2

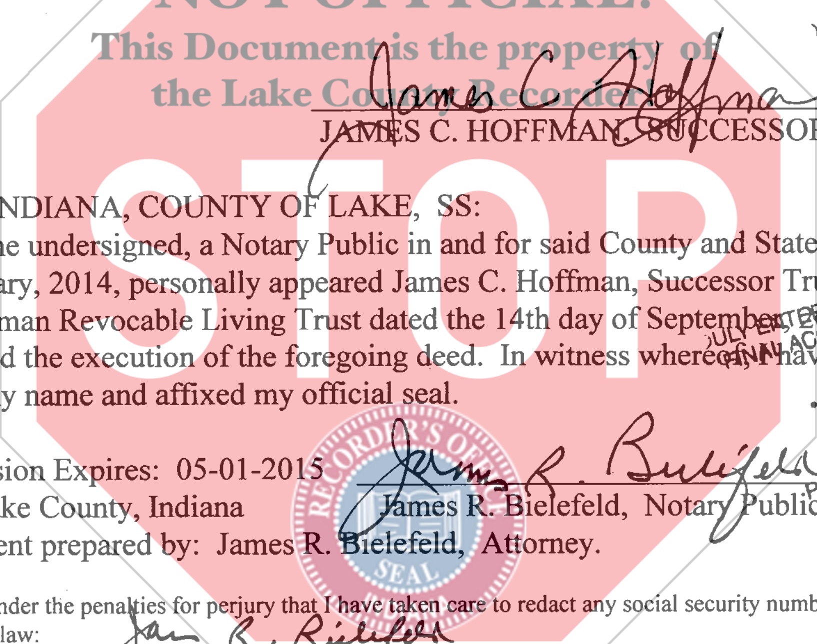
2014 009608

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH that the Grantor, The John E. Hoffman Revocable Living Trust, Dated the 14th day of September, 2004, for and in consideration of Ten Dollars and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, convey and warrant to **James C. Hoffman,** the following Real Estate in Lake County, Indiana:

Lot 13, except the North 2.5 feet and the North 16.5 feet of Lot 14, in Block 8 in Calumet Center Second Addition, a Resubdivision of Riverdale Addition to Hammond, as per plat thereof, recorded in Plat book 19, page 22, in the Office of the Recorder of Lake County, Indiana.
Commonly known as: 7734 Columbia Avenue, Hammond, IN 46324.
Parcel Number: 45-07-18-329-024.000-023
The Successor Trustee of the John E. Hoffman Revocable Living Trust dated the 14th day of September, 2004 is as designated in the Trust Agreement, James C. Hoffman, John E. Hoffman having died on August 13, 2005. A copy of his death certificate is appended hereto and made a part hereof by reference. This sale is made with the express consent of all beneficiaries of this Trust.
IN WITNESS WHEREOF, Grantor has executed this Trustee's Deed on February 11, 2014.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 FEB 19 AM 11:...
MICHAEL B. BROWN
RECORDER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RECORDER'S OFFICE SEAL

JAMES C. HOFFMAN, SUCCESSORTRUSTEE

STATE OF INDIANA, COUNTY OF LAKE, SS:
Before me, the undersigned, a Notary Public in and for said County and State, this 11th day of February, 2014, personally appeared James C. Hoffman, Successor Trustee of the John E. Hoffman Revocable Living Trust dated the 14th day of September, 2004, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER
FEB 19 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

My Commission Expires: 05-01-2015
Resident: Lake County, Indiana
James R. Bielefeld, Notary Public
This instrument prepared by: James R. Bielefeld, Attorney.

20964

I hereby certify under the penalties for perjury that I have taken care to redact any social security numbers, except where require by law: ______________
James R. Bielefeld

Send tax statement to: James C. Hoffman,7734 Columbia Ave., Hammond,IN 46324.
RETURN TO:

19.00

INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN
CROWN POINT, IN 46307
204-54026-02

