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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 067775

2006 AUG -4 AM 11:22

Mail tax bills:

801 E. 56th ave
Merrillville In 46410

Key No. 40-101-6OWN
RECORDER

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH, **MARGIE LOUISE CASSADY** as Successor Trustee of the **TRUST NUMBER 7268** dated **OCTOBER 14, 2002** does hereby grant, bargain, sell and convey to:

JAMES DESTEFANO

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:

THAT PART OF THE WEST HALF OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 11, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, DESCRIBED AS COMMENCING AT THE SOUTHWEST CORNER OF SAID SECTION 11 AND RUNNING NORTH ALONG THE WEST LINE OF SAID SECTION 11, WHICH IS ALSO THE CENTER LINE OF CLINE AVENUE, 689.73 FEET TO THE NORTH LINE OF 20TH AVENUE; THENCE EAST ON THE NORTH LINE OF 20TH AVENUE, WHICH IS PARALLEL TO THE SOUTH LINE OF SAID SECTION 11, 175.7 FEET TO THE PLACE OF BEGINNING; THENCE NORTH ON A LINE PARALLEL TO THE WEST LINE OF SAID SECTION 11, 125 FEET; THENCE EAST ON A LINE PARALLEL TO THE SOUTH LINE OF SAID SECTION 11, 60 FEET; THENCE SOUTH ON A LINE PARALLEL TO THE WEST LINE OF SAID SECTION 11, 125 FEET TO THE NORTH LINE OF 20TH AVENUE; THENCE WEST ON THE NORTH LINE OF 20TH AVENUE 60 FEET TO THE PLACE OF BEGINNING, ALL IN 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 **MARGIE LOUISE CASSADY**, as Successor Trustee, as has caused this Deed to be signed this 18th day of July, 2006.

NORTHWEST INDIANA TITLE SERVICES, INC
162 Washington Street
Lowell, Indiana 46356 14631

Margie L. Cassidy
MARGIE LOUISE CASSADY,
Successor Trustee

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 18th day of July 2006, personally appeared **MARGIE LOUISE CASSADY**, 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 18th day of July, 2006.

My Commission expires:

County of Residence: _____

[Signature]
Notary Public
RICHARD A. ZUNICA
Lake County
My Commission Expires
September 4, 2006

THIS INSTRUMENT PREPARED BY: **RICHARD A. ZUNICA**, Attorney at Law
162 Washington Street, Lowell IN 46356 FILE NO. 06-14681

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS REQUIRED BY LAW.

[Signature]

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

AUG - 3 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1700
R
014355B 13215

STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

NORTHWEST INDIANA TITLE SERVICES, INC.
162 Washington Street
Lowell, Indiana 46356 14681
219-696-0100

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST 1. <i>Alma O White</i>			SEX 2. <i>Female</i>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <i>August 30, 2004</i>
	COUNTY OF DEATH 4. <i>Cook</i>		AGE—LAST BIRTHDAY (YRS) 5a. <i>92</i>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. <i>Calumet City</i>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <i>580 Ingraham Ave</i>		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. PM. INPATIENT (SPECIFY) 6c. <i>Home</i>
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <i>Cherokee County Ga.</i>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <i>Widowed</i>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <i>None</i>	
	SOCIAL SECURITY NUMBER 10. <i>256-10-2496</i>		USUAL OCCUPATION 11a. <i>Textile Worker</i>	KIND OF BUSINESS OR INDUSTRY 11b. <i>Textile Mill</i>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <i>2</i> (Elementary/Secondary 0-12) College (1-4 or 5+)
	RESIDENCE (STREET AND NUMBER) 13a. <i>580 Ingraham</i>		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. <i>Calumet City</i>	INSIDE CITY (YES/NO) 13c. <i>Yes</i>	COUNTY 13d. <i>Cook</i>
	STATE 13e. <i>Illinois</i>		ZIP CODE 13f. <i>60409</i>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. <i>White</i>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
	FATHER—NAME FIRST MIDDLE LAST 15. <i>Andrew Jasper Smith</i>		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. <i>Lola Cape</i>		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. <i>Margie Cassidy</i>		RELATIONSHIP 17b. <i>Daughter</i>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <i>580 Ingraham Calumet City IL 60409</i>	
	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, 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) <i>Congestive Heart Failure</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF			
		(c) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		AUTOPSY (YES/NO) 19a. <i>No</i>	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) 21b. <i>No</i>			
HOUR OF DEATH 21c. <i>8:20 P.M.</i>		DATE SIGNED (MONTH, DAY, YEAR) 22b. <i>Sept 9, 2004</i>			
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		ILLINOIS LICENSE NUMBER 22d. <i>01048405</i>	
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a.		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
22a. SIGNATURE <i>Cheryl Anthony Worix</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. CHERYL ANTHONY-WORIX, M.D. 919 Main St Oyer In 46311			
22c.		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
23.		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <i>Burial</i>		CEMETERY OR CREMATORY—NAME 24b. <i>Ridgelawn</i>	
24a.		LOCATION CITY OR TOWN STATE 24c. <i>Gary Indiana</i>		DATE (MONTH, DAY, YEAR) 24d. <i>Sept 3, 2004</i>	
24b.		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. <i>Illinois Mortuary Service P.O. Box 2158 Bridgeview Illinois 60455</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <i>034-011164</i>	
25a.		FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Raymond J. Sikorski</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <i>SEP 02 2004</i>	
25b.		LOCAL REGISTRAR'S SIGNATURE 26a. <i>David D. Orr</i>			

14355A