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2019-083012

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2019 Dec 3

10:15 AM

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

Estate of)
 ERVIN BRANDAU,)
 Deceased.)

AFFIDAVIT

Affiant, **Margie L. Yonke**, being first duly sworn, on oath, says as follows:

1. That Decedent, **Ervin Brandau**, died intestate, a resident of Lowell, Lake County, Indiana, on **July 10, 2001**, as evidenced by his death certificate attached hereto as **"EXHIBIT A"**.
2. That I am of legal age, mentally competent, and am the daughter of the Decedent.
3. That at the time of his death, Decedent was the sole owner of the following described real estate:

Key Numbers: 45-18-01-100-003.000-037
45-18-01-300-001.000-037

A parcel of land being the Southwest Quarter (SW ¼) of the Northwest Quarter (NW ¼) and the Northwest Quarter (NW ¼) of the Southwest Quarter (SW ¼) of Fractional Sectional 1, Township 33 North, Range 10 West of the Second Principal Meridian, in Lake County, Indiana and being more particularly described as follows: Commencing at the Northwest corner of said Section 1; thence along the West line of said Section 1 South 01°21'05" West a distance of 1324.84 feet to the Northwest corner of the Southwest Quarter (SW ¼) of the Northwest Quarter (NW ¼) of said Section 1, said corner also being the POINT OF BEGINNING; thence along the North line of the Southwest Quarter (SW ¼) of the Northwest Quarter (NW ¼) of said Section 1 South 88°57'47" East a distance of 1173.63 feet to the Northeast corner of the Southwest Quarter (SW ¼) of the Northwest Quarter (NW ¼) of said Section 1; thence along the East line of the Southwest Quarter (SW ¼) of the Northwest Quarter (NW ¼) of said Section 1 South 00°00'17" West a distance of 1324.32 feet to the Southeast corner of the Southwest Quarter (SW ¼) of the Northwest Quarter (NW ¼) of said Section 1; thence along the East line of the Northwest Quarter (NW ¼) of the Southwest Quarter (SW ¼) of said Section 1 South 00°00'17" West a distance of 1324.38 feet to the Southeast corner of the Northwest Quarter (NW ¼) of the Southwest Quarter (SW ¼) of said Section 1; thence along the South line of Northwest Quarter (NW ¼) of the Southwest Quarter (SW ¼) of said Section 1 North 88°49'38" West a distance of 1235.87 feet to the Southwest corner of the Northwest Quarter (NW ¼) of the Southwest Quarter (SW ¼) of said Section 1; thence along the West line of the Northwest Quarter (NW ¼) of the Southwest Quarter (SW ¼) of said Section 1 North 01°21'05" East a distance of 1322.69 feet to the Northwest corner of the Northwest Quarter (NW ¼) of the Southwest Quarter (SW ¼) of said Section 1; thence along the West line of the Southwest Quarter (SW ¼) of the Northwest (NW ¼) of said Section 1 North 01°21'05" East a distance of 1322.69 feet to the POINT OF BEGINNING, containing 73.21 acres more or less and being subject to public road rights of way, easements, and restrictions of record or implied if any.

31262

FILED

DEC - 3 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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BASIS OF BEARINGS:

Bearings are based on the North line of Section 1-33-10 being South 89°02'08" East as per plat of "Burdick's Acres" Plat Book 83 Page 09 as recorded in the Office of the Recorder of Lake County, Indiana.

