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STATE OF INDIANÀ LAKE COUNTY FILED FOR RECORD

2016 019565

2016 HAR 29 PM 2: 50

MICHAEL B. BROWN RECORDER

Property Number: 45-16-08-428-017.000-042

Tax Mailing Address: 536 Ridgelawn Street Crown Point, IN 46307

GUARDIAN'S DEED

Diane M. Cassaday, as Guardian of the Person and Estate of Margaret J. Cassady, also known as Margaret Jane Cassaday, an incapacitated person, which estate is under the supervision of the Superior Court of Lake County, Indiana, Probate Division, sitting at Hammond, Indiana, under Cause Number 45D01-1202-GU-00009, pursuant to an Order Authorizing Guardian to Sell Real Estate dated March 10, 201 hereby Conveys to Lisa M. Juergens, of Dake County, in the State of Indiana, for the sum of ten dollars (\$10.00) and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate located in Lake County, in the State of Indiana:

Lot No. Six (6), as marked and laid down on the recorded plat of Mapleview Third Addition to the City of Crown Point, Indiana in Lake County, Indiana, as the same appears of record in Plat Book 29, Page 52, in the Recorder's Office of Lake County, Indiana

Commonly known as: 536 Ridgelawn Street Crown Point, IN 46307

SUBJECT TO the terms, covenants conditions restrictions and limitations of any instrument of record affecting the use or occupancy of said restrictions and highways; streets and alleys; limitations by fences and/or other established boundary tries; ditches and drains; easements; zoning, building and subdivision control ordinances and amendments thereto; special assessments, if any, and real estate taxes for the year 2015 payable in 2016 and thereafter.

IN WITNESS WHEREOF, Diane M. Cassaday, as Guardian of the Person and Estate of Margaret J. Cassady, also known as Margaret Jane Cassaday, has executed this GUARDIAN'S DEED on this 10th day of March, 2016.

Diane M. Cassaday, as Guardian of the Person and Estate of Margaret

J. Cassady, also known as Margaret Jane Cassaday

Margaret J. Cassady, Margaret John Lawrences

Margaret J. Cassady Also known as Margaret John Lawrences

Margaret J. Cassaday Also known as Margaret John Lawrences

Margaret J. Cassaday Also known as Margaret John Lawrences

Margaret J. Cassaday Street - Page 1 of 2 June Lawrences

DULY ENTERED FOR TRANSFER FINAL ACCEPTANCE FOR TRANSFER

HOLD FOR GREATER INDIANA TITLE COMPANY
MAR 2 9 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR 21420

\$120.00 \$1.000V

015172

State of Indiana)
) SS:
County of Lake)

Before me, the undersigned Notary Public in and for said County and State, personally appeared Diane M. Cassaday, as Guardian of the Person and Estate of Margaret J. Cassady, also known as Margaret Jane Cassaday, and acknowledged the execution of the foregoing Guardian's Deed, and who, having been duly sworn upon her oath, stated that the representations contained therein are true.



Prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366); referencing Greater Indiana Title Company commitment no. IN000856.

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. <u>Chris Fox</u>

(Guardian's Deed – 536 Ridgelawn Street - Page 2 of 2)

