STATE OF IMDIA: -LAKE COUNTY FILED FOR NECORG

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RECORDER After recording return to: Lake County Trust Company 2200 N. Main Street Crown Point, IN. 46307

Deed Into Trust

This Indenture Witnesseth that, the Grantor: Odestress McCoy, Sr. a widower, his spouse, Ruth Lois McCoy having died on January 13, 2013 as evidenced by the copy of her death certificate attached hereto as Exhibit A, the marriage was continuous from the date they took title to the real estate until the date of her death, of Lake County and State of Indiana

CONVEYS AND WARRANTS

unto LAKE COUNTY TRUST COMPANY, AS TRUSTEE under the provisions of a Trust Agreement dated February 20, 2013, and known as Trust No. 6357, in Lake County, and State of Indiana, for the sum of No dollars (\$0.00) the following described Real Estate in the County of Lake County and State of Indiana, to wit:

This Document is the property of Lot Nineteen (19), Twenty (20), and the East 15 feet of Lot Eighteen (18), in Block Five (5), in Marbles Subdivision of Blocks 3, 4, 5, and 6, in Marbles Addition to Hammond, as per plat thereof, recorded in Plat Book 2, page 5A, in the Office of the Recorder of Lake County, Indiana

Key No.: PIN 45-07-308-013-000.023

Commonly known as: 938 Ames Street, Hammond, Indiana 46320

Address of Grantee: 2200 N. Main Street, Crown Point, IN 46307

Mail future tax statements to: 817 Lyons Street, Hammond, Indiana 46320

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

FEB 2 8 2013

TO HAVE AND TO HOLD the said premises with the appurtenances upon the trusts and for the uses and purposes herein and in said trust agreement set forth.

Full power and authority is hereby granted to said trustee to improve, manage, protect and subdivide said premises or any part thereof, to dedicate parks, streets, highways or alleys and to vacate any subdivision or part thereof, and to resubdivide said property as often as desired, to contract to sell, to grant options to purchase, to sell on any terms, to convey either with or without consideration, to convey said premises or any part thereof to a successor or successors in trust and to grant to such successor or successors in trust all of the title, estate, powers, and authorities vested in said trustee, to donate, to dedicate, to mortgage, pledge or otherwise encumber said property, or any part thereof, to lease said property, or any part thereof, from time to time, in possession or reversion, by leases to commence in praesenti or in futuro, and upon any terms

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and for any period or periods of time, not exceeding in the case of any single demise the term of 198 years, and to renew or extend leases upon any terms and for any period or periods of time and to amend, change or modify leases and the terms and provisions thereof at any time or times hereafter, to contract to make leases and to grant options to lease and options to renew leases and options to purchase the whole or any part of the reversion and to contract respecting the manner of fixing the amount of present or future rentals, to partition or to exchange said property, or any part thereof, for other real or personal property, to grant easements or charges of any kind, to release, convey or assign any right, title or interest in or about or easement appurtenant to said premises or any part thereof, and to deal with said property and every part thereof in all other ways and for such other considerations as it would be lawful for any person owning the same to deal with the same, whether similar to or different from the ways above specified, at any time or times hereafter.

This conveyance is made upon the express understanding and condition that neither Lake County Trust Company individually or as Trustee, nor its successor or successors in trust shall incur any personal liability or be subjected to any claim, judgment or decree for anything it or they or its or their agents or attorneys may do or omit to do in or about the said real estate or under the provisions of this Deed or said Trust Agreement or any amendment thereto, or for injury to person or property happening in or about said real estate, any and all such liability being hereby expressly waived and released. Any contract, obligation or indebtedness incurred or entered into by the Trustee in connection with said real estate may be entered into by it in the name of the then beneficiaries under said Trust Agreement as their attorney-in-fact, hereby irrevocably appointed for such purposes, or at the election of the Trustee, in its own name, as Trustee of an express trust and not individually (and the Trustee shall have no obligation whatsoever with respect to any such contract, obligation or indebtedness except only so far as the trust property and funds in the actual possession of the Trustee shall be applicable for the payment and discharge thereof.) All persons and corporations whomsoever and whatsoever shall be charged with notice of this condition from the date of the filing for record of this Deed.

