

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

702700

AFFIDAVIT OF SURVIVORSHIP

Raymond E. Ewigleben, being first duly sworn upon his oath,
deposes and says, to-wit:

That he now resides at 1357 West Third Street, Hobart, Lake
County, Indiana, and is the surviving husband of Grace E. Ewigleben,
deceased, who died on the 12th day of June, 1981, and whose record
of death is duly entered in the records maintained by the Indiana
State Board of Health, Lake County Health Department, Local Record
No. 891-81.

STATE OF INDIANA
LAKE COUNTY
REC'D
MAR 30 1983
FILED

TICOR TITLE INSURANCE
Crown Point, Indiana

That this Affiant and his now deceased wife, Grace E. Ewigleben,
were husband and wife at the time they acquired title as tenants by
the entireties to the following described real estate, to-wit:

PARCEL 1:
The West One hundred (100) feet of the following described
real estate, to-wit: Part of the Northwest quarter of
Section thirty-one (31). Township thirty-six (36) North,
Range Seven (7) West of the Second Principal Meridian, more
particularly described as follows: Beginning at the North-
west corner of the Northeast quarter of the Southwest quar-
ter of said Section thirty-one thence South 558.2 feet,
thence East 562.7 feet, to the East line of the Southwest
quarter of the Northwest quarter of said Section thirty-one
(31), thence North to the northeast corner of the Southwest
quarter of the Northwest quarter of said Section thirty-one
(31), thence West along the North line of said Southwest
quarter of the Northwest quarter of said Section thirty-one
(31) to the point of beginning, containing 7.21 acres, more
or less, situated in the City of Hobart, Lake County, Indiana;
*Northwest 1/4 of and

PARCEL 2:
The East 50 feet of the West 150 feet of the following des-
cribed property, to-wit: Part of the Northwest quarter of
Section thirty-one (31), Township thirty-six (36) North,
Range Seven (7) West of the Second Principal Meridian, more

114134-83

17-18-45

17-18-11

1150

particularly described as follows: Beginning at the Northwest corner of the Northeast quarter of the Southwest quarter of the Northwest quarter of said Section thirty-one (31), thence South 558.2 feet, thence East 562.7 feet to the East line of the Southwest quarter of the Northwest quarter of said Section thirty-one (31), thence North to the Northeast corner of the Southwest quarter of the Northwest quarter of said Section thirty-one (31), thence West along the North line of said Southwest quarter of the Northwest quarter of said Section thirty-one (31) to the point of beginning, containing seven and twenty-one hundredths (7.21) acres, more or less, situated in the City of Hobart, Lake County, Indiana.

That the marital relationship which existed between this Affiant and his wife, Grace E. Ewigleben, deceased, continued unbroken from the time they so acquired title to said real estate until the death of the said Grace E. Ewigleben, deceased, on the 12th day of June, 1981, at which time this Affiant acquired title to said real estate as surviving tenant by the entirety.

That the said Grace E. Ewigleben, deceased, died testate, that a copy of her Last Will and Testament is attached hereto, and that no administration of her estate has been commenced, that none is now pending and that none is contemplated; that the gross value of the estate of the said Grace E. Ewigleben, deceased, taking into consideration in the valuation thereof the value of all of her gifts in contemplation of death, including all gifts made by her in the three years next preceding her death, and the value of all of her investments and joint properties and estates by the entirety, including the real estate above described, plus the proceeds of the life insurance on her life, did not equal or exceed the sum of One Hundred Sixty One Thousand Dollars (\$161,000.00), as a consequence of which her estate was not subject to Federal Estate Tax. Further, that all costs and claims of creditors existing by reason of the fact of the

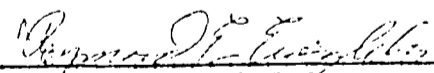
death of the said Grace E. Ewigleben, deceased, including expense of last illness and cost of burial, have been paid in full by this Affiant.

That this Affiant has never remarried between the time of his wife's death and the present time and that this Affiant remains a widower and not remarried.


That this Affidavit is made for the purpose of establishing the above facts, for the purpose of completing the chain of title to the hereinabove described parcels of real estate and for the purpose of inducing the Ticor Title Insurance Company, Crown Point, Indiana, to rely hereon and in reliance hereon to issue a policy and/or policies of owner's-mortgagee's title insurance pursuant to its Preliminary Commitment No. CO114134-83 free of any objection based upon the fact of death of the said Grace E. Ewigleben, deceased.

Further, this Affiant sayeth not.

IN WITNESS WHEREOF, the said Raymond E. Ewigleben has hereunto set his hand and seal by Raymond James Ewigleben, his Attorney-in-Fact, this 11th day of March, 1983.



Raymond E. Ewigleben

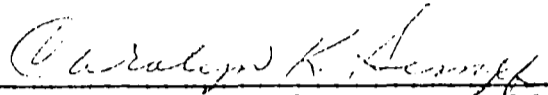
BY 

Raymond James Ewigleben
his Attorney-in-Fact

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Sworn and subscribed to before me, a Notary Public in and for

said County and State this 11th day of March, 1983, by the above
named Raymond E. Ewigleben by Raymond James Ewigleben, his Attorney-
in-Fact, who swore to the truth of the matters and things therein
alleged.


