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2008 NOV 18 AM 10:08

MICHAEL A. BROWN
RECORDER

QUITCLAIM DEED
TITLE OF DOCUMENT

THIS INDENTURE WITNESSETH that **Judy E. Sexton, formerly known as Judy E. Brown, former surviving spouse of Larry Dean Brown, also known as Larry D. Brown, Sr., as per attached certified copy of Certificate of Death, who has since remarried and joined by her spouse Michael Sexton,** GRANTOR, of Lake County, in the State of Indiana, whose mailing address is 6729 Colorado Avenue, Hammond, Indiana 64323, quitclaim(s) to **Judy E. Sexton, GRANTEE,** of Lake County, in the State of Indiana, whose mailing address is 6729 Colorado Avenue, Hammond, Indiana 64323, for the sum of TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate in Lake County, and State of Indiana:

LOT 1 (EXCEPT SOUTH 68 1/2 FEET THEREOF), BLOCK 2, HARTMAN'S GARDENS SECOND ADDITION, HAMMOND, AS SHOWN IN PLAT BOOK 16, PAGE 9, IN LAKE COUNTY, INDIANA.

MORE commonly known as: 6729 Colorado Avenue, Hammond, Indiana 64323
Assessor's Parcel Number: ~~26349590000~~ 45-07-09-277-007.000-023
Prior Recorded Doc. Ref.: Deed: Recorded January 15, 1974; Doc. No. 235851

SUBJECT TO any and all Easements, Agreements, and Restrictions of record

When the context requires, singular nouns and pronouns, include the plural.

IN WITNESS whereof, Grantor has executed this deed this 11 day of June, 2008

Judy E. Sexton
Judy E. Sexton, f/k/a
Judy E. Brown

Michael Sexton
Michael Sexton

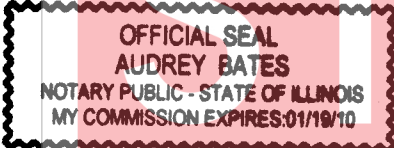
Document is NOT OFFICIAL
This Document is the property of the Lake County Recorder!

ACKNOWLEDGMENT

STATE OF IL
COUNTY OF COOK ss

Before me, a Notary Public in and for said County and State, personally appeared: **Judy E. Sexton, f/k/a Judy E. Brown, and Michael Sexton** who acknowledged the execution of the foregoing Quitclaim Deed this 11 day of June, 2008

Audrey Bates
Notary Public (Signature)



Audrey Bates
Notary Public (Printed Name)
My Commission Expires: 01-19-2010
County of Residence: Lake

~~After Recording Return To:~~
HomeFocus Services Recording
1831 Chestnut Street, 6th Floor
St. Louis, Missouri 63103
(for further return to Grantee)
Order No. 6570153

Send Subsequent Tax Bills To:
Judy E. Sexton
6729 Colorado Avenue
Hammond, Indiana 64323

This instrument was prepared by:
Leila Hansen, Esq.
9041 South Pecos Road, Suite 3900
Henderson, Nevada 89074

This instrument was prepared by **Judy E. Sexton**. 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.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

