

EXHIBIT A

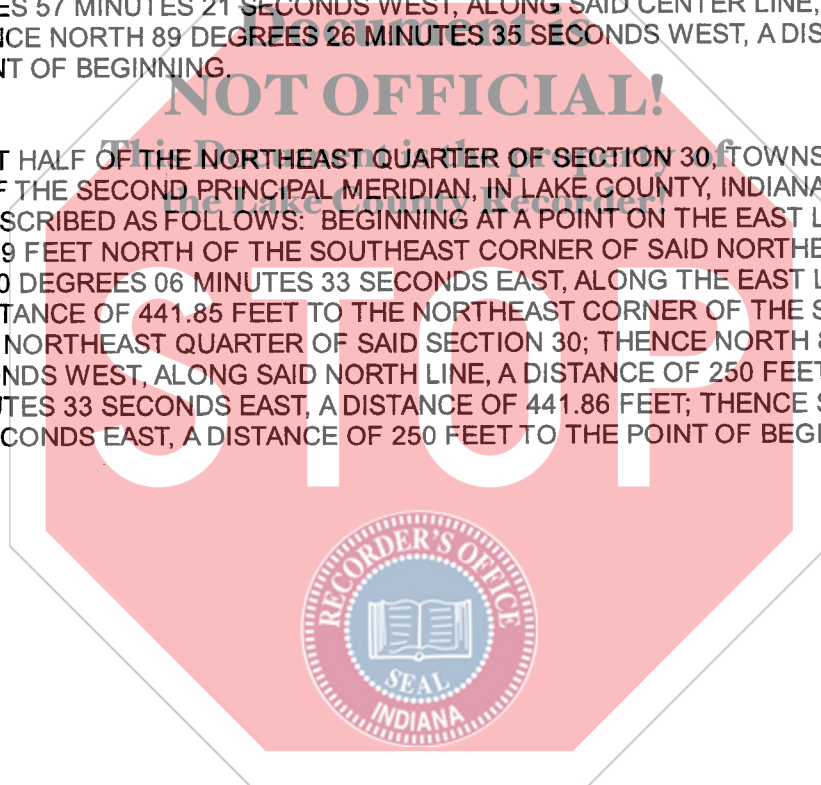
LEGAL DESCRIPTION

PARCEL I:

PART OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 29, TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE WEST LINE OF SAID SECTION 29, 881.99 FEET NORTH OF THE SOUTHWEST CORNER OF THE NORTHWEST QUARTER THEREOF; THENCE NORTH 00 DEGREES 06 MINUTES 33 SECONDS EAST, ALONG THE WEST LINE OF SAID SECTION 29, A DISTANCE OF 441.85 FEET; THENCE EAST, PARALLEL WITH THE NORTH LINE OF SAID SECTION 29, A DISTANCE OF 481 FEET TO THE CENTER LINE OF MARSHALL STREET; THENCE SOUTH 20 DEGREES 57 MINUTES 21 SECONDS WEST, ALONG SAID CENTER LINE, A DISTANCE OF 474.81 FEET; THENCE NORTH 89 DEGREES 26 MINUTES 35 SECONDS WEST, A DISTANCE OF 334.87 FEET TO THE POINT OF BEGINNING.

PARCEL II:

PART OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 30, TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE EAST LINE OF SAID SECTION 30, 881.99 FEET NORTH OF THE SOUTHWEST CORNER OF SAID NORTHEAST QUARTER; THENCE NORTH 00 DEGREES 06 MINUTES 33 SECONDS EAST, ALONG THE EAST LINE OF SAID SECTION 30, A DISTANCE OF 441.85 FEET TO THE NORTHEAST CORNER OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 30; THENCE NORTH 89 DEGREES 26 MINUTES 25 SECONDS WEST, ALONG SAID NORTH LINE, A DISTANCE OF 250 FEET; THENCE SOUTH 00 DEGREES 06 MINUTES 33 SECONDS EAST, A DISTANCE OF 441.86 FEET; THENCE SOUTH 89 DEGREES 26 MINUTES 35 SECONDS EAST, A DISTANCE OF 250 FEET TO THE POINT OF BEGINNING.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 4329-10

State No.

1. Decedent's Legal Name (First, Middle, Last) Carolyn C. Eggers				1a. Maiden Last Name (if Female) Cox		2. Sex Female	3. Time Of Death 10:10 am	4. Date Of Death (Month/Day/Year) December 4, 2010	
5. Social Security Number [REDACTED]	6a. Age - Yrs 77	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) Dec. 3, 1933		8. Birthplace (City And State Or Foreign Country) Indianapolis, IN	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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 checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home Long Time Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) St. Anthony Hospice									
12. City Or Town, State, And Zip Code Crown Point, IN 46307				13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name Henry W. Eggers			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Home		
18. Residence - State IN		18a. County Lake			18b. City Or Town Crown Point				
18c. Street And Number 13510 Chase St.						18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12/4			20. Decedent Of Hispanic Origin No		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Frank O. Cox				23. Mother's Name (First, Middle, Last) Dorothy Cox		23a. Mother's Maiden Last Name Calderwood			
24. Informant's Name Henry W. Eggers			24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 13510 Chase St., Crown Point, IN 46307				
25. Place Of Disposition									
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) Kelly-Carroll Crematory			25c. Location - City, Town, And State Gary, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns-Kish Funeral Home, 8415 Calumet Ave, Munster, IN 46321-2521					27a. Funeral Home License Number: 3004968		
27b. Signature Of Indiana Funeral Service Licensee <i>Thomas J Burns</i>						27c. License Number (Of Licensee): 1045184			
28. Part I. Enter The Chain Of Events - Diseases, Injuries Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. <i>Metastatic Lung Cancer</i>		Due To (Or As A Consequence Of):		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT DEC 07 2010	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last				B. _____		Due To (Or As A Consequence Of):			
C. _____				Due To (Or As A Consequence Of):					
D. _____				Due To (Or As A Consequence Of):					
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 Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)			38. Zip Code		
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: <i>K. Mulligan</i>						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: K. Mulligan 919 Main St. Dyer, IN 46311						44. License Number x 01052342A		45. Date Certified Dec. 2010	
46. Additional Funeral Service Provider: <i>Swann & But. Co.</i>						47. *Aka:			
48. Signature of Local Health Officer: <i>Swann & But. Co.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): December 7, 2010			

