

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Winston A. Kotzan, as Personal Representative of the Unsupervised Estate of William J. Kotzan, Deceased, and acknowledged the execution of said deed to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 20th day of December, 2007.

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.
PREPARED BY: [Signature]

County of Residence: Lake

My Commission Expires: 2-28-10

Deanna M. Laughlin
NOTARY PUBLIC

Deanna M. Laughlin
PRINTED NAME OF NOTARY PUBLIC

