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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 072572

2015 OCT 27 AM 11:12

MICHAEL B. BROWN  
RECORDER

Tax ID Number(s):  
16-27-0291-0010

45-07-27-358-005.000-026

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH THAT

Mark A. Spain, as Surviving Co-Trustee under the Spain Joint Revocable Trust Agreement dated March 8, 2005, Gayle A. Spain having died on September 8, 2015 as evidenced by the attached Death Certificate

CONVEYS AND WARRANTS TO

With A. Magiera  
**NOT OFFICIAL!**

, for Ten Dollars and other valuable consideration the receipt whereof is hereby acknowledged, the following described REAL ESTATE in Lake County, in the State of Indiana, to-wit:

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

SEE ATTACHED EXHIBIT "A"

Subject to Real Estate taxes now due and payable and thereafter.

Subject to covenants, restrictions and easements of record.

The undersigned person(s) executing this deed on behalf of Grantor represent and certify that he/she/they is/are duly authorized and has/have been fully empowered, by the trust document to execute and deliver this deed; that said Trust has not been amended and said Trust is still in force and effect.

IN WITNESS WHEREOF, the Grantor has executed this deed this 18th day of September, 2015.

*Mark A Spain, Surviving Co-Trustee*  
Mark A Spain, Surviving Co-Trustee



MTC File No.: 15-30187 (TD)

**HOLD FOR MERIDIAN TITLE CORP**

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

OCT 16 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

04858 B

① NO SALES DISCLOSURE NEEDED  
Approved Assessor's Office  
By: *[Signature]*

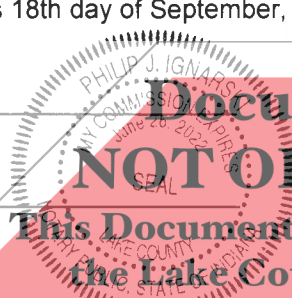
22-  
MT  
AM

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Mark A Spain**, Surviving Co Trustee, who acknowledged the execution of the foregoing Deed and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 18th day of September, 2015.

My Commission Expires: \_\_\_\_\_



*Philip J. Ignarski*  
Signature of Notary Public

**Document is NOT OFFICIAL!**

Printed Name of Notary Public \_\_\_\_\_

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

Notary Public County and State of Residence \_\_\_\_\_

**This instrument was prepared by:**

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

**Property Address:**  
3308 George Street  
Highland, IN 46322

**Grantee's Address and Mail Tax Statements To:**  
3308 George Street  
Highland, IN 46322



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. Andrew R. Drake



**EXHIBIT A**

Lot Numbered 10 in Block 1 in Ellendale First Addition to the Town of Highland, as per plat thereof recorded in Plat Book 32, page 78 in the Office of the Recorder of Lake County, Indiana.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 64591

Local No 002992

EDR No 000000467820

State No 042555

1. Decedent's Legal Name (First, Middle, Last) <b>GAYLE ANNE SPAIN</b>				1a. Maiden Name (If female) <b>MILLER</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>02:40 AM</b>	4. Date Of Death (Month/Day/Year) <b>09/08/2015</b>			
5. Social Security Number <b>313-54-3085</b>		6a. Age - Yrs <b>63</b>	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) <b>01/04/1952</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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 type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) <b>2701 SEBERGER DRIVE</b>											
12. City Or Town, State, And Zip Code <b>HIGHLAND, IN, 46322</b>					13. County Of Death <b>LAKE</b>		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 <b>MARK SPAIN</b>				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>CO-OWNER</b>		17. Kind Of Business/Industry <b>RESTAURANT</b>			
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>HIGHLAND</b>			18c. Street And Number <b>2701 SEBERGER DRIVE</b>	18d. Apt. No.	18e. Zip Code <b>46322</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>						
22. Father's Name (First, Middle, Last) <b>ROBERT B MILLER</b>				23. Mother's Name (First, Middle, Last) <b>ANNE MILLER</b>				23a. Mother's Maiden Last Name <b>KLEMOFF</b>			
24. Informant's Name <b>MARK SPAIN</b>				24a. Relationship To Decedent <b>HUSBAND</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2701 SEBERGER DRIVE, HIGHLAND, IN 46322</b>			
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) <b>KELLY-CARROLL CREMATION SERVICES</b>			25c. Location - City, Town, And State <b>GARY, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>FAGEN-MILLER FUNERAL GARDENS, INC.-HIGHLAND, 2828 HIGHWAY AVENUE, HIGHLAND, IN 46322</b>						27a. Funeral Home License Number: <b>FH83003035</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01006015</b>					
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 Of Death On A Line. Add Additional Lines If Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death)											
A. <b>METASTATIC LUNG CARCINOMA</b> Due to (Or As A Consequence Of):											
B. <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> Due to (Or As A Consequence Of):											
C. <b>CONGESTIVE HEART FAILURE DUE TO COPD</b> Due to (Or As A Consequence Of):											
D.											
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? <b>LAKE COUNTY HEALTH DEPARTMENT</b>											
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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					
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)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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"/> Bicyclist <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: <b>JOSEPH C. LEGASPI, BY ELECTRONIC SIGNATURE</b>						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: <b>JOSEPH C. LEGASPI, 9307 CALUMET AVE D1, MUNSTER, IN 46321</b>						44. License Number <b>01059155A</b>		45. Date Certified <b>09/10/2015</b>			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>SEP 10 2015</b>					



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
SEP 11 2015  
Susan W. Best, MD

NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED