3

STA... OF INDIANA
LA... COUNTY
FILED

2000 056280

2000 AUG -8 AM 10: 17

MORRIS W. CARTER
RECORDER

Mail Tax Bills to:
3441 Highway Avenue
Highland, Indiana 46322

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH that **CRAWFORD J. WILLISON AND EILEEN E. WILLISON, HUSBAND AND WIFE, IN TRUST AS CO-TRUSTEES OF THE WILLISON GRANTOR TRUST BY TIMOTHY J. WILLISON AS SUCCESSOR TRUSTEE** , of Lake County, in the State of Indiana, does hereby grant, bargain, sell and convey to: **DUANE M. GRISH** of Lake County, State of Indiana, for an in consideration of the sum of Ten Dollars ($10.00), and other good and valuable consideration, the receipt of which is hereby acknowledged, the following Real Estate in Lake County, Indiana:

LOT 22 IN BLOCK 2 IN DOUTHETT'S ADDITION TO HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 11, PAGE 27, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
a/k/a 3441 Highway Avenue, Highland, Indiana 46322
Key No. 27-61-24 Unit No. 16

This conveyance is made subject to the following:

1. The terms, covenants, easements, limitations, and restrictions contained in any instrument of record affecting the use or occupancy of said Real Estate;
2. All applicable subdivision, building, and zoning laws of the governmental bodies having jurisdiction of the above described realty;
3. Real estate taxes for the year 2000, payable in 2001, and subsequent years;
4. Roads and highways, streets and alleys;
5. Limitation by fences and/or other established boundary lines;
6. Easements, if any, for established ditches and/or drains.

This Deed is executed pursuant to, and in the exercise of, the power and authority granted to and vested in the said Trustee by the terms of said Deed or Deeds in Trust delivered to the said Trustee in pursuance of the Trust Agreement above mentioned.

IN WITNESS WHEREOF, the said **CRAWFORD J. WILLISON AND EILEEN E. WILLISON, HUSBAND AND WIFE, IN TRUST AS CO-TRUSTEES OF THE WILLISON GRANTOR TRUST BY TIMOTHY J. WILLISON AS SUCCESSOR TRUSTEE**, sets his hand and seal this 25th day of July, 2000.

CRAWFORD J. WILLISON AND EILEEN E. WILLISON, HUSBAND AND WIFE, IN TRUST AS CO-TRUSTEES OF THE WILLISON GRANTOR TRUST BY TIMOTHY J. WILLISON AS SUCCESSOR TRUSTEE

By: Timothy J. Willison - Successor Trustee
Timothy J. Willison, as Successor Trustee

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
AUG 8 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a notary public in and for said County and State, this 25th day of July, 2000, personally appeared the within named **CRAWFORD J. WILLISON AND EILEEN E. WILLISON, HUSBAND AND WIFE, IN TRUST AS CO-TRUSTEES OF THE WILLISON GRANTOR TRUST BY TIMOTHY J. WILLISON AS SUCCESSOR TRUSTEE** and acknowledged the execution of the foregoing Deed as his free and voluntary act, acting as Trustee.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

Kim A. Diaz
Kim A. Diaz, Notary Public

My Commission Expires: 02/15/07
County of Residence: Lake

This Instrument Prepared by:
ROBERT M. SCHWERD, #220-45, Hilbrich, Cunningham & Schwerd
2637 - 45th Street, Highland, Indiana 46322
Phone: (219) 924-2427
*** NO LEGAL OPINION RENDERED ***

06593

F32287

HOLD FOR FIRST AMERICAN TITLE

18.00 AM

25 x

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. *1582-99 ..... CERTIFICATE OF DEATH ..... State No. .....

280841

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

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)
EILEEN E. WILLISON	Female	7:45AM	July 6, 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)
314-14-4695	76			Jan 8, 1923	GARY, IN

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES	8c. PLACE OF DEATH (Check only one. See Instructions)
No	N/A	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

8d. FACILITY NAME (If not institution, give street and number)	8e. CITY TOWN OR LOCATION OF DEATH	8f. COUNTY OF DEATH
3441 HIGHWAY AVENUE	HIGHLAND	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	NONE	HOMEMAKER	OWN HOME

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY TOWN OR LOCATION	13d. STREET AND NUMBER
IN	LAKE	HIGHLAND	3441 HIGHWAY 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+)
46322	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	WHITE	11	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
THOMAS L. DAVIS	EDNA WALLACE

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
CRAWFORD WILLISON	3441 HIGHWAY AVENUE, HIGHLAND, IN 46322	Husband

