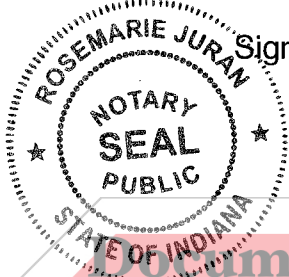


STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Kathleen Hatch, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 25th day of August, 2011.

My commission expires: 09/06/2014



Signature: Rosemarie Juran
Rosemarie Juran
Resident of: Lake County, Indiana

"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."

This Document is the property of
the Lake County Recorder!

G.P.B.

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002006

EDR No 000000206744

State No 028675

Form containing fields for decedent's name, date of death, social security number, birth date, place of birth, marital status, occupation, education, race, cause of death, and certifier information.