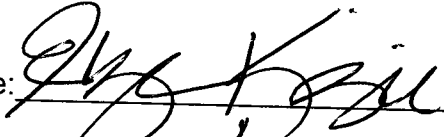


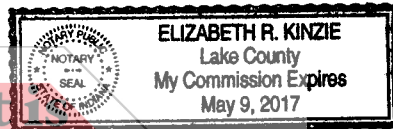
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 12 day of December, 2014.

My commission expires:

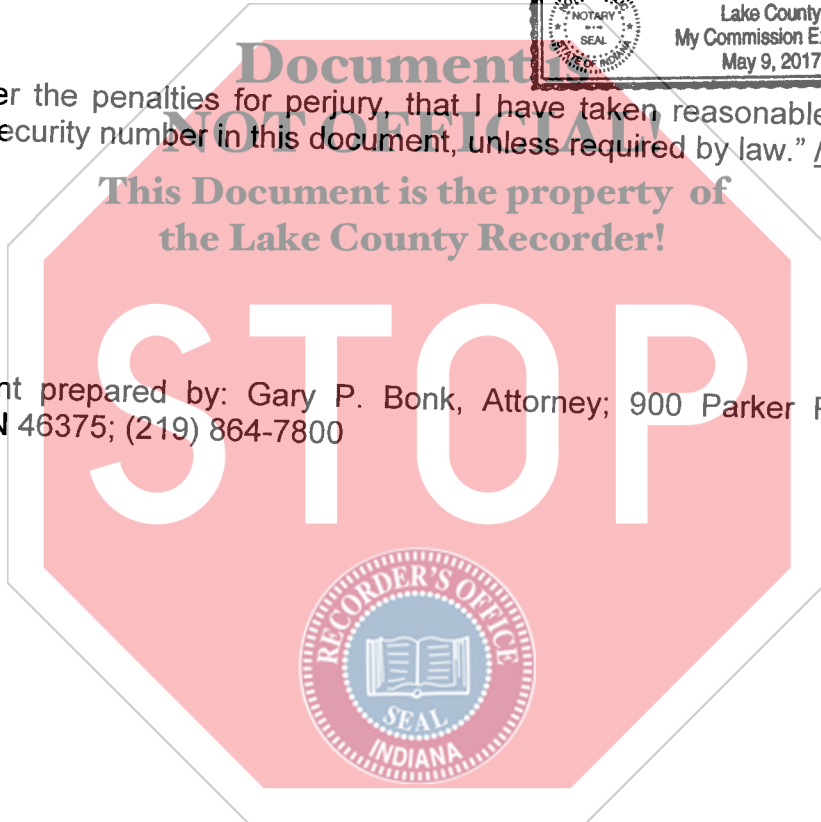
Signature: 
Resident of: Lake County, Indiana



"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." /s/Gary P. Bonk

**This Document is the property of
the Lake County Recorder!**

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





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1064-10

State No.

Form containing fields for decedent's name (ANNA L. CARR), sex (F), date of death (APRIL 2, 2010), birthplace (RIPLEY, WEST VIRGINIA), residence (CROWN POINT, INDIANA), and cause of death (Infarction of the myocardium).

