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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 056249

2013 JUL 31 AM 10:36

Mail Future Tax Statements to:

Parcel #45-11-05-476-602-000-036
MICHAEL R. BROWN
RECORDER

Grantees/Grantees' Address:
Mr. & Mrs. Graziano Orlandi, Trustees
934 Troon Ct.
Scherverville, IN 46375

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH that **DEBORAH NOWACKI**, surviving Trustee under the provisions of a Trust Agreement dated September 5, 2003, and known as the **VERONICA J. KARDAS LIVING TRUST**, the other original Co-Trustee, **VERONICA J. KARDAS** having died on October 5, 2012, as evidenced by a redacted copy of her death certificate attached hereto and made a part hereof marked as Exhibit "A", does hereby grant, bargain, sell and convey to: **GRAZIANO ORLANDI and JUDITH M. ORLANDI**, as Trustees under the Revocable Trust Agreement of Graziano Orlandi and Judith M. Orlandi dated 2/2/05, of Lake County, Indiana, for and in consideration of the sum of Ten Dollars, and other good and valuable consideration, the receipt of which is hereby acknowledged, the following real estate in Lake County, State of Indiana, to-wit:

**LOT 5 IN BRIAR RIDGE COUNTY CLUB ADDITION UNIT 8,
BLOCK ONE, A PLANNED UNIT DEVELOPMENT, IN
SCHERVILLE INDIANA, AS PER PLAT THEREOF,
RECORDED IN PLAT BOOK 63 PAGE 39, IN THE OFFICE OF
THE RECORDER OF LAKE COUNTY, INDIANA.**

Commonly known as: **934 Troon Court, Scherverville, IN 46375**

This conveyance is made subject to the following:

1. The terms, covenants, easements, limitations and restrictions contained in any instrument of record affecting the use or occupancy of said real estate;
2. All applicable subdivision, building and zoning laws of the governmental bodies having jurisdiction of the above-described realty;
3. Real Estate taxes for the year 2012 payable in 2013 and subsequent years;
4. Roads and highways, streets and alleys;
5. Limitation by fences and/or other established boundary lines;
6. Easements, if any, for established ditches and/or drains.

This Deed is executed pursuant to, and in exercise of, the power and authority granted to and vested in the said Trustee by the terms of said Deed in Trust, vesting real estate and delivered to the Trustee

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

JUL 31 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO 134557

14103

\$ 20
CM
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and is executed in pursuance of the Trust Agreement as above mentioned.

IN WITNESS WHEREOF, the said DEBORAH NOWACKI, Trustee, has set her hand and seal this 26th day of July, 2013.

Deborah Nowacki
DEBORAH NOWACKI, Trustee,
Veronica J. Kardas Living Trust

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared DEBORAH NOWACKI, in her capacity as Trustee of the Veronica J. Kardas Living Trust, who acknowledged the execution of this instrument this 26th day of July, 2013, as her free and voluntary act, as Trustee, and who, being duly sworn, states that any representations thereon contained are true.

DARLEEN S. BIRCHEL
Lake County
My Commission Expires
May 10, 2017

Darleen S. Birchel
NOTARY PUBLIC SIGNATURE

DARLEEN S. BIRCHEL
Lake County
My Commission Expires
May 10, 2017

THIS INSTRUMENT PREPARED BY:
MICHAEL D. DOBOSZ, ATTORNEY AT LAW (#14539-45)
HILBRICH CUNNINGHAM DOBOSZ VINOVIK & SANDOVAL, LLP
2637-45TH ST., HIGHLAND, IN 46322
PH: (219) 924-2427 FAX: (219) 924-2481

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.

Michael D. Dobosz, Attorney at Law



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003111

EDR No 00000283210

State No 044122

1. Decedent's Legal Name (First, Middle, Last) VERONICA J KARDAS				1a. Maiden Name (If female) KALINOWSKI		2. Sex FEMALE		3. Time Of Death 07:12 PM		4. Date Of Death (Month/Day/Year) 10/05/2012					
5. Social Security Number		6a. Age - Yrs 85		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes					
7. Date of Birth (Month/Day/Year) 03/01/1927		8. Birthplace (City and State or Foreign Country) CHICAGO, IL													
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival								10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) 934 TROON COURT															
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375															
13. County Of Death LAKE						14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown									
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				18. Decedent's Usual Occupation KEY PUNCH OPERATOR				17. Kind Of Business/Industry BLUE CROSS BLUE SHIELD			
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town SCHERERVILLE				18d. Apt. No.			
18c. Street And Number 934 TROON COURT				18e. Zip Code 46375				18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White							
22. Father's Name (First, Middle, Last) STANLEY KALINOWSKI				23. Mother's Name (First, Middle, Last) SALOMEA KALINOWSKI				23a. Mother's Maiden Last Name NIEWIADOMSKI							
24. Informant's Name DEBORAH NOWACKI				24a. Relationship To Decedent DAUGHTER				24b. Mailing Address (Street And Number, City, State, Zip Code) 916 TROON COURT, SCHERERVILLE, IN 46375							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ELMWOOD CHAPEL CREMATORY				25c. Location - City, Town, And State CEDAR LAKE, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373				27a. Funeral Home License Number FH19900052				27b. License Number (Of Licenses) FD09200077			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. Use Of The Term "HEALTH DEGRADATION" IS PROHIBITED ON THE INITIAL LINE. Add Additional Lines If Necessary. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGE SCLERODERMA Due to (Or As A Consequence Of): OCT 09 2012 B. FAILURE TO THRIVE Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Approximate Interval, Onset To Death YEARS MONTHS-YEARS															
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I															
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined							
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State				38a. City Or Town				38b. Street & Number				38c. Apt. No.			
38d. Zip Code				39. Describe How Injury Occurred											
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)															
41. Signature, Of Person Certifying Cause Of Death: ANASS ZAITOON, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer									
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ANASS ZAITOON, 7905 CALUMENT AVENUE, MUNSTER, IN 46321						44. License Number 01067223A				45. Date Certified 10/08/2012					
46. Additional Funeral Service Provider:						47. *Alas:									
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 09 2012									
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)															