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	21c. LOCATION - City or Town State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Jul 9, 1999 ELMWOOD CEMETERY	Hammond, IN

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
C. WILLIAM MCCOY	FDO1013612	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FDO1013507	FH83002801 BOCKEN FUNERAL HOME, INC. 7042 KENNEDY AVENUE , Hammond, IN 46323

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiopulmonary Arrest	Seconds
	DUE TO (OR AS A CONSEQUENCE OF) b. Coronary Artery Disease	Years
Conditions if any which gave rise to the immediate cause stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF) c. Metastatic Lung Carcinoma	Months
	DUE TO (OR AS A CONSEQUENCE OF) d.	

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	No

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) 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)
John A. Hoehn M.D.	02000872	7/7/99

AUG 8 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
JOHN HOEHN, D.O., 505 W. LINCOLN HIGHWAY, SCHERERVILLE, IN 46375

31. HEALTH OFFICER'S SIGNATURE — Alexander B. Williams, M.D.

32. DATE FILED (Month Day Year) — JUL 7 1999

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)
	1999 00594

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.
	Alexander B. Williams, M.D. LAKE COUNTY HEALTH COMMISSIONER

SDH08-004 State Form 10110-04 (R4 / S-83) DEATHCERPO

F32287

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* 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. 2835-99 State No. ....

256 780

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): Crawford Willison	2. SEX: Male	3a. TIME OF DEATH: 8:15 P M	3b. DATE OF DEATH: December 13, 1999	
4. *SOCIAL SECURITY NUMBER: 306-03-5273	5a. AGE—Last Birthday (Years): 87	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH: May 7, 1912
7. BIRTHPLACE (City and State or Foreign Country): Kansas, Illinois				
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN US ARMED FORCES? N/A	9a. PLACE OF DEATH: HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)		
9b. FACILITY NAME: St. Margaret Mercy Healthcare (South)	9c. CITY, TOWN OR LOCATION OF DEATH: Dyer	9d. COUNTY OF DEATH: Lake		
10. MARITAL STATUS: Widower	11. SURVIVING SPOUSE (If wife, give maiden name): N/A	12a. DECEDENT'S USUAL OCCUPATION: Inventory Specialist	12b. KIND OF BUSINESS/INDUSTRY: Steel Manufacturing	
13a. RESIDENCE—STATE: Indiana	13b. COUNTY: Lake	13c. CITY, TOWN OR LOCATION: Highland	13d. STREET AND NUMBER: 3441 Highway Ave.	
13e. ZIP CODE: 46322	13f. INSIDE CITY LIMITS ☐ No ☒ Yes; 13g. ON A FARM? ☒ No ☐ Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes	16. RACE: White
17. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12; College (1-4 or 5+):				

PARENTS

18. FATHER'S NAME: Joseph Willison
19. MOTHER'S NAME (First, Middle, Maiden Surname): Sylvia (unavailable)

INFORMANT

20a. INFORMANT'S NAME: Timothy Willison
20b. MAILING ADDRESS: 12458 W. 151st St., Cedar Lake, Ind. 46303
20c. Relationship: Son

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION: December 16, 1999 Elmwood Cemetery
21c. LOCATION—City or Town, State: Hammond, Indiana
22a. EMBALMER'S NAME: Ronald A. Reed
22b. EMBALMER'S LICENSE NO: FDO 1001081
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: David R Peterson
24b. LICENSE NUMBER: FDO 8601585
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 83007500

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. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cardiopulmonary Arrest	Seconds
b. DUE TO (OR AS A CONSEQUENCE OF):	Pneumonia	Days
c. DUE TO (OR AS A CONSEQUENCE OF):	Aspiration	Years
d. DUE TO (OR AS A CONSEQUENCE OF):	Coronary Artery Disease	Years

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 stated in Part I

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

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: [signature]
29c. MEDICAL LICENSE NO: 02000872
29d. DATE SIGNED: 12-14-99

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26): John A. Hoehn, D.O. 505 WEST LINCOLN HIGHWAY SCHERERVILLE, IN 46375

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams MD
32. DATE FILED: 12-15-1999

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
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
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian

FILED
DEC 15 1999
PETER BENJAMIN 595
LAKE COUNTY AUDITOR

ABOVE IS A TRUE AND CORRECT COPY OF A DEATH CERTIFICATE ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
AUG 8 2000
Alexander S. Williams MD
LAKE COUNTY HEALTH COMMISSIONER

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

#32287

25 x 10