R.R. (vacant), Cedar Lake, Indiana

4. That the most recent instruments recorded in the Office of the Recorder of Lake County, Indiana, where the real estate is located, are attached hereto, as "EXHIBIT B", which *instruments last conveyed the real estate.*
5. That the Decedent was married twice; first to **Delores Brandau**, who died in February of 1967. The following children, and no others, were born to the Decedent during such marriage and none were adopted by him:
 - A. **Margie L. Yonke**, daughter;
 - B. **Sandra L. Terry**, daughter; and
 - C. **Ronald E. Brandau**, son.
6. That Decedent's second marriage was to **Anna M. Brandau**. **Anna M. Brandau** died intestate, a resident of **Lake County, Indiana**, on **June 4, 2013**, as evidenced by her death certificate attached hereto as "EXHIBIT C". The following child, and no others, was born to the Decedent during such marriage:
 - A. **Leslie M. Brandau-Pickering**, daughter (who was the only living heir of **Anna M. Brandau**, at the time of her death).
7. No other children were born to, or adopted by, the Decedent during his lifetime other than those mentioned in Paragraphs 5 & 6 above.
8. That as required by applicable law, Affiant represents that at least **seven (7)** months have elapsed since the date of death of Decedent on **July 10, 2001**, and that no Letters Testamentary or Letters of Administration have been issued in Indiana to a court-appointed representative, *and a probate court has issued findings or orders preventing limitations in Sect. 15.1(b) of IC 29-1-7-23.*
9. That based on the foregoing, the Decedent has now left as his only legal heirs, the following, all of whom are adults and mentally competent: *and all of whom equally have acquired title by intestate transfer under IC 29-1-2-1*
 - A. **Margie L. Yonke**, daughter; $\frac{1}{4}$
 - B. **Sandra L. Terry**, daughter; $\frac{1}{4}$
 - C. **Ronald E. Brandau**, son; and $\frac{1}{4}$
 - D. **Leslie M. Brandau-Pickering**, daughter. $\frac{1}{4}$
10. That the Affidavit herein shall, pursuant to applicable law, be presented to the Auditor of Lake County, Indiana, where the subject parcel of real estate referenced above is located, for endorsement of said Affidavit and recordation of the title transfer records by the Lake County Auditor and pursuant to **I.C. Sect. 29-1-7-23(b)** be recorded as the most recent instrument responsible for the transfer of the real estate described herein to those individuals named in **Paragraph 9** above.

11. That all of the expenses of the last illness and burial of the Decedent have been paid in full and, further, there are no estate or federal estate taxes due and owing.
12. That Affiant makes this Affidavit to induce the proper governmental authority of Lake County, Indiana, to remove **Ervin Brandau** from the chain of title to the real estate and permit the devolution of interest for lawful transfer to those individuals named in **Paragraph 9** above.

Dated this 7th day of November, 2019

STATE OF ILLINOIS
 COUNTY OF WILL

Margie L. Yonke
 Margie L. Yonke
Document is NOT OFFICIAL!
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Before me the undersigned, a Notary Public, in and for said County and State, personally appeared the within named **Margie L. Yonke** known to be to be such person duly sworn upon her oath and state that the facts and representations contained herein above are true.

OFFICIAL SEAL
 STEVEN TONGREN
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES: 08/05/22

Steven Tongren
 Notary Public



Mail tax statements to: **Margie L. Yonke**
 14850 W. 151st Street
 Cedar Lake, IN 46303

I affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law, and this document was prepared by: **Steven Tongren, Tongren Law Offices, P.O. Box 519, Peotone, IL 60468.**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE July 16, 2001
 At Cook County Dept. of Public Health
 1010 Lake Street
 Oak Park, IL 60301

SIGNED Carol R. Compton
 Official Title Chief Deputy Registrar

REGISTRATION DISTRICT NO. 16.0
 REGISTERED NUMBER
 CASE #: 155 JUL 2001
 MEDICAL EXAMINERS - CORONER'S
 CERTIFICATE OF DEATH

DECEASED - NAME **1. ERVIN BRANDAU** FIRST MIDDLE LAST
 COUNTY OF DEATH
 CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
 AGE - LAST BIRTHDAY (YEAR MONTH DAY)
 SEX **2. MALE**
 DATE OF DEATH **JUL 10, 2001** (MONTH, DAY, YEAR)

4. COOK
 HOSPITAL OR OTHER INSTITUTION - NAME OR NO. IN EVENT, GIVE STREET AND NUMBER
6b. ST. JAMES OLYMPIA FIELDS MEDICAL CENTER
 MADE OF BIRTH (MONTH, DAY, YEAR) **AUGUST 30, 1926**

