

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 107103

2006 DEC -6 AM 9:41

TRUSTEES DEED

MICHAEL A. BROWN  
RECORDER

6

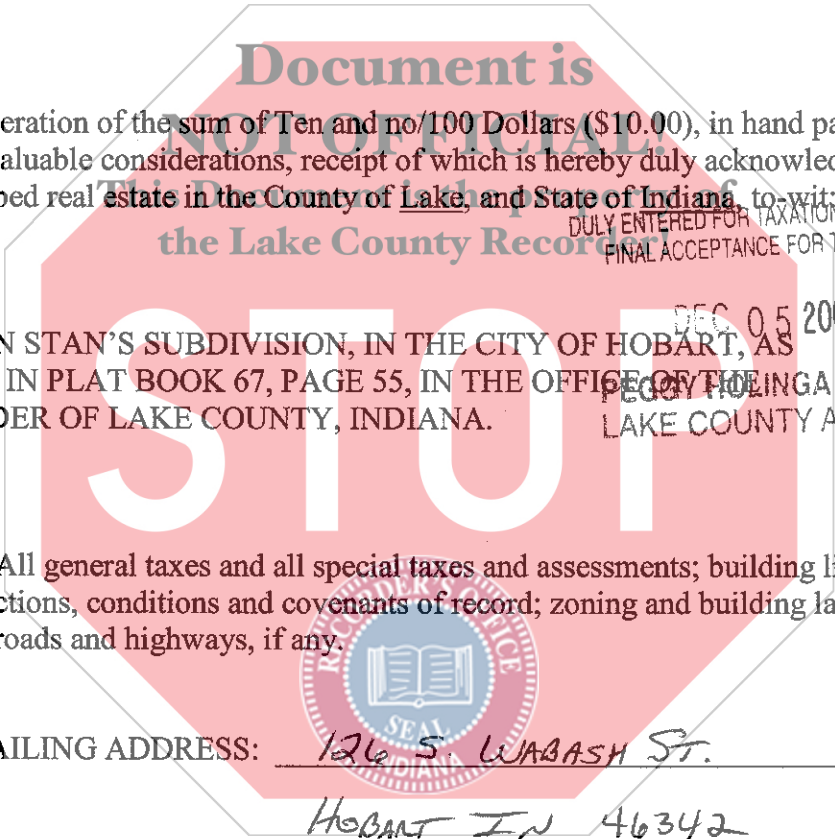
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THIS INDENTURE WITNESSETH, That the Grantor, HORIZON TRUST & INVESTMENT MANAGEMENT, National Association, a corporation duly organized and existing as a national banking association under the laws of the United States of America, and duly authorized to accept and execute trusts within the State of Indiana, County of Lake, as Successor Trustee to Ace W. Robertson (Deceased 08/02/2005) and A.G. Edwards & Sons, Inc., Trustee (Resigned 09/26/2005) of the Living Trust Agreement of Ace W. Robertson, dated March 8, 1999, Restated 10/16/2000, Amended 01/25/2005.

CONVEYS TO

LEONARD WELCH

Chicago Title Insurance Company



for and in consideration of the sum of Ten and no/100 Dollars (\$10.00), in hand paid, and of other good and valuable considerations, receipt of which is hereby duly acknowledged, the following described real estate in the County of Lake, and State of Indiana, to-wit:

LOT 7, IN STAN'S SUBDIVISION, IN THE CITY OF HOBART, AS SHOWN IN PLAT BOOK 67, PAGE 55, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

DEC 05 2006  
PEGGY HOEINGA KATONA  
LAKE COUNTY AUDITOR

SUBJECT TO: All general taxes and all special taxes and assessments; building line and use or occupancy restrictions, conditions and covenants of record; zoning and building laws or ordinances; and roads and highways, if any.

GRANTEES MAILING ADDRESS: 126 S. WABASH ST.  
HOBART IN 46342

226-  
XP  
CT

026521

IN WITNESS WHEREOF, the above named Grantor has hereunto set his hand and seal this 30<sup>th</sup> day of November, 2006.

HORIZON TRUST & INVESTMENT MANAGEMENT, N.A.,  
AS SUCCESSOR TRUSTEE TO ACE W. ROBERTSON (DECEASED 08/02/2005)  
AND A.G. EDWARDS & SONS, INC., TRUSTEE (RESIGNED 09/26/2005)  
OF THE LIVING TRUST AGREEMENT OF ACE W. ROBERTSON,  
DATED MARCH 8, 1999, RESTATED OCTOBER 16,2000,  
AMENDED JANUARY 25, 2005.