In no case shall any party dealing with said trustee in relation to said premises, or to whom said premises or any part thereof shall be conveyed, contracted to be sold, leased or mortgaged by said trustee, be obliged to see to the application of any purchase money, rent, or money borrowed or advanced on said premises, or be obliged to see that the terms of this trust have been complied with, or be obliged to inquire into the necessity or expediency of any act of said trustee, or be obliged or privileged to inquire into any of the terms of said trust agreement; and every deed, trust deed, mortgage, lease or other instrument executed by said trustee in relation to said real estate shall be conclusive evidence in favor of every person relying upon or claiming under any such conveyance, lease or other instrument, (a) that at the time of the delivery thereof the trust created by this indenture and by said trust agreement was in full force and effect, (b) that such conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this Indenture and in said trust agreement or in some amendment thereof and binding upon all beneficiaries thereunder, (c) that said trustee was duly authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage or other instrument and (d) if the conveyance is made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties and obligations of its, his or their predecessor in trust.

The interest of each and every beneficiary hereunder and of all persons claiming under them or any of them shall be only in the earnings, avails and proceeds arising from the sale or other disposition of said real estate, and such interest is hereby declared to be personal property, and no beneficiary hereunder shall have any title or interest, legal or equitable, in or to said real estate as such, but only an interest in the earnings, avails and proceeds thereof as aforesaid.

In Witness Whereof, the grantors aforesaid have hereunto set their hands this 25th day of February, 2013.

Odestress McCoy, Sr. SRRD.
Rosen Han, POA

STATE OF - INCLUDIO SS:
COUNTY OF Lake) SS:
McCoy Sr., personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth. GIVEN under my hand and notarial seal this
Margo L. Nichokon
Signature of Notary Public Document is Printed Name of Notary Public
My Commission Expires: Resident of
This Instrument was prepared by: Odestress McCoy, Sr. I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document
unless required by law. Odestress McCoy, Sr.
SEAL MOIANA