6a. OLYMPIA FIELDS HARRIED, NEVER HARRIED, WIDOWED, DIVORCED (SPECIFY)
8b. TERRY ANNA M. TOOMEY
 NAME OF SURVIVING SPOUSE
 DECEASED (YES/NO) **9. NO**

7. TINLEY PARK, IL. SOCIAL SECURITY NUMBER
 USUAL OCCUPATION **11a. FARMER**
 KIND OF BUSINESS OR INDUSTRY **11b. FARMING**
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 Elementary/Secondary (0-12) **12. 11**
 College (1-4 or 5+) **13d. 00**

10. 15230 COLFAX RESIDENCE (STREET AND NUMBER)
11a. FARMER
 CITY, TOWN, OR ROAD DISTRICT NO. **13b. LOWELL**
 INSIDE CITY (YES/NO) **13c. No**
 COUNTY **13d. LAKE**

13a. INDIANA STATE
 ZIP CODE **13f. 46356**
 RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC. SPECIFY)
14a. WHITE
 OF HISPANIC ORIGIN (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)

15. FATHER - NAME WALTER BRANDAU RELATIONSHIP **17b. WIFE**
17a. TERRY BRANDAU
 MOTHER - NAME **18. LILLIE BETTENHAUSEN**
 MIDDLE LAST
 MIDDLE LAST
 MIDDLE LAST

16. PART 1 Enter the disease, injury, or complication that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure, list only the cause on each line.
17c. 15230 COLFAX, LOWELL, INDIANA 46356
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
 (Immediate cause of death)
 (Underlying cause of death)
 (Cause of death)

18. PART 2 Enter the conditions that contributed to death but not resulting in the underlying cause given in PART 1.
19a. YES **19b. YES** **19c. YES**
 (Immediate cause of death) (Underlying cause of death) (Cause of death)
 (a) **MASSIVE HEMORRHAGE**
 (b) **MULTIPLE INJURIES**
 (c) **TRACTOR ACCIDENT**
 (d) **TRACTOR ACCIDENT**
 (e) **TRACTOR ACCIDENT**
 (f) **TRACTOR ACCIDENT**
 (g) **TRACTOR ACCIDENT**
 (h) **TRACTOR ACCIDENT**
 (i) **TRACTOR ACCIDENT**
 (j) **TRACTOR ACCIDENT**
 (k) **TRACTOR ACCIDENT**
 (l) **TRACTOR ACCIDENT**
 (m) **TRACTOR ACCIDENT**
 (n) **TRACTOR ACCIDENT**
 (o) **TRACTOR ACCIDENT**
 (p) **TRACTOR ACCIDENT**
 (q) **TRACTOR ACCIDENT**
 (r) **TRACTOR ACCIDENT**
 (s) **TRACTOR ACCIDENT**
 (t) **TRACTOR ACCIDENT**
 (u) **TRACTOR ACCIDENT**
 (v) **TRACTOR ACCIDENT**
 (w) **TRACTOR ACCIDENT**
 (x) **TRACTOR ACCIDENT**
 (y) **TRACTOR ACCIDENT**
 (z) **TRACTOR ACCIDENT**

20a. ACCIDENT INJURY AT WORK (YES/NO) **20b. JUL 2, 2001** DATE OF INJURY (MONTH, DAY, YEAR)
20c. 8:30 PM HOUR
20d. BALE OF HAY HOW INJURY OCCURRED (SPECIFY)
20e. BECHER, NAME OF INJURY (LAYMAN TERM)
20f. FARM PLACE OF INJURY (LAYMAN TERM)
20g. BECHER, LOCATION (CITY, TOWN, OR ROAD DIST. NO., COUNTY, STATE)
20h. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20i. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20j. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20k. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20l. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20m. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20n. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20o. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20p. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20q. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20r. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20s. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20t. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20u. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20v. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20w. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20x. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20y. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)
20z. YES IF FEMALE WAS THERE AT THE TIME (YES/NO)

