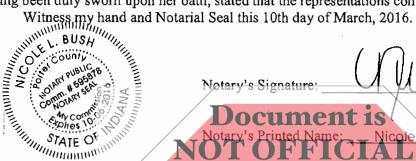
sta**k**e of Indi This document being he thecorded Tax Mailing Addr Property Number: 536 Ridgelawn Street 45-16-08-428-017.000-042 Crown Point, IN 46307 **GUARDIAN'S DEED** Diane M. Cassaday, as Guardian of the Person and Estate of Margaret J. Cassady, also known as Margaret Jane Cassaday, an incapacitated 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 Lake 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 Estate of Lot No. Six (6), as marked and laid down on the recorded plat of Mapleview Third Addition 2 the Chy Crown Point, Indiana in Lake County, Indiana, as the same appears of record in Plat Book 22 Page 52, the Recorder's Office of Lake County Commonly known as: ent is the property of the Lake County Recorder! SUBJECT TO the terms, covenants conditions, restrictions and limitations of any instrument of record affecting the use or occupancy of said real estate; roads and highways; streets and alleys; limitations by fences and/or other established boundary lines; 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 diao's Deed - 536 Ridgelawn Street - Page 1 of 20 ne DULY ENTERED FOR ARRAGE GUBJECT Second Paresessor's Office FINAL ACCEPTANCE FOR TRANSFER HOLD FOR GREATER INDIANA TITLE COMPANY *TER DIRCTORNUE NEEDED* MAR 29 2016 21420 JOHN E. PETALAS LAKE COUNTY AUDITOR CK#OILA5C

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.



Notary's County of Residence is This Document is the property of

the Lake County Recorder!

Notary's Commission Expires:

10/06/2016

Mailing Address of Grantee and after recording return to:

Lisa M. Juergens 536 Ridgelawn Street Crown Point, IN 46307

Ucie & Bush

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 ER

I affirm, under the penalties for perjuse that I have taken reasonable care to redact each Social Security number in this document, unless required by law Chris Fox

ardiay's Deed - 536 Ridgelawn Street - Page 2 of 2)

