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THIS IS TO CERTIFY THAT THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL INSTRUMENT. FIDELITY NATIONAL TITLE INSURANCE CO. 11055 BROADWAY SUITE A CROWN POINT, IN 46307

BY [Signature]

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STATE OF INDIANA )  
LAKE COUNTY )  
COUNTY OF LAKE )  
2013 OCT 1 9:06  
MICHAEL E. BROWN  
RECORDER

IN THE SUPERIOR COURT  
SITTING AT GARY

Filed in Open Court

IN THE MATTER OF THE ESTATE )  
OF )  
RUTH H. SIMMS, Deceased. )

AUG 14 1992

ESTATE NO. 45D03-9108-ES-00146-0

SUPERIOR COURT OF LAKE COUNTY  
CIVIL DIVISION, COURT ROOM 3

**ORDER APPROVING CO-EXECUTRIXES' FINAL REPORT AND ACCOUNTING, PETITION TO ALLOW ACCOUNTING, AND PETITION FOR ORDER APPROVING DISTRIBUTION AND CLOSING ESTATE**

This cause came to be heard on the 14 day of August, 1992, upon the final account, petition to settle and allow account and for authority to distribute estate filed by Darlene A. Williams and Thelma M. Ewen, as co-executrixes of the estate of Ruth H. Simms, deceased, and it appearing that no objections were filed thereto and the Court being fully advised in the premises now finds that:

1. Due notices of the filing of said account and petition and of the hearing on the same were given to all persons interested in said estate, and the same are now properly before the Court for final action thereon.
2. That Ruth H. Simms died testate, a resident of the County of Lake, State of Indiana, on the 24 day of February, 1991, and her Last Will and Testament was duly admitted to probate before this Court on the 23 day of August, 1991, and this Court appointed said Darlene A. Williams and Thelma M. Ewen as co-executrixes of the Last Will and Testament of the decedent, and said co-executrixes were issued Letters of Testamentary on the 14 day of August, 1991,

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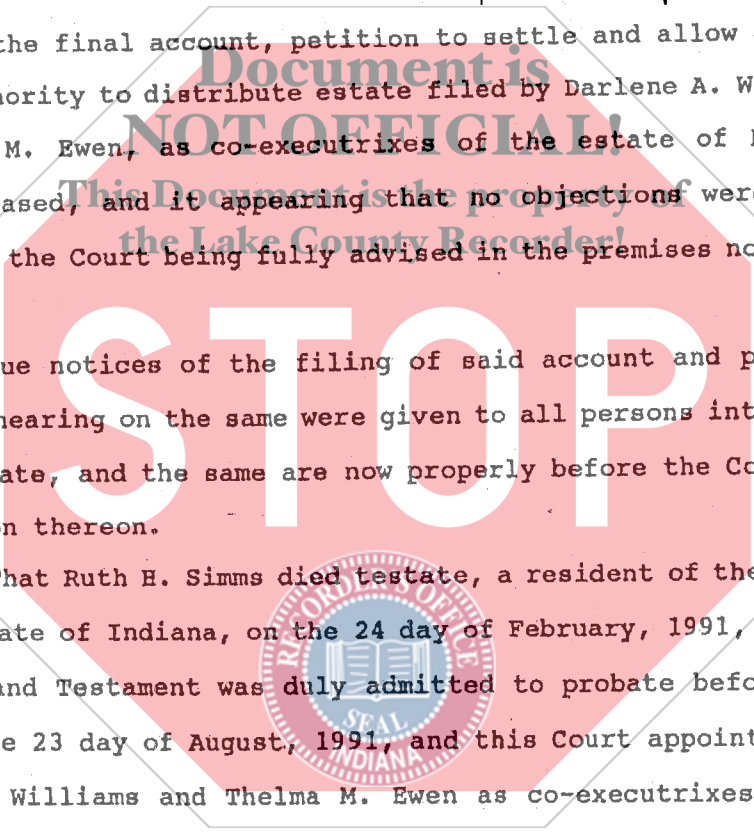
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STATE OF INDIANA  
LAKE COUNTY  
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2013-1710

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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to them and since that date, they have continued to serve in such capacity.

3. That the matters and things stated in said account and petition are true, and that said co-executrixes have accounted for all the assets in said estate coming into their hands.

4. More than five (5) months have elapsed since the date of first published notice to legatees, devisees and creditors of said decedent; all claims filed against said estate have been paid and discharged; neither said decedent nor her executrixes were employers of labor within the meaning of that term as used in the Indiana Employment Security Act; all estate taxes, inheritance taxes and gross income taxes, if any, assessed in said estate have been paid.

5. The following persons are the sole legatees and devisees under the decedent's Last Will and Testament:

Darlene A. Williams  
Leland Simms  
Wayne E. Simms

and that said distribution has been made to the above-named parties as set forth above.

6. That the decedent owned a certain piece of real estate located at 2865 Dallas Street, Gary, State of Indiana, more particularly described as follows:

N78' of S378' of W165' of E330' of SW1/4 SW1/4  
S.13 T.36 R.9

and said real estate now vests in a life estate for the life of Leland Simms with remainder interest to Darlene A. Williams and Wayne E. Simms. Leland Simms' interest in said real estate shall

be limited to Ten Thousand Dollars should he choose not to reside in the home.