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THAT I RECEIVED, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE, AND DUE TO THE CAUSE(S) STATED, AND THAT...
21b. JUL 10, 2001 THE DECEASED WAS PRONOUNCED DEAD ON (MONTH, DAY, YEAR)
21c. 8:50 PM DATE SIGNED (MONTH, DAY, YEAR)
21d. 8:50 PM DATE SIGNED (MONTH, DAY, YEAR)

22a. PHYSICIAN'S SIGNATURE **DR. EDMUND B. DONOGHUE, M.D.**
22b. JUL 12, 2001 DATE SIGNED (MONTH, DAY, YEAR)
22c. JUL 12, 2001 DATE SIGNED (MONTH, DAY, YEAR)

23a. TASHA L. ZEMRUS, M.D. PHYSICIAN'S SIGNATURE
23b. JUL 12, 2001 DATE SIGNED (MONTH, DAY, YEAR)

24a. BURIAL BIRTH OR PREVIOUS NAME **24b. TINLEY PARK, ILLINOIS** LOCATION
24c. TINLEY PARK, ILLINOIS CITY OR TOWN
24d. 7-16-2001 DATE (MONTH, DAY, YEAR)
24e. HIRSCHE FUNERAL HOMES, MEMORIAL CHAPEL, 7151 W. 183RD ST., TINLEY PARK, IL. 60477 FUNERAL HOME NAME
24f. HIRSCHE FUNERAL HOMES, MEMORIAL CHAPEL, 7151 W. 183RD ST., TINLEY PARK, IL. 60477 STREET AND NUMBER OR R.F.D.
24g. HIRSCHE FUNERAL HOMES, MEMORIAL CHAPEL, 7151 W. 183RD ST., TINLEY PARK, IL. 60477 CITY OR TOWN
24h. HIRSCHE FUNERAL HOMES, MEMORIAL CHAPEL, 7151 W. 183RD ST., TINLEY PARK, IL. 60477 STATE

25a. HIRSCHE FUNERAL HOMES, MEMORIAL CHAPEL, 7151 W. 183RD ST., TINLEY PARK, IL. 60477
25b. HIRSCHE FUNERAL HOMES, MEMORIAL CHAPEL, 7151 W. 183RD ST., TINLEY PARK, IL. 60477
25c. 034-95685 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25d. 034-95685 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26a. REGISTRAR **Carol R. Compton**
26b. July 16, 2001 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26c. July 16, 2001 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26d. REGISTRAR **Carol R. Compton**
26e. July 16, 2001 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26f. July 16, 2001 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

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2000 083854
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Chicago Title Insurance Company

440820004573 40
SEND TAX STATEMENTS TO:
15230 Colfax
Lowell, IL 46356

Send deed to:
15230 Colfax
Lowell, IL 46356

TRUSTEE'S DEED

Bank One Trust Company, N.A., as Trustee of the Stevan Traficanti Trust Under Will, as such Trustee, by order of the Superior Court of Lake County, in the State of Indiana, entered in Cause No. 45D02-9201-TR-2, for and in consideration of One Dollar (\$1.00) CONVEYS TO ERVIN BRANDAU, of Lake County, in the State of Indiana, the following REAL ESTATE in Lake County, in the State of Indiana, to-wit:

An undivided one-half (1/2) interest in the following described real estate:

A parcel of land being the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) and the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of Fractional Section 1, Township 33 North, Range 10 West of the Second Principal Meridian, in Lake County, Indiana and being more particularly described as follows: Commencing at the Northwest corner of said Section 1; thence along the West line of said Section 1 South 01 degree 21'05" West a distance of 1384.84 feet to the Northwest corner of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4), of said Section 1 said corner also being the POINT OF BEGINNING; thence along the North line of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of said Section 1 South 88 degrees 57'47" East a distance of 1173.63 feet to the Northeast corner of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of said Section 1; thence along the East line of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of said Section 1 South 00 degrees 00'17" West a distance of 1324.32 feet to the Southeast corner of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of said Section 1; thence along the East line of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1 South 00 degrees 00'17" West a distance of 1324.38 feet to the Southeast corner of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1; thence along the South line of Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1 North 88 degrees 49'38" West a distance of 1235.87 feet to the Southwest corner of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1; thence along the West line of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1 North 01 degree 21'05" East a distance of 1322.69 feet to the Northwest corner of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1; thence along the West line of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of said Section 1 North 01 degree 21'05" East a distance of 1322.69 feet to the POINT OF BEGINNING, containing 73.21 acres more or less and being subject to public road rights of way, easements, and restrictions of record or implied if any.

