—STATE IN.		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Scherverville			13d STREET AND NUMBER 920 Jordan Circle					
13e ZIP CODE 46375		14 INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEDENT OF HISPANIC ORIGIN? <input 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) <u>12</u> College (1-4 or 5+) <u>01</u>		
18 FATHER'S NAME (First, Middle, Last) Ludwig Jelusich				19 MOTHER'S NAME (First, Middle, Maiden Surname) Helen Slunski								
20a INFORMANT'S NAME (Type/Print) Marian Bishop				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 930 Jordan Circle Scherverville, IN. 46375				20c Relationship Wife				
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) September 30, 1995 Calumet Park Cemetery				21c LOCATION—City or Town, State Merrillville, IN.					
22a EMBALMER'S NAME David Semplinski				22b EMBALMER'S LICENSE NO. FD08600686		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a SIGNATURE OF FUNERAL DIRECTOR Robert C. Wiatroluk				24b LICENSE NUMBER (of Licensee) FD01001293		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Stilnovich & Wiatroluk FH3004455 7535 Taft St. Merrillville, IN. 46410						
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) a. <u>Acute myocardial infarction</u> 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.												
PART II Other significant conditions - Conditions contributing to death but not previously noted in Part I												
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No			28 WAS AN AUTOPSY PERFORMED? (Yes or no) No			29 WERE POST-MORTEM EXAMINATIONS COMPLETED TO DETERMINE CAUSE OF DEATH? (Yes or no) No			30 THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. OCT 29 1995 STATE OF INDIANA LAKE COUNTY HEALTH DEPT.			
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 cause(s) 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 cause(s) 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 cause(s) and manner as stated.		29b SIGNATURE AND TITLE OF CERTIFIER Najal Abdul MD.				29c MEDICAL LICENSE NO. 01028410		29d DATE SIGNED (Month, Day, Year) 10-2-95				
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print) Dr. Obaid 8895 Broadway Merrillville, IN. 46410 217-38-2081												
31 HEALTH OFFICER'S SIGNATURE Alexandra...										32 DATE FILED (Month, Day, Year) October 6, 1995		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED 29 1996			
			34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)						34f 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 SAUNDLICH AUDITOR LAKE COUNTY UU1400								