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Court as follows:

1. Said Final Report and Account of said co-executrixes is hereby in all things approved, settled and confirmed.

2. That this distribution of the balance of the property which remained in said co-executrixes' hands for distribution has been made pursuant to the distribution set forth in the final accounting and prescribed under the Last Will and Testament of said decedent and is hereby in all things approved.

3. Said co-executrixes having made a distribution of all assets and property and having attached vouchers evidencing said distribution to said legatees and devisees, said distribution is hereby approved and confirmed.

4. Said co-executrixes are hereby released and discharged from any further liability or responsibility as said co-executrixes of the estate of Ruth H. Simms, deceased.

ALL OF WHICH IS ORDERED this 14<sup>th</sup> day of August, 1992.

  
JUDGE, Lake Superior Court, Room III

17SimFA  
ES2438-9101

INDIANA STATE BOARD OF HEALTH

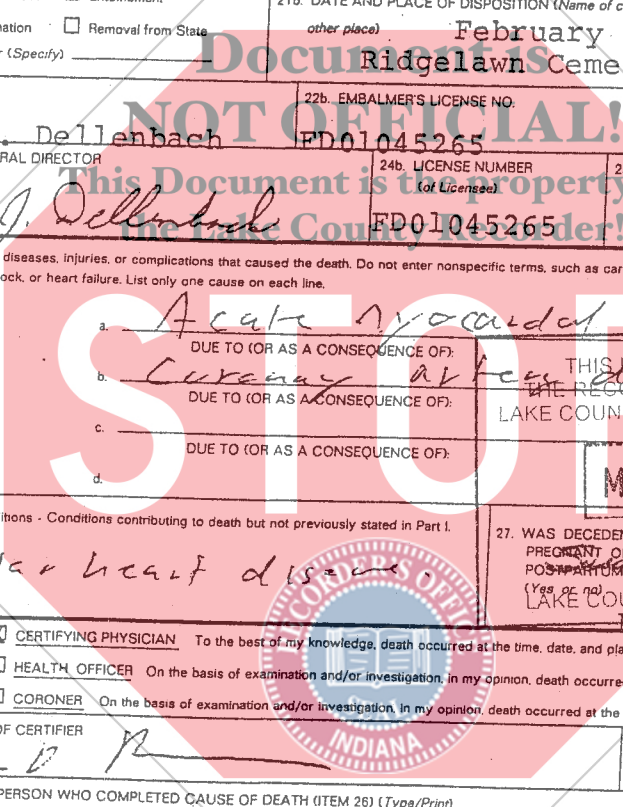
CERTIFICATE OF DEATH

Local No. 439-91

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>RUTH SIMMS</b>		2. SEX <b>FEMALE</b>	3a. TIME OF DEATH <b>7:54 A.</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>FEBRUARY 24, 1991</b>	
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) <b>83</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) <b>October 18, 1907</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Hammond, Indiana</b>	8a. WAS DECEASED A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) <b>THE COMMUNITY HOSPITAL</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>MUNSTER</b>	9d. COUNTY OF DEATH <b>LAKE</b>		
10. MARITAL STATUS (Specify) <b>Widowed</b>	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Cook</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Wildwood Nursing</b>		
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Gary</b>	13d. STREET AND NUMBER <b>2865 Dallas Street</b>		
13e. ZIP CODE <b>46406</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	15. WAS DECEASED 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) <b>White</b>	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8th</b>	18. FATHER'S NAME (First, Middle, Last) <b>Louis Ewen</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Elma Scheuneman</b>		
20a. INFORMANT'S NAME (Type/Print) <b>Darlene Williams</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2305 Holiday Ct., Lansing, MI 48906</b>	20c. Relationship <b>Daughter</b>		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>February 28, 1991 Ridgelawn Cemetery</b>		21c. LOCATION—City or Town, State <b>Gary, Indiana</b>	
22a. EMBALMER'S NAME <b>Robert J. Dellenbach</b>		22b. EMBALMER'S LICENSE NO. <b>FD01045265</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert J. Dellenbach</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01045265</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Dellenbach Funeral Chapel P.O. Box 2038, Hammond, In. 46320</b>		
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. <b>Acute myocardial infarction</b> <b>Coronary atherosclerosis</b> <b>Valvular heart disease</b>		27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? <b>NO</b>	
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>		29a. 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 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) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Lawrence Bernstein, M.D.</i>		29c. MEDICAL LICENSE NO. <b>27640</b>	29d. DATE SIGNED (Month, Day, Year) <b>FEBRUARY 25, 1991</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DR. LAWRENCE BERNSTEIN, M. D. 5500 HOHMAN AVENUE HAMMOND, INDIANA 46320</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Darlene Williams, MD</i>				32. DATE FILED (Month, Day, Year) <b>Feb 26, 1991</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
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.			



DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

Exhibit "A"

File No. 920131770

That part of the East 1/2 of the Southeast 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 13, township 36 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as beginning at a point on the West line of said East 1/2, which is 300 feet North of the Southwest corner of said East 1/2; thence North on said West line a distance of 78 feet to a point; thence East on a line parallel to the South line of said Section 13, a distance of 165 feet to a point; thence South a distance of 78 feet to a point; thence West a distance of 165 feet to the point of beginning.