NOT RECORDED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

NOV 15 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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BASIS OF BEARINGS:

Bearings are based on the North line of Section 1-33-10 being South 89 degrees 03'08" East as per plat o "Burdick's Acres" Plat Book 83 page 09 as recorded in the Office of the Recorder of Lake County, Indiana.

IN WITNESS WHEREOF, BANK ONE TRUST COMPANY, N.A., as Trustee aforesaid has hereunto caused an authorized officer to set her hand and seal this 10th day of November, 2000.

BANK ONE TRUST COMPANY, N.A., Trustee of the Steven Trafficanti Trust Under Will

BY: Debra J. Mikels
Debra J. Mikels

STATE OF INDIANA)
COUNTY OF) SS:

Before me, a Notary Public in and for said County and State, personally appeared DEBRA J. MIKELS, as Trustee who acknowledged the execution of the foregoing Trustee's Deed on behalf of Bank One Trust Company, N.A., and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and official seal this 10th day of November, 2000.

Connie K Shoemaker
Notary Public
County of Residence:

CONNIE K. SHOEMAKER
Notary Public, State of Indiana
County of Tippecanoe
My Commission Expires Sep 16, 2007

My Commission Expires:

9-16-07

This instrument prepared by: Donald R. O'Dall, Attorney at Law
P.O. Box 128, Lowell, IN 46356

2000 083855

#1620001573 LD
MAIL TAX BILLS TO:
15230 Colfax
Lowell, IN 46356

STATE OF INDIANA
LAKE COUNTY
FILED
2000 NOV 16 AM 9:05
MORNING STAR
RECORDER
RETURN TO:
15230 Colfax
Lowell, IN 46356

16-1-84-3

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH, that the Grantor, BANK ONE TRUST COMPANY, N.A., of Tippecanoe County, Indiana, as Successor Trustee of the Barbara J. Traflet Trust Agreement dated January 3, 1992, by virtue of the power and authority vested in it by said trust agreement, for and in consideration of the sum of Ten Dollars (\$10.00), and other good and valuable consideration, the receipt of which is hereby acknowledged, conveys to ERVIN BRANDAU, of Lake County, Indiana, the following described real estate in Lake County, Indiana, to-wit:

An undivided one-half (1/2) interest in and to the following described real estate:
A parcel of land being the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) and the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of Fractional Sectional 1, Township 33 North, Range 10 West of the Second Principal Meridian, in Lake County, Indiana and being more particularly described as follows: Commencing at the Northwest corner of said Section 1; thence along the West line of said Section 1 South 01°21'05" West a distance of 1384.84 feet to the Northwest corner of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of said Section 1 said corner also being the POINT OF BEGINNING; thence along the North line of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of said Section 1 South 88°57'47" East a distance of 1173.63 feet to the Northeast corner of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of said Section 1; thence along the East line of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of said Section 1 South 00°00'17" West a distance of 1324.32 feet to the Southeast corner of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of said Section 1; thence along the East line of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1 South 00°00'17" West a distance of 1324.38 feet to the Southeast corner of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1; thence along the South line of Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1 North 82°49'38" West a distance of 1235.87 feet to the Southwest corner of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1; thence along the West line of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1 North 01°21'05" East a distance of 1322.69 feet to the Northwest corner of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of said Section 1; thence along the West line of the Southwest Quarter (SW 1/4) of the Northwest (NW 1/4) of said Section 1 North 01°21'05" East a distance of 1322.69 feet to the POINT OF BEGINNING, containing 73.21 Acres more or less and being subject to public road rights of way, easements, and restrictions of record or implied if any.

