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Mail tax bills:
2310 DEERPATH DRIVE
SCHERERVILLE, IN 46375
2003 111229

FILED
Key No. 13-556-11
2003 OCT 16 AM 11:01

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH, ROBIN P. GUETZLOFF, As Trustee, Under The Provisions Of That Certain Trust Agreement Dated March 29, 2000 And Known as The GUETZLOFF LIVING TRUST, does hereby grant, bargain, sell and convey to: FLORENCE T. SEPIOL

of Lake County, State of Indiana, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is acknowledged, the following described real estate in Lake County, Indiana to wit:

The North 44.25 Feet Lot 11 In Deerpath Phase 3 To The Town Of Schererville, As Per Plat Thereof, Recorded August 5, 1992, In Plat Book 72, Page 70, In The Office Of The Recorder Of Lake County, Indiana.

This deed is executed pursuant to, and in 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 pursuant to the Trust Agreement above mentioned, and subject to all restrictions of record.

IN WITNESS WHEREOF, the said ROBIN P. GUETZLOFF, as Successor Trustee, as has caused this Deed to be signed this 7th day of October, 2003.

NORTHWEST INDIANA TITLE SERVICES, INC.
162 Washington Street
Lowell, Indiana 46356

Robin P. Guetzloff
Robin P. Guetzloff, Successor Trustee

STATE OF INDIANA)
)SS:
COUNTY OF Lake)



FILED
OCT 16 2003
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

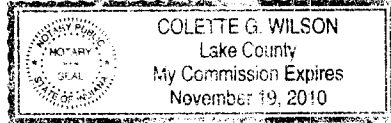
Before me, a Notary Public in and for said County and State, this 7th day of October, 2003, personally appeared Robin P. Guetzloff, as Successor Trustee, who acknowledged the execution of the foregoin instrument as his free and voluntary act.

Given under my hand and notarial seal this 7th day of October, 2003.

My Commission expires:
November 19, 2010

Cofette G. Wilson
Cofette G. Wilson Notary Public

County of Residence: Lake



THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
162 Washington Street, Lowell IN 46356

File No. 03-12541

001278

*17.00
KM
10065*

ATTENTION (ESTATE): The Social Security # is the responsibility of the state agency in order to receive the state agency responsibility. Disclosure is limited. There will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

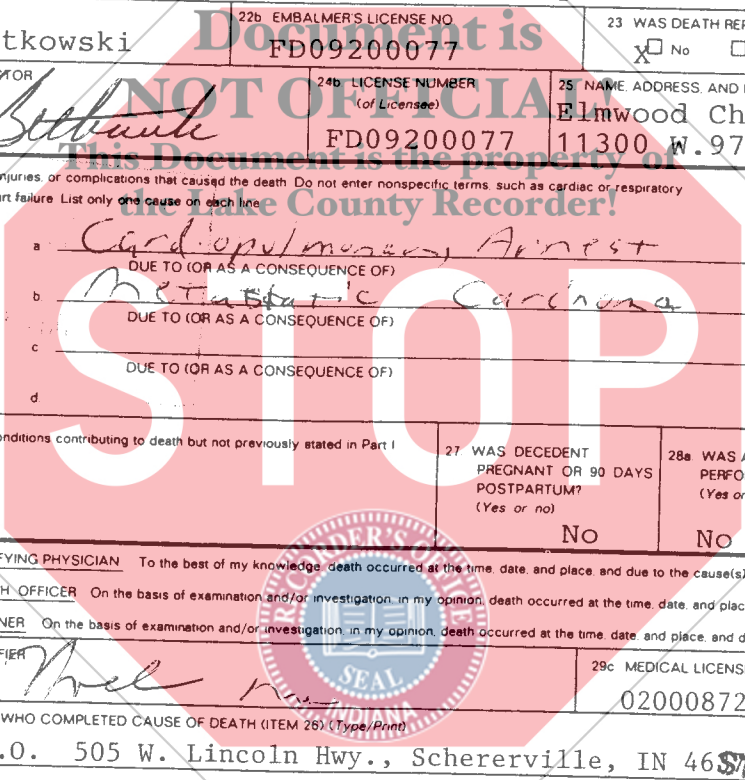
CERTIFICATE OF DEATH

State No.

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

1281-02

1 DECEASED—NAME (First, Middle, Last) Raymond C. Guetzloff				2 SEX Male	3a TIME OF DEATH 8:20 AM	3b DATE OF DEATH (Month, Day, Yr) August 1, 2002	
4 *SOCIAL SECURITY NUMBER 355-12-9305		5a AGE—Last Birthday (Years) 75	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Oct. 15, 1926	7 BIRTHPLACE (City and State or Foreign Country) Chicago, IL	
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1947	9a 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					
9b FACILITY NAME (If not institution, give street and number) Munster Community Hospital				9c CITY, TOWN, OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) None	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Union Steward-Loader		12b KIND OF BUSINESS/INDUSTRY General Mills			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake	13c CITY, TOWN OR LOCATION Schererville		13d STREET AND NUMBER 2310 Deerpath Drive		
13e ZIP CODE 46375	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16 RACE—American Indian, Black, White, etc. (Specify) White		
17 DECEASED'S EDUCATION (Specify only highest grade completed) 10			18 FATHER'S NAME (First, Middle, Last) Charles Guetzloff				
19 MOTHER'S NAME (First, Middle, Maiden Surname) Catherine Mauer			20a INFORMANT'S NAME (Type/Print) Robin Guetzloff				
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2208 Normandy Rd. Schererville, IN 46375			20c Relationship Son				
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) August 5, 2002 St. Mary Cemetery			21c LOCATION—City or Town, State Evergreen Park, IL		
22a EMBALMER'S NAME James F. Betkowski		22b EMBALMER'S LICENSE NO. FD09200077		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>		24b LICENSE NUMBER (of Licensee) FD09200077		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Elmwood Chapel FHD#19900052 11300 W. 97th Ln. St. John IN 46373			
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.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a Cardiopulmonary Arrest DUE TO (OR AS A CONSEQUENCE OF)			Approximate Interval Between Onset and Death Seconds		
Conditions if any which gave rise to the immediate cause, stating the underlying cause last		b Metastatic Carcinoma DUE TO (OR AS A CONSEQUENCE OF)			Months		
		c _____ DUE TO (OR AS A CONSEQUENCE OF)					
		d _____ DUE TO (OR AS A CONSEQUENCE OF)					
26 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)			
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) as stated.							
29b SIGNATURE AND TITLE OF CERTIFIER <i>John A. Hoehn</i>				29c MEDICAL LICENSE NO. 02000872			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) John A. Hoehn, D.O. 505 W. Lincoln Hwy., Schererville, IN 46375							
31 HEALTH OFFICER'S SIGNATURE <i>Stephen R. Stiglich</i>							
32 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		33a DATE OF INJURY (Month, Day, Year)	33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)	33d DESCRIBE HOW INJURY OCCURRED		
		34a 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.					



FILED
OCT 16 2003
STEPHEN R. STIGLICH
LAKE COUNTY CLERK

001279