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LAKE COUNTY  
FILED FOR RECORD

2005 045474

2005 JUN 13 10 01 AM

MICHAEL J. ...  
REC'D

620052299

### Trustee's Deed

Key 15-370-6 Unit 8

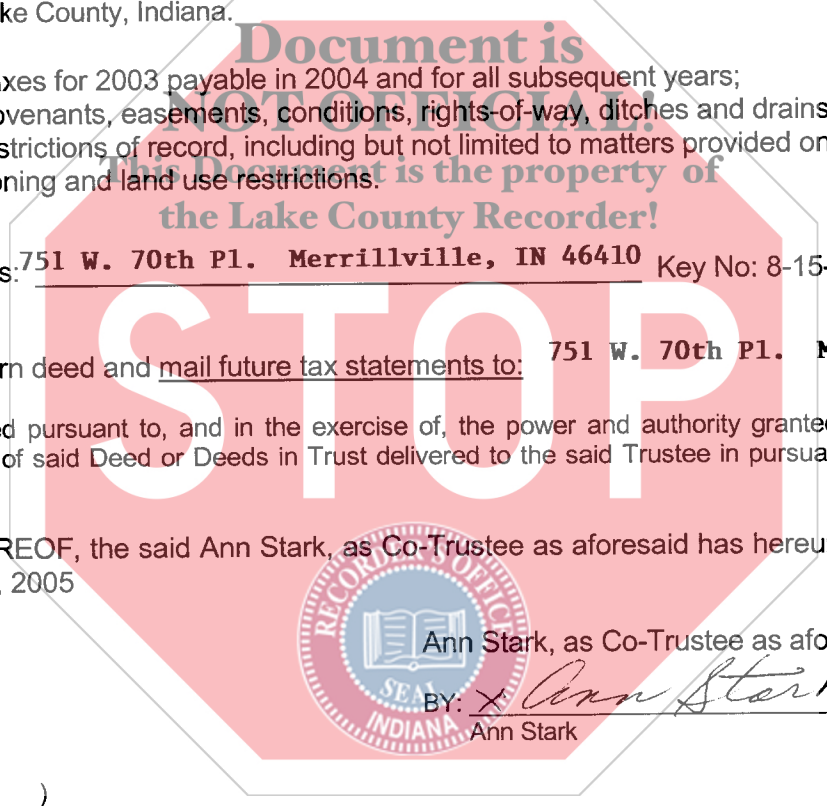
*This Indenture Witnesseth* that, Ann Stark, as Co-Trustee under a Joint Revocable Trust Agreement dated August 13, 1998 in Lake County, and State of Indiana, does hereby grant, bargain, sell and convey to:

Stephanie L. Sobczynski

for the sum of ten dollars (\$10.00) and other good and valuable consideration the following described Real Estate in the **County of Lake** and State of Indiana, to wit:

Lot 532, in Turkey Creek Meadows Unit No. 8, as per plat thereof, recorded in Plat Book 35 page 109, in the Office of the Recorder of Lake County, Indiana.

- Subject to:
1. Taxes for 2003 payable in 2004 and for all subsequent years;
  2. Covenants, easements, conditions, rights-of-way, ditches and drains, and restrictions of record, including but not limited to matters provided on the Plat; and
  3. Zoning and land use restrictions.



Commonly known as: 751 W. 70th Pl. Merrillville, IN 46410 Key No: 8-15-370-6

After recording, return deed and mail future tax statements to: 751 W. 70th Pl. Merrillville, IN 46410

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 Ann Stark, as Co-Trustee as aforesaid has hereunto set her hand and seal this 27<sup>th</sup> day of May, 2005

Ann Stark, as Co-Trustee as aforesaid,  
BY: X Ann Stark  
Ann Stark

CHICAGO TITLE INSURANCE COMPANY

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Ann Stark, as Co-Trustee, as aforesaid, who acknowledged the execution of the foregoing instrument as the free and voluntary act of said trustees, and as her free and voluntary act, as Trustee.

Witness my hand and seal this 27<sup>th</sup> day of May, 2005.

Tina Brakley  
Tina Brakley Notary Public

My Commission expires: 12-26-07

Resident: Lake County

This instrument was prepared by: Donna LaMere, Attorney at Law #03089-64 ss/cp



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN - 2 2005

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

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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

State No. ....

Local No. 1276-04

87276 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>WILLIAM J. STARK</b>		2 SEX Male	3a TIME OF DEATH 10:10a <sub>M</sub>	3b DATE OF DEATH (Month, Day, Yr) May 15, 2004
4 *SOCIAL SECURITY NUMBER 308-16-5913	5a AGE—Last Birthday (Years) 82	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Sept. 27, 1921
7 BIRTHPLACE (City and State or Foreign Country) Kentland, Ill.				
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) 751 W. 70th Place		9c CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Ann Uzelac	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sign Hanger	12b KIND OF BUSINESS/INDUSTRY State Outdoor	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Merrillville	13d STREET AND NUMBER 751 W. 70th Place	
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		17 DECEASED'S EDUCATION 12		
18 FATHER'S NAME (First Middle Last) Joseph Stark		19 MOTHER'S NAME (First Middle Maiden Surname) Rose Krieger		
20a INFORMANT'S NAME (Type/Print) Ann Stark		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 751 W. 70th Pl. M'ville, In 46410	20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) Calumet Park Cemetery May 18, 2004		21c LOCATION—City or Town, State Merrillville, Indiana
22a EMBALMER'S NAME Anthony S. Rendina Jr.		22b EMBALMER'S LICENSE NO. FD01010402	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) FD01010402	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In 4640	
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 _____ 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 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) and manner as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>R. Draszga</i>		29c MEDICAL LICENSE NO. 01031484	29d DATE SIGNED (Month, Day, Year) 5-17-04	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ray Draszga MD, 1205 W. Main Suite 301, Crown Point, IN 46307				
31 HEALTH OFFICER'S SIGNATURE <i>Susan J. Best DO</i>		32 DATE FILED (Month, Day, Year) May 20, 2004		
33 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				
34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED MAY 20 2004
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 (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