Jan
ck # 22608
NON CONF
pp

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

Local No. 020097-05

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	JOHN EUGENE HOFFMAN, SR.
2. SEX	MALE
3a. TIME OF DEATH	7:30 P.M.
3b. DATE OF DEATH (Month, Day, Yr)	AUGUST 13, 2005
4. SOCIAL SECURITY NUMBER	[redacted]8112
5a. AGE—Last Birthday (Years)	79
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	APRIL 15, 1926
7. BIRTHPLACE (City and State or Foreign Country)	SUNBURY, PENNSYLVANIA
8a. WAS DECEDENT A U.S. VETERAN?	YES
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1946
9a. PLACE OF DEATH (Check only one)	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number)	COMMUNITY HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH	MUNSTER
9d. COUNTY OF DEATH	LAKE
10. MARITAL STATUS (Specify)	DIVORCED
11. SURVIVING SPOUSE (If wife, give maiden name)	NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	CARPENTER
12b. KIND OF BUSINESS/INDUSTRY	LOCAL 599
13a. RESIDENCE—STATE	INDIANA
13b. COUNTY	LAKE
13c. CITY, TOWN, OR LOCATION	HAMMOND
13d. STREET AND NUMBER	7734 COLUMBIA AVENUE
13e. ZIP CODE	46324
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN?	☒ No ☐ Yes ☐ yes, specify Cuban, Mexican, Puerto Rican, etc.
16. RACE—American Indian, Black, White, etc. (Specify)	WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

PARENTS

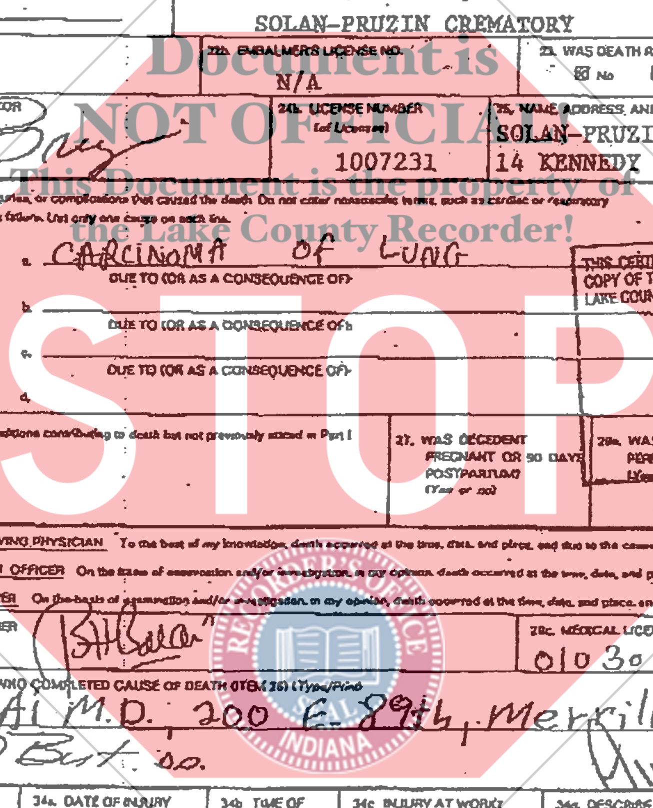
Field	Entry
18. FATHER'S NAME (First, Middle, Last)	GEORGE B. HOFFMAN, SR.
19. MOTHER'S NAME (First, Middle, Maiden Surname)	MARY LOVINA DITZLER

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	JAMES C. HOFFMAN
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	7734 COLUMBIA AVE., HAMMOND, INDIANA 46324
20c. Relationship	SON

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	AUGUST 18, 2005 SOLAN-PRUZIN CREMATORY
21c. LOCATION—City or Town, State	SCHERERVILLE, INDIANA
22a. EMBALMER'S NAME	NONE
22b. EMBALMER'S LICENSE NO.	N/A
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	1007231
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	SOLAN-PRUZIN FUNERAL HOME FH10200037 14 KENNEDY AVE., SCHERERVILLE, IN. 46375



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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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. CARCINOMA OF LUNG

DUE TO (OR AS A CONSEQUENCE OF):

b.

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

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. AUG 1 8 2005

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) no

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	01030167
29d. DATE SIGNED (Month, Day, Year)	AUGUST 18, 2005
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	B. H. BARAL M.D. 200 E. 89th, Merrillville, IN 46410

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	[signature] D.O.
32. DATE FILED (Month, Day, Year)	August 18, 2005

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.	