NOV 14 2008

RECOMMENDING KATONA

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RESUBMIT

Local No. 484

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

MAR 12 1994
Date Issued
Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

| | | | | | |
|---|---|--|--|--|---|
| 1 DECEASED—NAME (First, Middle, Last) LARRY D. BROWN, SR. | | 2 SEX MALE | 3a TIME OF DEATH 1:25 P.M. | 3b DATE OF DEATH (Month, Day, Year) MAY 30, 1992 | |
| 4 SOCIAL SECURITY NUMBER 303-46-6291 | | 5a AGE—Last Birthday (Year) 42 | 5b UNDER 1 YEAR Months: Days: Hours: Minutes | 5c UNDER 1 DAY Hours: Minutes | |
| 6a WAS DECEDENT A U.S. VETERAN? YES | 6b YEAR LAST SERVED IN U.S. ARMED FORCES? 1970 | 7 BIRTHPLACE (City and State or Foreign Country) HAMMOND, INDIANA | | | |
| 8a FACILITY NAME (If not institution, give street and number) ST. MARGARET MERCY HOSPITAL, NORTH CAMPUS | | 8b CITY, TOWN OR LOCATION OF DEATH HAMMOND | | 8c COUNTY OF DEATH LAKE | |
| 9a MARITAL STATUS (Specify) DIVORCED | 9b SURVIVING SPOUSE (If wife give maiden name) NONE | 9c DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TREE TRIMMER | | 9d KIND OF BUSINESS/INDUSTRY NELSON TREE CO. | |
| 10 RESIDENCE—STATE INDIANA | 11 COUNTY LAKE | 12 CITY, TOWN OR LOCATION HAMMOND | 13a STREET AND NUMBER 1156 STATE STREET | | |
| 13a ZIP CODE 46320 | 13b INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14 CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 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 DECEDENT'S EDUCATION (Specify only highest grade completed) 10 | | 18 FATHER'S NAME (First, Middle, Last) JESSE F. BROWN | | | |
| 19 MOTHER'S NAME (First, Middle, Maiden Surname) MARIE GRAVES | | 20a INFORMANT'S NAME (Last, First, Middle) LARRY D. BROWN, JR. | | | |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6729 COLORADO AVE., HAMMOND, IN. 46323 | | 20c Relationship SON | | | |
| 21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify) | | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) JUNE 3, 1992 CONCORDIA CEMETERY | | 21c LOCATION—City or Town, State HAMMOND, INDIANA | |
| 22a EMBALMER'S NAME HENRY J. BAKE | | 22b EMBALMER'S LICENSE NO. FD01019406 | | 23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>Edna B. ...</i> | | 24b LICENSE NUMBER FD01000857 | | 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LAHAYNE FUNERAL HOME, INC. FH83002885 5746 HOHMAN AVE., HAMMOND, IN. 46320 | |
| 26 PART I. Enter the disease, 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) | | GUNSHOT WOUND OF HEAD AND BRAIN | | | |
| Cause due to (or as a consequence of) | | UNKNOWN | | | |
| Cause due to (or as a consequence of) | | | | | |
| Cause due to (or as a consequence of) | | | | | |
| 27 WAS DECEDENT BY DANIEL D. THOMAS, M.D., CORONER, LAKE COUNTY AUDITOR AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) YES | | | | | |
| 28a 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 checked="" 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) as stated. | | | | | |
| 29a SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i> | | 29b MEDICAL LICENSE NO. 16120 | | 29c DATE SIGNED (Month, Day, Year) JULY 31, 1992 | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 28) (Type/Print) DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, INDIANA 46307 | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>Grigalbin G. D. ... M.D.</i> | | | | | |
| 32 DATE FILED (Month, Day, Year) August 4, 1992 | | | | | |
| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 34a DATE OF INJURY (Month, Day, Year) MAY 28, 1992 | 34b TIME OF INJURY N/A | 34c INJURY AT WORK? (Yes or no) NO | 34d DESCRIBE HOW INJURY OCCURRED SELF-INFILTRATED GUNSHOT WOUND |
| 34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) HOME | | 34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 907 MAY ST., HAMMOND, INDIANA | | | |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year) MAY 30, 1992 | | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. NO | | | |

SBH06-004 State Form 10110 (R2/3-89) DLA CERT/PO 1



I HEREBY CERTIFY THIS A TRUE AND EXACT COPY OF THE ORIGINAL

[Signature]

FILED
Document is
FEB 14 2003
NOT OFFICIAL
This Document is the property of
LAKE COUNTY AUDITOR

06700

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Exhibit A

LEGAL DESCRIPTION

The following described property:

in Lake County, in the State of Indiana, to wit;

Lot 1 (except South 68 1/2 feet thereof), Block 2, Hartman's Gardens Second Addition, Hammond, as shown in Plat Book 16, Page 9, in Lake County, Indiana.

Assessor's Parcel No: 45-07-09-277-007.000-023