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	ocal No		2325	E	DR No 0000		82		State			0/D#- 01#-DA
Decedent's Legal Na	•	ddie, Lastj			1a. Malden Nan	ne (it temale)		2. Sex		me Of Death	4. Date	Of Death (Month/Day/)
5. Social Security Num		e - Yrs	6b. Under 1 Year	6c. Under 1 Mon	th 6d. Under 1 Day	6e. Under 1 Hour	7. Date	MALE of Birth (Month/Da		2:55 PM 8. Birtholace (C	ity and State	07/11/2015 or Foreign Country)
			Months	Days	Hours	Minutes		•	, ,			,
9. Ever in U.S. Armed		93 10. If Deat	h Occurred In A Hos		Hours	10a. If Death Occu	ned Some			NASHVILL		
				Department Outpatier	nt Dead on Amival	☐ Hospice Facility ☐ Other (Specify)		acedent's Home	Mursir	ng Home/Long-te	m Care Faci	lity
WITTENBERG	LUTHER	AN VII										
12. City Or Town, State	s, And Zip Co	de				13. County C	of Death			14. Marital St		of Death lut Separated Divi
CROWN POINT 15. Surviving Spouse's	F, IN, 463 Name	307		15	a. (If Wife)Give Maide	LAKE n Last Name		16. Decedent's U	sual Occup	☐ Widowed	☐ Neve	or Married Unkno
MARGARET CA	ASSADA'	Υ	1 400	County	TILLSON	18b. City Or Tow		SELF-EMPL	OYED		PAINT	NG AND TAVE
				•								
INDIANA 18c. Street And Number	r		LAK	<u> </u>		CROWN PC	DINT	18d.	Apt. No.	18e. Zip	Code	18f. Inside City Lim
536 RIDGELAW	/N										007	⊠ Yes □ No
19. Decedent's Educati			20	. Decedent Of Hispa	anic Origin	nt is	ecedent's F	Race		1 46	307	L
HIGH SCHOOL COMPLETED	GRADU.	ATE O	R GED N	OT HISPANIC	·	White						
22, Father's Name (First	, Middle, Last)				23. Mother's Name (F	irst, Middle	e, Last)		23a.	Mother's Mai	den Last Name
PARIS CASSAD	DΑΥ		7771	D		GRACE CASS	SADAY	0		PIC	KRELL	
24. Informant's Name			This	24a Relationship	To Dacadent 15 t	245. Malling Address	(Street Mr	nd Number, City, SI	ate, Zip Co	ode)		
DIANE M CASS			tl	DAUGHTER	County 25. Place	536 RIDGELA	Wirc	ROWN POIN	N, TV	46307	-	
25a. Method Of Disposit Burial Cremation	n 🔲 Donatio	on 🗌 Ente		ce Of Disposition (N	ame Of Cemetery, Cre		25c. Loc	cation - City, Town,	And State)		
Removal From State Other (Specify):	1		CALU	MET PARK C	EMETERY		MERE	RILLVILLE, I	N			
26. Was Coroner Contac	ted?	27. 1		Address Of Funeral							27a. Fun	eral Home License Num
☐ Yes ☒ No		PR	JZIN & LITTE	E FUNERAL	SERVICE, 811	I E FRANCISC	AN DR	R, CROWN F	OINT,	IN 46307	FH830	01261
27b, Signature Of Indian THOMAS G. PR		rvice Licer	isee:	GNATURE				27c, Lice FD010	nse N umb	er (Of Licensee):		
28. Part I. Enter The Such As Cardiac Arre A Line. Add Additina	Chain Of Evest, Respirate	ents - Dis ory Arrest cessary.	seases, Injuries, O , Or Ventricular Fil		hat Directly Caused nowing The Etiology.							Approximate Interval: Onsel To Death
Immediate Cause (Fi	nal Disease	Or Condit	tion Resulting In De	eath) A.	ADVANCED ACTHE	MERS DISEASE	Dua to (Or As a	A Consequence Off:				1-2YRS
Sequentially List Con Line A. Enter The Ur The Events Resulting	rderlying Car	use (Disè	ng To The Cause L ase Or Injury That	Isted On B. Initiated C.	TURK		Due lo (Or As /	A Consequence Of):				
Part II. Enter Other Signif	icant Conditio	ns Contrib	uting to Death But N	ot Resulting In The	Inderlying Chure Gig	BPASH FILE WI	29 VAYası 6	Autopsy Perform	ed?	☐ Yes	⊠ No	
31, Did Tobacoo Use Co					LAKE COUNT	MEALTH DEP	AOR WAYE	AudosylFinding Av	ailable To		ause Of Deat	h? ☐ Yes ☐ No
Yes Probably			32. If Femal Not Pregns		Pregnant At Time Of Death	Not Program, But Pregnan	V NUN 42 O a	ys Of Doat!	-	Homicide 🔲 A		Pending Investigation
34. Date Of Injury (Month			35. Time O		1 year Below Death JUL 36. Place	Of Injury (E.G., Deced				Could Not Be De ant, Wooded Area	37.	Injury At Work?
38, Location Of Injury - S			100-01-0		-	et Hombo						☐ Yes ☐ No
36, Locaton Of Injury - 5	aate		38a. City Or	IOWII	1	NTY HEALTH O				38c, Apt. N	0. 300	. Ap Cade
39. Describe How Injury	Occurred				LANE COOL	NT HEALTH O	ישטואא		Transpor	tation Injury, Spe	gifv:	
								□ Con	ve#Operator-	Possenger Pe	destrian 🔲 Oth	er (Specify)
41. Signature, Of Person RAJARAJESWAI				IC SIGNATU	JRE			42. Certifier (C	heck Only hysician	One) Coroner	. 🗆 +	leath Officer
43. Name, Address And	Zip Code Of P	erson Cer	tifying Cause Of Dea	ith:						se Number	45.	Date Certified
RAJARAJESWAI			050 N. MAIN	STREET SUI	TE F, CROWN	POINT, IN 46	307		010554			07/13/2015
48. Signature of Local Health Officer:						14	49. For Registrar Only - Date Filed (Month/Day/Year):					
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE							JUL 14 2015					
				AMENDMEN	T TO CERTIFICATE	OF DEATH (ENTR	Y OR ORI	IGINAL)				