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(2)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 JUN -3 AM 9:38

MORRIS W. CARTER
RECORDER

2004 046459

Tax Key Number: 10-52-126
Tax Unit Number: 113

Affidavit of Surviving Trustee

6 20043083

State of Indiana)
) ss:
County of Lake)

Alex J. Sanders, the Affiant, being first duly sworn, on his oath states:

1) he is the surviving trustee of the trust known as:

The Alex J. Sanders and Patricia R. Sanders Revocable Living Trust;

2) property of the trust includes the land described as follows:

Lot 1417 in Lakes of the Four Seasons, Unit 9, as per plat thereof, recorded in Plat Book 38, page 78, in the Recorder's Office of Lake County, Indiana.

3) the common address of the land is the following:

4031 Walnut Hill Circle
Crown Point, Indiana 46307

4) Patricia R. Sanders, the former joint trustee, died on

August 21, 2003, as evidenced on the death certificate attached hereto;

5) according to the terms of the trust, he is the surviving trustee;

6) according to the terms of the trust, he has authority to convey the land described above, as surviving trustee.

FILED
JUN 2 2004
STEPHEN B. STIGLICH
LAKE COUNTY AUDITOR

Affiant further sayeth not.

Signature of Affiant Alex J Sanders

Printed name of Affiant Alex J Sanders

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 28th day of May, 2004.

Signature of Notary Public Andrea A. Widlowski Notary's County of Residence _____

Printed Name of Notary Public _____ Notary's Commission Expires _____

This instrument was prepared by Alex J Sanders

NOTARY SEAL
Andrea A. Widlowski, Notary Public
Lake County, State of Indiana
My Commission Expires 9/17/2009

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

Local No. 1993-03

INDIANA STATE DEPARTMENT OF HEALTH

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

1. DECEASED - NAME (First, Middle, Last)			2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
PATRICIA	R	SANDERS	Female	9:40 PM	August 21, 2003

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)
307-30-7935	71			February12,1932	CURDSVILLE Kentucky

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one See instructions)
No	—	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
4031 WALNUT HILL CIRCLE	CROWN POINT	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	ALEX SANDERS	Secretary	GRIFFITH SCHOOLS

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	LAKE	CROWN POINT	4031 WALNUT HILL CIRCLE

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)	
	☒ No ☐ Yes	☒ No ☐ Yes		☒ No ☐ Yes		Elementary/Secondary (0-12)	College (1-4 or 5+)
46307			USA		White	12	N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
WINDELL MATTINGLY	MURIEL CAHLOUN

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
ALEX SANDERS	4031 WALNUT HILL CIRCLE, CROWN POINT, IN	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
☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	August 24, 2003 N.W. Ind. Cremation Services	Crown Point,, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
N/A	N/A	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James F. Burns	FD01009461	BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana

USE OF TH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Metastatic Lung Cancer	19 mo
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. 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 (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.

TURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
	01045710	JUN 28 2004

ODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

ON TRYBULA 200 E 89TH, MERRILLVILLE, IN 46410

S SIGNATURE

M.D.

FILED

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

THIS CERTIFIES THE ABOVE STATEMENT IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

AUG 26 2003

34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)

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)

34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

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