By: *Duane G. Mertl*  
Duane G. Mertl  
Vice President & Trust Officer

STATE OF INDIANA

COUNTY OF LAPORTE

**Document is NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!

Before me, the undersigned, a Notary Public, this 30<sup>th</sup> day of November, 2006, personally appeared Duane G. Mertl, Vice-President & Trust Officer, Horizon Trust & Investment Management, N.A., as Trustee

MY COMMISSION EXPIRES:

August 7, 2013

*Sue Ellyn Jones*  
SueEllyn Jones

THIS INSTRUMENT PREPARED BY:

Horizon Trust & Investment Management, N.A., as  
Trustee, by Duane G. Mertl, Vice President & Trust  
Officer

P.O. Box 1125, Michigan City, Indiana 46361

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY  
CERTIFICATE OF DEATH

PORTER COUNTY  
HEALTH DEPARTMENT  
155 Indiana Ave Suite 104  
Valparaiso IN 46383

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>ACE W. ROBERTSON</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>9:41 AM</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>August 2, 2005</b>	
4. *SOCIAL SECURITY NUMBER <b>407-50-1167</b>	5a. AGE—Last Birthday (Years) <b>68</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) <b>January 22, 1937</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Lagrange Kentucky</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) <b>Porter - Valparaiso Campus</b>	9b. CITY, TOWN, OR LOCATION OF DEATH <b>Valparaiso</b>	9c. COUNTY OF DEATH <b>Porter</b>			
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Constance Robertson</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Ironworker</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Iron</b>		
13a. RESIDENCE—STATE <b>IN</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Hobart</b>	13d. STREET AND NUMBER <b>126 S. Wabash</b>		
13e. ZIP CODE <b>46342</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) <b>Ace Lee Robertson</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Cynthia Lawson</b>		20a. INFORMANT'S NAME (Type/Print) <b>Constance Robertson</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>126 S. Wabash, Hobart, IN 46342</b>		20c. Relationship <b>Wife</b>			
21a. METHOD OF DISPOSITION <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) <b>Aug 8, 2005 Calumet Park Cemetery</b>		21c. LOCATION—City or Town, State <b>Merrillville IN</b>	
22a. EMBALMER'S NAME <b>James J. Krause</b>		22b. EMBALMER'S LICENSE NO. <b>FD01006463</b>	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licensee) <b>FD01006463</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488</b>		
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)		Approximate Interval Between Onset and Death			
a. <b>Massive Myocardial Infarction</b>					
b. <b>Coronary artery disease</b>					
c. <b></b>					
d. <b></b>					
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) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>Yes</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>		
29a. CERTIFIER (Check only one) <input 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 checked="" 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  <b>Deputy Coroner Porter County</b>		29c. MEDICAL LICENSE NO. <b>CORONER - 64</b>	29d. DATE SIGNED (Month, Day, Year) <b>August 5, 2005</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Doris A. Amling, 155 Indiana Avenue, Valparaiso, IN 46383</b>					
31. HEALTH OFFICER'S SIGNATURE 				32. DATE FILED (Month, Day, Year) <b>August 5, 2005</b>	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) <b>AUG 2, 2005</b>	34b. TIME OF INJURY <b>approx. 9:07AM</b>	34c. INJURY AT WORK? (Yes or no) <b>No</b>	34d. DESCRIBE HOW INJURY OCCURRED <b>Decedent suffered heart attack while in vehicle on roadway</b>
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>Highway</b>		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>US Hwy 6 at Willowcreek Portage, Indiana</b>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>August 2, 2005</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>No</b>			

**DECLINATION TO SERVE AS TRUSTEE  
OF  
ACE W. ROBERTSON LIVING TRUST DATED MARCH 8, 1999,  
AS RESTATED AND AMENDED**

Ace W. Robertson executed the Ace W. Robertson Living Trust dated March 8, 1999 (the "Trust") and restated the Trust by a Restatement dated October 16, 2000. Ace W. Robertson later amended the Trust by a First Amendment dated January 25, 2005. By the terms of the Trust, A.G. Edwards & Sons, Inc. is nominated as Trustee of the Trust upon the death of Ace W. Robertson. Ace W. Robertson is now deceased.