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No C	02325	E	DR No 0000	004582	82	5	State No				
1. Decedent's Logal Name (First, Middle,			1a. Maldon Nam					me Of Death 4. Date Of Death (Month/Day/)			
EARL N CASSADAY						MALE		55 PM		7/11/2015	
5. Social Security Number 6a. Age - Y	6b, Under 1 Yo	ar 6c. Under 1 Mor	nth 6d. Under 1 Day	6e. Under 1 Hour	7. Date o	f Birth (Month/Day	Year) 8. (Birthplace (City a	nd State or F	aroign Country)	
93	Months	Osys	Hours	Minutes		09/06/1921		ASHVILLE,	TN		
	10. If Death Occurred in A Hospital: 10a, If Death Occurred Somewhere Other Than A Hospital Hospital Decedant's Home Nursing Home/Long-term Care Facility										
		y Department Outpatie	ant Dead on Amival	Other (Specify)							
11. Facility Name (If Not Institution, Give WITTENBERG LUTHERAN											
12. City Or Town, State, And Zip Code	12. Clty Or Town, State, And Zip Code 13. County Of Death							14. Markal Sletus Al Timo Of Doeth			
CROWN POINT, IN, 46307				LAKE			- 1	Married Married, But Separated Div. Widowed Never Married Unkno			
15. Surviving Spouse's Name		1	5a. (If Wife)Give Maider			18. Decedent's Us	ual Occupation	on .	17. Kind Of I	BusinossAndustry	
MADOADET CARRADAY			TU I CON		ا .	SELE ENDLA	VED	l _D	AINITINI	~ AND TAVE	
MARGARET CASSADAY 18. Resklence - State	16	Ba. County	TILLSON	18b. City Or Ton		SELF-EMPLO	JIEU		AUA L HAV	G AND TAVE	
INDIANA	الما	KE		CROWN PO	TIME						
18c. Street And Number		114		TOROVIA	ZINI	18d. /	pt No.	18e. Zip Co	dia dia	18f. Inside City Lim	
536 RIDGELAWN								4620	,	Yes 🗋 No	
19. Decedent's Education		20. Decedent Of Hisp	oanic Origin	21. 0	ecadent's R	lace		4630	<u> </u>		
HIGH SCHOOL GRADUAT	E OR GED	NOT HISPANI	c	White							
22. Father's Name (First, Niddle, Last)		NOT THOU AND		23. Mother's Name (, Last)		23a. Mot	her's Maidon	Last Namo	
PARIS CASSADAY	DADIO SADADAY				CADAV			PICKR	CI I		
24. Informents Name		24a, Relationship		GRACE CAS 24b, Mailing Address		d Number, City, St	its, Zip Code				
DIANE MEASSADAY		DAUGHTER	R	536 RIDGELA	AWN. CI	ROWN POIN	T. IN 46	307			
		- di 31	25. Plac	o Of Disposition		estion - City, Town,					
25a. Method Of Disposition Burial Cremation Danston		Place of Ulsposison (Name Of Complary, Cree	napry, Other Maca)	20c, Loc	ston - Gry, Town,	Wild Stiffe				
Romovel Econ State	CKI	LIMET BASO	cume	nt 1s	MED	VLLVILLE, II	1				
Other (Specify): 28. Wee Coroner Contacted?	27. Name And Compl	BIO Address Of Funera	et Focility		IVIETO	NELVIELE, II	Ч		7a, Funeral	Home License Num	
☐ Yes ⊠ No	PRUZIN & LIT	TI E CHICOAL	CEPTACE OF	ESPANOIS	and the	CDUMID	OINT IN	1.46207	H83001	261	
27b, Signature Of Indiana Funeral Sarvice	Licerace:	TLE FUNERAL		EFRANCISC	DAIY DR	CROWN P	tse Number (1100001	201	
THOMAS G. PRUZIN, BY		0	Cause Of Doath (See	Instructions And F	"xamples"		09893			Approximate	
28. Part I. Enter The Chain Of Events Such As Cardiac Arrast, Respiratory A Line. Add Additinal Littles if Necess	- Diseases, Injuries	Occomplications	That Directly Counted	he Caeth Do Not !	mor Fermi	inal Events				Interval: Onse To Death	
A Line. Add Additinal Littles If Necess	ary.	Lipulisarion anthone c	STOWING THE CHOICILY.	110 IAOI MOCHBAIRIG.	CIRBI OILLY	Olle Cadae Oil					
limmediale Ceuse (Final:Disease Or (Condition Resulting In	Death) A.	ADVANCED ALZHE	MERS DISEASE	Due to (Or As)	Сористичное Обр				1-2YR\$	
Sequentially list Conditions II have I	onvina To The Case	n Listed On B.									
Sequentially List Conditions, if Any, L Line A. Enter The Underlying Cause The Events Regulling in Death) Last	Disease Or Injury Th	at Initiated			Due to (Or As)	Corsequence Off:		,			
		€,			Date to (Or As /	Consequence OC;					
30		D.	THIS IS	A TRUE COP	Y-OF		-				
Part II. Enter Other Significant Conditions C	ontributing to Denth Bu	at Not Resulting in Tre	Underlyith Chare CM	ADON FILE W	11 39-1 VY9-14	n Autopsy Perform	ed?	☐ Yes	⊠ No		
<u> </u>	32, 1/ Fan	n alar	LAKE COUNTY	HEALTH DE	PARKWANE		Mainner Of De		e Or Death?	Yes N	
31. Did Tobacco Use Contribute To Ceath	m La HOLPIE	egnant.Wittin Pant Year	Programt At These Of Death To 1 year Better Death	Hal Presquint, But Prespo	ant Victorio At Che	ye Of Death N	atural 🔲 Ho	omictate 🔲 Acci		ending investigation	
34. Date Of Injury (Month/Day/Year)	Met Pro	opent, Oct Fregment 43 Days	To 1 year Batter Death J J	Of Injury (E.G., Deco	h The Past Year	e, Construction Site		ould Not Be Doten Wooded Area)		tury At Work?	
			THE CK S	A among	1					Yes 🖺 No	
38, Location Of Injury - State	38a. City	OrTown	3669	destinated ?	, 2000		/	38c, Apl, Na	38d. 2	Zip Code	
			LAKE COUN	ITY HEALTH (OFFICER	7			}		
39. Describe How triury Occurred			الكبكي 🗼			40 -) [[or	Transportations	on Injury, Specify P≟Semer ∐Pecca	tan Dober(Specify)	
41. Signatura, Of Person Cartifying Cause	Of Deaths	_	SEAV	/ <u> </u>				<u> </u>			
RAJARAJESWARI MAJETY	, BY ELECTRO	ONIC SIGNAT		uni/		42. Certifier (C)				th Officer	
43. Name, Address And Zip Code Of Perso	n Certifying Cause Of I	Deaux.			/ -	n .	44, License	Number	46, 0	ske Certified	
RAJARAJESWARI MAJETY	, 2050 N. MAI	N STREET SU	JITE F, CROWN	POINT, IN 4	6307		0105542			07/13/2015	
48, Additional Funeral Service Provider.							.47. °/kas:				
48. Signature of Local Health Officer:	TRANIC CION	IATURE			4	8, For Registrar (The (Month/Day JUL 14 201	-		
SUSAN W. BEST, VIA ELEC	THOMIC SIGN		NT TO CERTIFICATE	OF DEATH (ENT	RY OR OR	GINAL)		UUL 14 201	<u> </u>		

State Form 53395 ATTENTION ESTATE; The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.