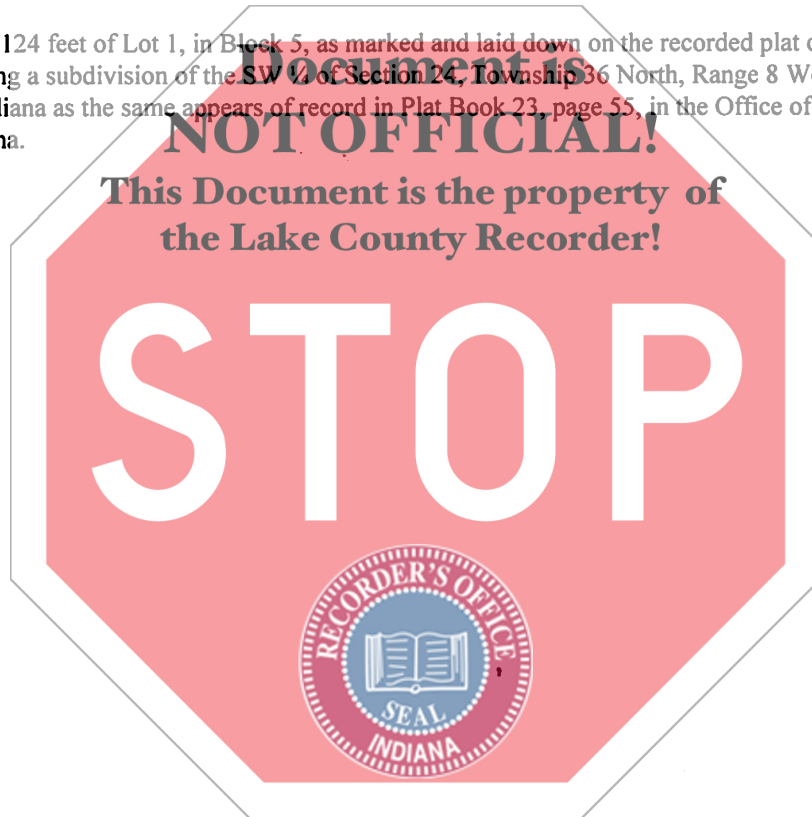


Exhibit A
Legal Description

Parcel # 45-08-24-353-002.000-020

Legal Description:

The South 124 feet of Lot 1, in Block 5, as marked and laid down on the recorded plat of Resubdivision of Garden Homes, being a subdivision of the SW 1/4 of Section 24, Township 36 North, Range 8 West of the 2nd P.M. in Lake County, Indiana as the same appears of record in Plat Book 23, page 55, in the Office of the Recorder of Lake County, Indiana.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001033

EDR No 000000595765

State No 042734

1. Decedent's Legal Name (First, Middle, Last) VIRGINIA L HARDING
1a. Maiden Name (If female) THOMAS
2. Sex FEMALE
3. Time Of Death 10:30 PM
4. Date Of Death (Month/Day/Year) 08/28/2017

5. Social Security Number 316-22-9226
6a. Age - Yrs 91
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 04/22/1926
8. Birthplace (City and State or Foreign Country) GARY, IN

9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
Hospice Facility
Decedent's Home
Nursing Home/Long-term Care Facility
Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) LIFE CARE CENTER OF VALPARAISO
12. City Or Town, State, And Zip Code VALPARAISO, IN, 46385
13. County Of Death PORTER
14. Marital Status At Time Of Death
Married
Married, But Separated
Divorced
Widowed
Never Married
Unknown

15. Surviving Spouse's Name
15a. Last Name Before First Marriage
16. Decedent's Usual Occupation HOMEMAKER
17. Kind Of Business/Industry HOME

18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town LAKE STATION
18c. Street And Number 3637 COLORADO STREET
18d. Apt. No.
18e. Zip Code 46405
18f. Inside City Limits? Yes

19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Parent's Name (First, Middle, Last) JOHN THOMAS
23a. Parent's Last Name Before First Marriage MEEKS

24. Informant's Name JEFF EASTON
24a. Relationship To Decedent SON
24b. Marital Address (City, State, Zip Code) 191 WEATHERLY WAY, BELHAM, AL 35124
25. Place Of Disposition
25a. Method Of Disposition
Burial
Cremation
Donation
Entombment
Removal From Site
Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) NORTHWEST INDIANA CREMATION SERVICE CROWN POINT, IN
25c. Location - City, Town, And State

26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342
27a. Funeral Home License Number: FH83002380
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD20700059

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 On A Line. Add Additional Lines If Necessary.

Immediate Cause (Final Disease Or Condition Resulting In Death)
A. ADVANCED
Due to (Or As A Consequence Of):
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last
B.
Due to (Or As A Consequence Of):
C.
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?
30. Were Autopsy Finding Available To Complete The Cause Of Death?

31. Did Tobacco Use Contribute To Death?
32. If Female:
Not Pregnant Within Past Year
Pregnant At Time Of Death
Not Pregnant, But Pregnant Within 42 Days Of Death
Not Pregnant, But Pregnant 43 Days To 1 year Before Death
Unknown If Pregnant Within The Past Year
33. Manner Of Death:
Natural
Homicide
Accident
Pending Investigation
Suicide
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?
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:
Driver/Operator
Passenger
Pedestrian
Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: SURYA K NALLARI, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
Certifying Physician
Coroner
Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SURYA K NALLARI, 1101 E GLENDALE BOULEVARD, VALPARAISO, IN 46383
44. License Number 01037891A
45. Date Certified 08/31/2017

46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): AUG 31 2017

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

STATE OF INDIANA