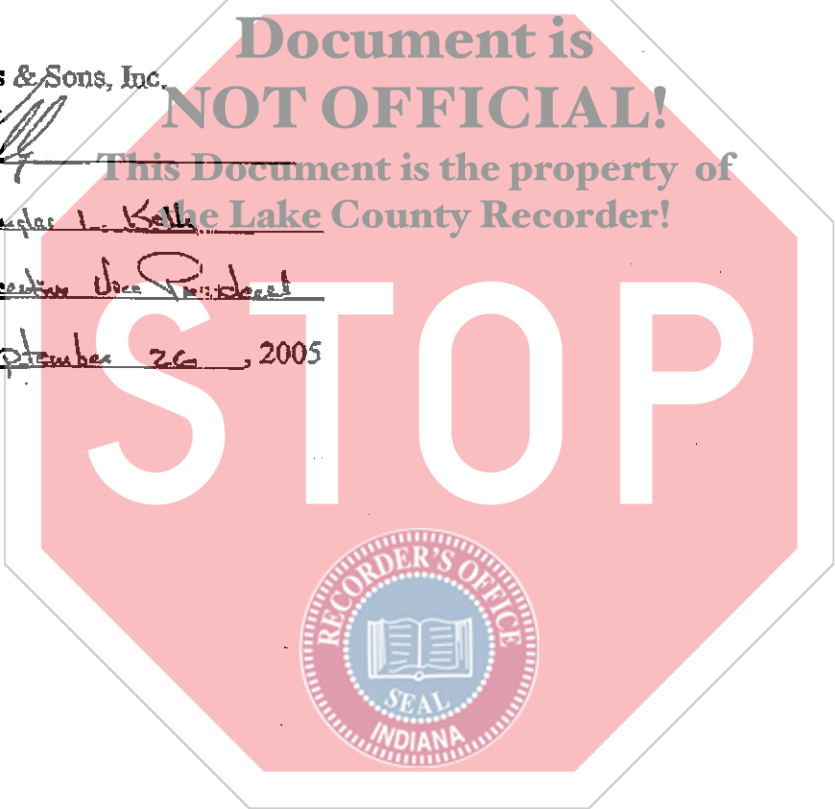
A.G. Edwards & Sons, Inc. hereby declines to serve as Trustee of the Ace W. Robertson Living Trust dated March 8, 1999, as restated and amended, and any and all trusts created under the Trust.

This statement serves as notice to all interested parties.

A.G. Edwards & Sons, Inc.

*[Signature]*

Name: Douglas L. Kella  
 Title: Executive Vice President  
 Date: September 26, 2005



**REMOVAL TRUSTEE  
AND  
APPOINTMENT OF SUCCESSOR TRUSTEE**

I, Constance L. Robertson, Primary Beneficiary of the Ace W. Robertson Living Trust dated March 8, 1999, hereby acknowledge the declination of A.G. Edwards & Sons, Inc. to serve as Trustee of the Ace W. Robertson Living Trust dated March 8, 1999. (See attached declination signed by A.G. Edwards & Sons, Inc. dated September 26, 2005).

11-17-05  
(Date)

Constance L. Robertson  
Constance L. Robertson

I, Constance L. Robertson, as Primary Beneficiary of the Ace W. Robertson Living Trust dated March 8, 1999, do hereby appoint Horizon Trust & Investment Management, N.A. as successor Trustee of the Ace W. Robertson Living Trust dated March 8, 1999.

11-17-05  
(Date)

Constance L. Robertson  
Constance L. Robertson

On behalf of Horizon Trust & Investment Management, N.A., I hereby accept the appointment as Successor Trustee of the Ace W. Robertson Living Trust dated March 8, 1999.

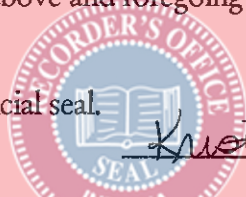
11-17-05  
(Date)

Melissa Goodpaster  
Melissa Goodpaster  
Relationship Manager of Porter County  
Horizon Trust & Investment Management, N.A.

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAPORTE    )

Before me, a Notary Public, in and for said County and State, personally appeared Constance L. Robertson AND HORIZON TRUST & INVESTMENT MANAGEMENT, N.A, by Melissa Goodpaster, Relationship Manager of Porter County, known to me and acknowledged the execution of the above and foregoing document on the date hereinabove mentioned.

WITNESS my hand and official seal.



