4

Mail Tax Bills To:
Matthew D. Malinowski
3774 Kingsway Drive
Crown Point, IN 46307

Key No.: 45-17-09-301-010.000-044

2009 0611743

TRUSTEE'S DEED

TIMOTHY D. OWEN AND REBECCA F. OWEN, as Successor Trustees under the BENJAMIN H. OWEN LIVING TRUST, dated August 9, 2005, for good and sufficient consideration, convey to:

MATTHEW D. MALINOWSKI

the following described real estate in Lake County, State of Indiana, to-wit:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 SEP -9 AM 9:23
MICHAEL A. BROWN
RECORDER

LOT 656, IN LAKES OF THE FOUR SEASONS, UNIT 10, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 39 PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly Known As: 3774 Kingsway Drive, Crown Point, IN 46307

Key # 45-17-09-301-010.000-044

Grantee Address: 3774 Kingsway Drive, Crown Point, IN 46307

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
SEP 04 2009
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Subject to the following:

1. Real estate taxes and assessments for the year 2009 payable in 2010, and all years subsequent thereto.

2. Easements, covenants and restrictions contained in prior instruments of record; all building and zoning laws, ordinances, legal drains, rights-of-way, and other matters which would be disclosed by an accurate survey of the premises.

3. Liens and encumbrances, if any, created by the acts of the herein grantee.

TICOR CP 920096209

#23
TF
CA

012734

IN WITNESS Whereof, the said TIMOTHY D. OWEN and REBECCA F. OWEN as Successor Trustees under the BENJAMIN H. OWEN LIVING TRUST, dated August 9, 2005, have hereunto set their hands this 31st day of August, 2009.

Timothy D. Owen Succ. Trustee
TIMOTHY D. OWEN, Successor Trustee of
the BENJAMIN H. OWEN LIVING TRUST

Rebecca F. Owen Succ. Trustee
REBECCA F. OWEN, Successor Trustee of
the BENJAMIN H. OWEN LIVING TRUST

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared TIMOTHY D. OWEN and REBECCA F. OWEN as Successor Trustees under the BENJAMIN H. OWEN LIVING TRUST, dated August 9, 2005, and acknowledged the execution of said deed to be their voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 31 day of August, 2009.

NOTARY PUBLIC SEAL INDIANA
KIMBERLY KAY SCHULTZ
Jasper County
My Commission Expires
October 29, 2016

Notary Public Residing in Lake County

My Commission Expires:

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.

Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45)
900 Parker Place, Suite A
Schererville, Indiana 46375 (219) 864-7800

Attorney's Certificate

1. The following Trust is the subject of this Certificate:

   The Benjamin H. Owen Trust Dated August 9, 2005, and any amendments thereto.

2. The Trustees currently serving are:

   TIMOTHY D. OWEN and REBECCA F. OWEN

3. The Trust is currently in full force and effect. However, all of the provisions of the Trust are now irrevocable as a result of Grantor Benjamin H. Owen's death on October 11, 2007. See attached Death Certificate for Benjamin H. Owen.

4. Attached to this Certificate and incorporated in it is a copy of the BENJAMIN H. OWEN TRUST AGREEMENT dated August 9, 2005, evidencing the creation of the trust and initial trustees, the appointment of successor trustees, the trustee powers and the signature pages.

5. The signatory of this Certificate is an attorney licensed to practice in the State of Indiana and is an active member of the State Bar of Indiana, and he declares that the foregoing statements and the referenced Trust provisions are true and correct, under penalty of perjury under the laws of the State of Indiana.

6. This Certificate was executed at Lake County, State of Indiana, on August 27, 2009.

Gary P. Bonk, Attorney-at-Law (#20519-45)
900 Parker Place, Suite A
Schererville, Indiana 46375
(219) 864-7800

* **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.

Local No. 2472-07

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

02319

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED - NAME (First, Middle, Last)			2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Benjamin	H.	Owen	Male	2:06 PM	October 11, 2007

4. *SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo., Day, Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	83			September 25,1924	Gary, Indiana

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one See instructions)
No	N/A	HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Anthony Medical Center	Crown Point	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Teacher	Education

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Crown Point	3774 Kingsway Dr.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE— American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46307-	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White		5+

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Henry Owen	Mabel Cox

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Tim Owen	3774 Kingsway Dr. Crown Point, IN 46307-	Son

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION - City or Town, State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	October 15, 2007 Calumet Park Cemetery	Merrillville, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Kevin Knaga	FD20400005	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FD09000013	Geisen Funeral Centre FH10700031 606 E. 113th Ave. Crown Point,Indiana 46307-

CAUSE OF DEATH

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.

X

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiac Arrhythmia — Approximate Interval Between Onset and Death: Minutes

DUE TO (OR AS A CONSEQUENCE OF):

b. Probable Urinary Sepsis

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
ASHD COPD	No	No	No

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
X J.A. Kacmar, M.D.	01027088	X 10/15/07

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	32. DATE FILED (Month, Day, Year)
Joseph A. Kacmar M.D. 123 N. Court St., Crown Point, IN 46307	October 16, 2007

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE
Susan W Burt D.O.

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

SDH06-004 State Form 10110 (R5/1-99)