

Witness my hand and Notary Seal this 22 day of May, 2015.

Resident of Lake County, Indiana

Signature Nancy EATINGER

My Commission Expires: 9-19-17

Printed Nancy EATINGER

I affirm, under penalties for perjury, that I have taken reasonable care to read that each Social Security number in this document, unless required by law.

Name

This instrument prepared by: _____

