To Whom it May Concern:

) SS:

County of

The mortgage from John and Valerie Cook to Connie and Larry McCarter, dated 5/21/2009, recorded 5/31/2007 in Book 2007, page 044225, in the amount of \$20,000.00 has been satisfied. No further payment is required.

1016 05404 Sincerely, Connie McCarter-Sanasack P.S. Larry McCarter passed away on Thursday, September 16, 2010. I have attached a copy of his death certificate. Document is State of Indiana) **S**S: NOT OFFICIAL! County of This Document is the property of Before me, the undersigned a Notary Poblic in Bost for Gend County and State, this 4th day of ___August _, 2016_, personally appeared Connie McCarter-Sanasack, and acknowledged the release of the foregoing mentioned Mortgage. In witness whereof, I have hereunto subscribed my name and affixed my official seal. SHARON F. BULTEMA otary Public, State of Indian Lake County Notary Pub My Commission Expires: County of Residence: State of Indiana)

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security & in below

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local N	33	21-10						State No	n			
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Last Name (If Female)				2. Sex 3. Tim		3. Time C	Time Of Death 4. Date Of Death (Month/Day/Year)		
LARRY P. MCCART	ER						M		10:05P		SEPTEMBER 16, 2010	
5. Social Security Number 313-36-4717	6a. Age Yrs 73	6b. Under 1 Ye	ar 6c Under 1	Month 6d. Under 1 Day	Se. Under 1 Hour	1	Birth (Mor ember '	nth/Day/Year) 1. 1936		ice (City And St OND, IND(A	ate Or Foreign Country)	
				Piotits								
9. Ever in U.S. Armed Forces?		eath Occurred in A H	•	ent 🔲 Dead On Arrival		10a. If Death Occurred Somewhere Other Than A Hospital			☑ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-			
11. Facility Name (If Not Institu					Term Care Facility	Other (Speci	ify) 					
WILLIAM J. RILEY	BOOM, GIVE SCIECT	read (Wallabet)										
12. City Or Town, State, And 2	13. County	13. County Of Death				14. Marital Status Al Time Of Death						
MUNSTER	LAKE						ed, But Separated Divorced					
15. Surviving Spouse's Name	15a. (If Wife)Give Maide	a. (If Wife)Give Maiden Last Name 16.			6. Decedent's Usual Occupation			owed Never Married Unknown 17. Kind Of Business/Industry				
CONNIE MCCARTE			GERBER		MILL			WRIGHT		LTV STEEL		
18. Residence - State		1	18a. County		18b. City Or To			_	_			
INDIANA			LAKE		HIGHLAND	<u> </u>						
18c. Street And Number 3605 W. 45TH AV		186.			18d. Apt. No	. No. 18e. Zip Co 46322		18t. Inside Citý Limits? ☑ Yes □ No				
19. Decedent's Education		20. Decedent O	20. Decedent Of Hispanic Origin 21.			cedent's Race						
High school graduate	e or GED co	mpleted	1	nish/Hispanic/Latir								
22. Father's Name (First, Midd				23. Mother's Name	23. Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name			
DONAL MCCARTER					RUBY MCCARTER				PORTER			
24. Informant's Name CONNIE MCCARTER			Z4a. Refato	nship To Decedent	240. Mailing Addres	•				322		
COMMIE MICCARTER			4411-5			MAEIGOC,	HIGH					
25a. Method Of Disposition.	Burial ⊠ Cre	mation 25b. Pl	ace Of Disposition (N	larne Of Cematery, Cremato	Place Of Disposition Ty, Other Place)	256. Coc.	tion - City,	Town, And Stat	e			
☐ Donation ☐ Entombment ☐ Other (Specify):	Removal Fron	State KELL	Y CARROLL	REMATORY		GARYI	NDIAN)	A				
26. Was Coroner Contacted?		Name And Complet		I Facility	KKIC	IA				1	7a. Funeral Home License Number: FH10600026	
☐ Yes 図 No	_			EMATION SERVICE OCUMEN					James Novel	per (Of Licensee		
270. Signature Of Indiana Fur	12/1			e Lake Co					8700086	DET (OF LICEISSEE	•	
Tague 1	NWO	9	UII	Cause Of Death (Se								
26. Part I. Enter The Ch Such As Cardiac Arrest, I	ain Of Events	Diseases, Injurie	es, Or Complication	ons—That Directly Caus	ed The Death, Do N	lot Enter Ter te. Enter On	minal Ev	ents ause On			Approximate Interval: Onset	
A Line. Add Additional Li	ines If Necessa	ry.		A 1	ORECTAL	C	ANC	S.			To Death	
Immediate Cause (Final I	Disease Of Cor	ation Resulting	in Death		<u> </u>	Due To (Or A	As A Consequ	ence Of):		_	(A	
Sequentially List Condition Line A. Enter The Under	ons, If Any, Lead tying Cause (Di	ding To The Causisease Or Injury 7	se Listed On That initiated	В.		Due To (Or A	As A Consequ	ence On:	-			
The Events Resulting In I	Death) Last			c		Due To (Or #	As A Consequ	ence Of):		_		
Part II . Enter Other Significan	nt Conditions Cont	ributing To Death Bu	it Not Resulting In Th	D. e Underlying Cause Given in	Part I	29. Was /	An Autopsy	Performed?	□Ye	s ⊠ No		
CORDAMY A	HITEME	disease	CVA	, Hyperger	KUN	30. Were	Autopsy Fi	ndings Available	e To Comple	e The Cause Of	Death? ☐ Yes ☐ No	
31. Did Tobacco Use Contribu		32 NF		TUL	DER'S				or Of Death:			
Yes Probably to Un				Pregnant At Time Of Deski Days To 1 Year Belond Deski				. Suicide	Could Not 13			
34. Date Of Injury (Month/Day	(Year)	35. Tin	ne Of Injury		lace Of Injury (E.G. O	poent's Home	; Construct	non Site, Prestau	лам, Woode	u Area)	37. Injury At Work? ☐ Yes ☐ No	
38. Location Of Injury - State		38a. Ci	ty Or Yown	3%b.	Sheet & Number					38c. Apt. No.	38d. Zip Code	
		-		E .	SEAL	7						
39 Describe How Injury Occur	red			No.	WINDLE THE THE PARTY OF THE PAR			40. If T	ransport	ation Injury,	Specify:	
41. Signature, Of Person Cert	titying Cause Of D	eath:					42. Cert	Driver		assenger 🖸 Pedes	trian Other (Specify)	
MA	N O	MAAC	118	1			₩ Co	rtifying Physician	n 🗀 Corone	r 🗀 Health Offi	cer	
~\V\	NUC			<u></u>	0.4.6.5			14	License Nun	nber	45. Date Certified	
43. Name, Address And Z	ip Code Of Pers	on Certifying Cau	se Of Death:	DK. 3,C	UKSE	1.20	2	N2	2000(9-20-10	
46. Additional Funeral Service	2 1 2	7 11	yniar	x ı , 11/07/ 0	ina 4	<u>UDZ.</u>		1/2	*Akas:	טו <u>ט</u> ע		
					49. For Registra	r Only Date	Filed (Mc					
48. Signature of Local Health	Officer:	1) 1	3,1.	10	-a, rorregion	Only - Date	, acu (moli	andayrrean):	J. [.	_	20 2010	