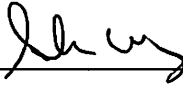
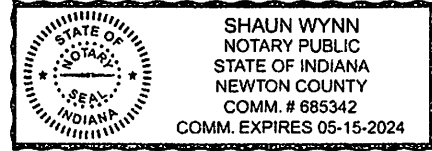


Subscribed and sworn to before me, a Notary Public, this 18th day of September, 2020.



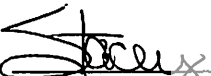
Notary Public

My Commission Expires:
County of Residence:



Proof of Execution Certificate by Witness:

Witness to the signature(s) on the foregoing instrument to which the Proof is attached.


Stacey Ursitti



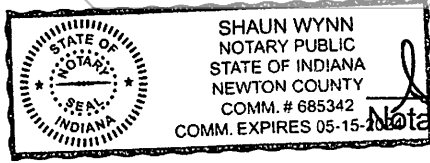
Proof:

STATE OF Indiana)
COUNTY OF Lake)

SS:

Before me, a Notary Public in and for said County and State, on this 18th day of September, 2020, personally appeared Stacey Ursitti, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Sandra Mounts, in the above-named subscribing witness's presence, and that the abovenamed subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and seal this 18th day of September, 2020.



Notary Public

My Commission expires: _____

Resident:

This instrument prepared by: Joel Holt

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.
Joel Holt



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 153125

Local No 900866

EDR No 00000632823

State No

Form containing fields for decedent's name (JENNIFER HOLT BROWN), sex (FEMALE), date of death (03/12/2018), birth date (10/05/1945), birthplace (CORTLAND, NY), residence (133 NORTH LIBERTY STREET, LOWELL, IN 46356), cause of death (CVA), and certifier information (RAKESH N. PARIKH).