Kristin Campbell  
Notary Public  
Resident of Porter County, Indiana

My Commission Expires: Aug 3, 2009

KRISTIN CAMPBELL  
NOTARY PUBLIC  
SEAL  
STATE OF INDIANA  
MY COMMISSION EXPIRES AUG. 3, 2009



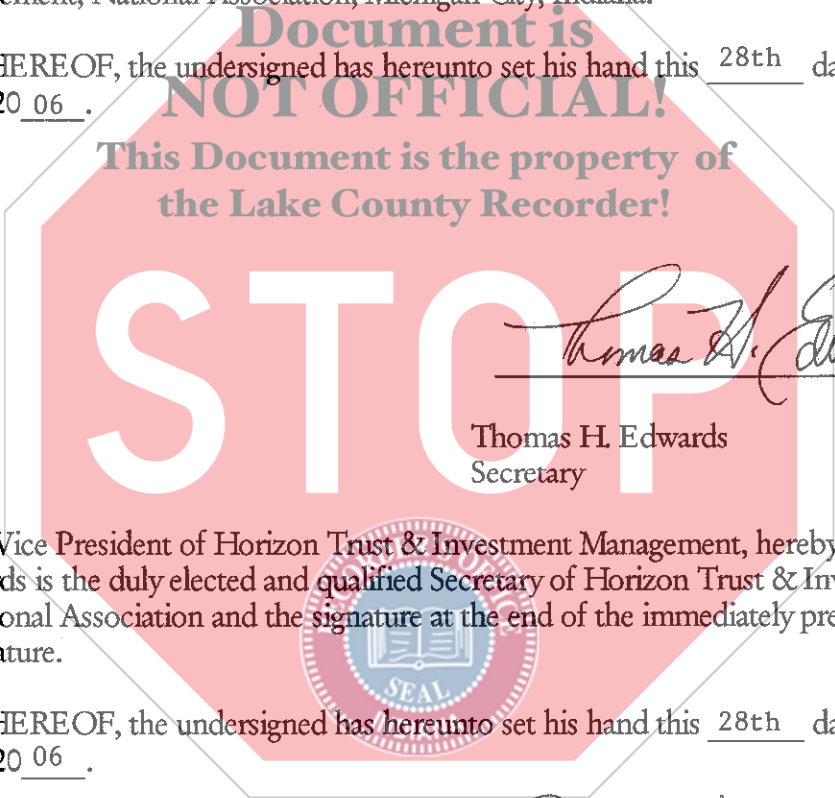
**CERTIFICATE OF SECRETARY**

THE UNDERSIGNED, THOMAS H. EDWARDS, a duly elected and authorized Officer of Horizon Trust & Investment Management, National Association (Horizon Trust), does hereby certify that the following is a true and exact excerpt from the By-Laws, adopted at a meeting of the Corporation's Board of Directors, duly called and held on the 17th day of December, 1996, at Michigan City, Indiana.

Section 7. Officer Authority. All agreements, indentures, notes, pledges, mortgages, deeds, conveyances, transfers, certificates, declarations, receipts, discharges, releases, satisfactions, settlements, petitions, schedules, accounts, affidavits, bonds, undertakings, proxies, and other instruments or documents may be signed, executed, acknowledged, verified, delivered or accepted in behalf of the Corporation by the Chairman of the Board, or the President, or any Executive Vice President, or any Senior Vice President, or any Vice President, or the Secretary or the Treasurer, or, if in connection with exercise of fiduciary powers of the association, by any of said officers or by any Trust Officer. Any such instruments may also be executed, acknowledged, verified, delivered or accepted in behalf of the Corporation in such other manner and by such other officers as the Board may from time to time direct. The provisions of the Section are supplementary to any other provision of these By-Laws.

The undersigned further certifies that Duane G. Mertl is, as of the date of this certification, acting in the capacity of Vice President & Trust Officer, for Horizon Trust & Investment Management, National Association, Michigan City, Indiana.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 28th day of November, 2006.



Thomas H. Edwards

Thomas H. Edwards  
Secretary

The undersigned, Vice President of Horizon Trust & Investment Management, hereby certifies that Thomas H. Edwards is the duly elected and qualified Secretary of Horizon Trust & Investment Management, National Association and the signature at the end of the immediately preceding certificate is his genuine signature.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 28th day of November, 2006.

Rachel L. Saxon

Rachel L. Saxon  
Senior Vice President