<u>,2</u>

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00 Decedent's Legal Name (First, Middle, Las			EDR No 000			22	2. Sex		o 0021		Of Death (Month/Day∕Ye		
UTH LOIS MCCOY		BOZEMAN							01/13/2013				
Social Security Number 6a. Age - Yrs	6b. Under 1 Ye	ar 6c. Under 1 N	fonth 6d. Under 1 Day	6e.	Under 1 Hour	7. Date	of Birth (Month/0	Day/Year) 8	. Birthplace (Ci	ty and State	or Foreign Country)		
80 Ever in U.S. Armed Forces? 10, If De	Months eath Occurred in A H	Days lospital:	Hours	Minu 10a		red Some	05/25/1932 where Other Tha		GARY, IN				
		y Department Outp	atient Dead on Arriv		Hospice Facility Other (Specify)		ecedent's Home		Home/Long-ter	m Care Fac	ility		
Facility Name (If Not Institution, Give Str MARGARET MERCY HEA		ENTERS-H	AMMOND		1 2								
City Or Town, State, And Zip Code		13. County Of Death					14. Marital Status At Time Of Death						
MMOND, IN, 46320 Surviving Spouse's Name	15a. (If Wife)Give Mai	LAKE den Last Name 16. Decedent's Usual C				Usual Occupa	☐ Widowed ☐ Never Married ☐ Unknown Dation 17. Kind Of Business/Industry						
DESTRESS MCCOY SR	,				BEAUTICIA	TICIAN			HAIR SALON				
Residence - State		a. County			8b. City Or Tow	n							
DIANA Street And Number	<u> [LA</u>	KE	 	H/	AMMOND		18	d. Apt. No.	18e. Zip	Code	18f. Inside City Limit		
3 AMES STREET									40	222	⊠ Yes □ No		
Decedent's Education		20. Decedent Of H	lispanic Origin		21. De	ecedent's	Race		_ 46	320			
GH SCHOOL GRADUATE (MPLETED		NOT HISPAI	NIC		Black	or Afri	can America	an					
Father's Name (First, Middle, Last)				23. M	other's Name (F	irst, Midd	lle, Last)		23a. i	Mother's Ma	iden Last Name		
LIAM BOZEMAN					BLE BOZE				PET	TUS			
CH'A GOGINS	Z. r.					24b. Mailing Address (Street And Number, City, State, Zip Code) 817 LYONS STREET, HAMMOND, IN 46320							
Method Of Disposition	l ach I		25. P	lace Of D	isposition								
Burial Cremation Donation E Removal From State	intombment		(Name Of Cemetery, C			25C. LC	ocation - City, Tov	wn, And State					
Other (Specify): Was Coroner Contacted? 27	OAP Name And Compl	CHILL CEMP ete Address Of Fur	TERY CI	un	nent		Y, IN			27a. Fur	eral Home License Num		
			ERAL HOME, I	NC. (L	AKE), 485	9 ALE	XANDER A	VE, EAS	Т	E. 100	104500		
Signature Of Indiana Funeral Service Lic	HICAGO, IN		OTO		FIC				r (Of Licensee):]FH830	01520		
ACY CHERI WILLIAMS , B Part I. Enter The <u>Chain Of Events</u> - toh As Cardiac Arrest, Respiratory Arre Line. Add Additinal Lines if Necessary	Diseases, Injuries, est, Or Ventricular	Or Complications	Cause Of Death (S	d The D	eath. Do Not F	nter Tem	erty o	8600238 n			Approximate Interval: Onse To Death		
mediate Cause (Final Disease Or Con	ndition Resulting In	Death)	CEREBROVASCI	ULAR AC	CCIDENT		s A Consequence Of):				ONE WEEK		
equentially List Conditions, If Any, Lea ne A. Enter The Underlying Cause (Di ne Events Resulting In Death) Last	ding To The C <mark>aus</mark> sease Or Injury Th	e Listed On at Initiated				Due to (Or As	s A Consequence Of): s A Consequence Of):			,			
		1											
II. Enter Other Significant Conditions Cont ASE SEE ABOVE	tributing to Death Bu	ut Not Resulting In	The Underlying Cause G	ivin In Pa	L		An Autopsy Perfo		☐ Yes Complete The C	No ause Of De	ath? Yes No		
Did Tobacoo Use Contribute To Death? 'es ☐ Probably ☒ No ☐ Unknown	32. If Fer		Pregnant At Time Of Death	Not	Pregnant, But Pregnar	st Within 42 D	1 -	3. Manner Of Natural		Accident [Pending Investigation		
Date Of Injury (Month/Day/Year)		egnant, But Pregnant 43 D	ays To 1 year Before Death		nown If Pregnant With		me, Construction		Could Not Be De		. Injury At Work?		
			Zi C	RUL	0		. 1992 pro 8:	1511			Yes No		
ocation Of Injury - State	38a. City	Or Town	38b.	Street & N	lumber		IAK 17	7 2812	38c. Apt. N	lo. : 38	d. Zip Code		
Describe How Injury Occurred			The state of the s	s_E	Alland Say		4	O If Transport Driver/Operator	ation Injury, Spe	ecify:	ther (Specify)		
Signature, Of Person Certifying Cause Of LOK PRADUMNA PATHAL Name, Address And Zip Code Of Person (K, BY ELECT	TRONIC SIG	NATURE	WDI.	ANA		42. Certifier Certifyin	(Check Only only of Physician 44. Licens	☐ Coroner		Heath Officer Date Certified		
RILOK PRADUMNA PATHAK, 5454 HOHMAN AVE, HAMMOND, IN 4				46320)	to the same	01054411A 01/1 47. *Akas:			01/16/2013			
Signature of Local Health Officer:					·	Т	49. For Registr	ar Only - Date	Filed (Month/I	Day/Year):			
JSAN W. BEST, VIA ELECTRONIC SIGNATURE affirm, under the penalties for perjury, the penalties for pena						JAN 17 2013							
l affirm, under the per taken reasonable care number in this docum	to redact eac	CU 20CIRI 26	Curry	. 1 E OF 1	emili (ENIK	· OR OF	SOMAL)						

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

EXHIBIT"A"