Basis of Bearings:

Bearings are based on the North Line of Section 1-33-10 being South 89°02'08" East as per plat of "Burdick's Acres" Plat Book 83 Page 09 as recorded in the Office of the Recorder of Lake County, Indiana.

Tax Key No.:
Common Address:

DULY EXAMINED FOR DONATION SUBJECT TO
PAUL ACCEPTANCE FOR TRANSFER

NOV 15 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

01345

16.00
TK
c-t

@Chicago Title Insurance Company

Subject to:

1. All unpaid taxes and assessments
2. All covenants, easements and restrictions of record
3. All legal highways of record

Bank One Trust Company, N.A. certifies that this Deed is executed in accordance with and pursuant to the terms and provisions of the unrecorded Trust Agreement under which title to the above-described real estate is held and that the Trustee has full power and authority to execute this Deed.

In Witness Whereof, I have signed this Trustee's Deed this 10th day of November, 2000.

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BANK ONE TRUST COMPANY, N.A., Successor Trustee of the Barbara J. Traficanti Trust Agreement dated January 3, 1992

By: Mary L. Piantek
Mary L. Piantek, Trust Officer

STATE OF INDIANA)
COUNTY OF Deppaune)

Before me, a Notary Public in and for said State and County, this 10th day of November, 2000, personally appeared Mary L. Piantek as the duly appointed and acting Trust Officer of Bank One Trust Company, N.A., and duly acknowledged her execution of the above and foregoing acceptance, for and on behalf of said Bank One Trust Company, N.A., and as her voluntary act and deed.

My Commission Expires: 9-16-07

Connie K. Shoemaker
Notary Public
Resident of Deppaune County, Indiana



THIS INSTRUMENT PREPARED BY: James W. Martin, Attorney at Law, 8585 Broadway, Suite 660, Merrillville, Indiana 46410.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

EXHIBIT C

Local No 001963

EDR No 00000327371

State No 026787

1. Decedent's Legal Name (First, Middle, Last) ANNA M BRANDAU				1a. Maiden Name (If female) TOOMEY		2. Sex FEMALE	3. Time Of Death 08:15 PM	4. Date Of Death (Month/Day/Year) 06/04/2013			
5. Social Security Number [REDACTED]	6a. Age - Yrs 73	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) 07/26/1939		8. Birthplace (City and State or Foreign Country) CHICAGO, IL			
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) 636 WEST BROOKSIDE DRIVE											
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME			
18. Residence - State FLORIDA			18a. County ST. JOHNS		18b. City Or Town SAINT AUGUSTINE			18c. Street And Number 112 CASA BELLA LANE			
18d. Apt. No.		18e. Zip Code 32086		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education ASSOCIATE DEGREE (AA, AS)			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White						
22. Father's Name (First, Middle, Last) JAMES F TOOMEY			23. Mother's Name (First, Middle, Last) EDITH P. TOOMEY			23a. Mother's Maiden Last Name SMITH					
24. Informant's Name LESLI M BRANDAU-PICKERING			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) PO BOX 609, BEECHER, IL 60401						
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) KELLY CARROLL CREMATORY		25c. Location - City, Town, And State GARY, IN						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH83001261			
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD91009893					
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. ACUTE CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of) B. DILATED CARDIOMYOPATHY Due to (Or As A Consequence Of) C. HIGH BLOOD PRESSURE Due to (Or As A Consequence Of) D.						28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. SEVERE CORONARY ARTERIOSCLEROSIS					
29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						29. License Number (Of Licensee): FD91009893					
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						31. 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					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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. 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 type="checkbox"/> No	
34. 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"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: JAMES BRYANT, BY ELECTRONIC SIGNATURE						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: JAMES BRYANT, 333 N. MICHIGAN AVE. SUITE 3400, CHICAGO, IL 60601						44. License Number 01048374A		45. Date Certified 06/08/2013			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 10 2013					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)