Carolyn K. Sempf, Notary Public

My Comm. expires:
August 1, 1986
County of Res: Lake

Prepared by:

Harry R. Kneifel, Sr.
KNEIFEL & BEHNKE
ATTORNEYS AT LAW, INC.
651 East Third Street
P. O. Box 427
Hobart, Indiana 46342
Phone: (219) 942-1128

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State of INDIANA
No. *INDIANAPOLIS, INDIANA 46342*

Local No. *891-81*

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

FUNERAL HOME
No. *306*

LICENSE No. *646*
JUN 13 1991

FUNERAL DIRECTOR'S
LICENSE No. *2012*

EMBALMER'S NAME
J. Krause

FUNERAL DIRECTOR'S
SIGNATURE
Charles W. Kelly

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENT

DISPOSITION

M.D.
OR
D.O.

CONDITIONS IF ANY WHICH HAVE A RELEVANT IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

LAKE COUNTY HEALTH COMMISSION

DECEASED—NAME Grace E. Ewigleben			SEX Female	DATE OF DEATH (MONTH DAY YEAR) June 12, 1981	
RACE—(a) White (b) Black American (c) Indian (see 15a)(Specify)	AGE—Last Birthday (7/7/7) 57	UNDER 1 YEAR MO: 5 DAY: 72	UNDER 1 DAY HOURS: 5 MINS: 72	DATE OF BIRTH (MO DAY YEAR) 11-9-1908	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION—(Name, if not in index, give street and number) St. Mary Medical Center		IF HOSP OR INST. (Specify DOA (M, L, Am, Inpatient) (Specify)) Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife, give maiden name) Raymond E. Ewigleben		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) (17) no
SOCIAL SECURITY NUMBER 311-26-1110		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-maker		KIND OF BUSINESS OR INDUSTRY (Specify) None	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hobart		STREET AND NUMBER 1357 West 3rd Street	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO		IS RESIDENCE ON A FARM? NO		INSIDE CITY LIMITS (Specify Yes or No) (18) yes	
FATHER—NAME James Blaemire (deceased)			MOTHER—MAIDEN NAME Jessie Hartman (deceased)		
DECEASED'S MARRIAGE (Type or print) husband		MAILING ADDRESS 1357 W. 3rd St., Hobart, IN 46342			
DISPOSITION Burial		CEMETERY OR CREMATORY—FUNERAL HOME Evergreen Cemetery		LOCATION Hobart, IN 46342	
DATE (MONTH DAY YEAR) 6-15-1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342		HOUR OF DEATH 5:35 p.m.	
NAME OF ATTENDING PHYSICIAN (Type or print) P. M. Hamang, MD		DATE SIGNED (MO DAY YEAR) 6/16/81		HOUR OF DEATH 5:35 p.m.	
MAILING ADDRESS—PHYSICIAN 904 W. Ridge Rd. Hobart, IN 46342		HEALTH OFFICER—SIGNATURE <i>Rees J. Kelly M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 6-18-81	
PART I (a) IMMEDIATE CAUSE Metastatic Adrenal Gland Adenocarcinoma		INTERVAL BETWEEN ONSET AND DEATH 4 mo		INTERVAL BETWEEN ONSET AND DEATH	
(b) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(c) DUE TO OR AS A CONSEQUENT OF		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I)		AUTOPSY (Specify Yes or No) NO		AUTOPSY (Specify Yes or No) NO	

*S31 T 36 R 7 11 and 45
Feb 17-18-11*

Last Will and Testament of

GRACE E. EWIGLEBEN

I, Grace E. Ewigleben, at this time a resident of Hobart, Lake County, Indiana, and being of sound and disposing mind and memory do make, publish and declare this to be my Last Will and Testament, hereby revoking all former Wills by me made.

ITEM ONE: It is my desire that all expenses of my last sickness, funeral expenses, expenses of administration and all just debts be first paid out of any money or property that can best be used for such purposes.

ITEM TWO: I give devise and bequeath to my beloved, husband, Raymond E. Ewigleben, all of my property of every kind and description whatsoever, real, personal and mixed, he to have and to hold the same absolutely.

ITEM THREE: If my husband, Raymond E. Ewigleben, should predecease me or he and I should die simultaneously or as the result of the same accident or incident, within thirty days, then and in that event, I give devise and bequeath to my children Dorothy C. Gaines and Raymond J. Ewigleben all of my property of every kind and description whatsoever, real, personal and mixed, they to have and to hold the same absolutely.

ITEM FOUR: As he has been provided for during my lifetime, I direct that my son, George F. Ewigleben, take nothing by reason of this Will.

ITEM FIVE: I have forgotten no one herein by mistake or inadvertence and have named each and every person to whom I wish my Estate to descend.

I constitute and appoint my husband, Raymond E. Ewigleben, as Executor of the Will. If, however, for any reason, he should prove incapable of serving in this capacity, I then appoint my son Raymond J. Ewigleben, as Executor of this Will.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 21st day of October, 1976.

Grace E. Ewigleben
Grace E. Ewigleben

The foregoing instrument was signed, sealed and acknowledged by the said Grace E. Ewigleben, as and for her last Will and Testament, in our presence, who, at her request, in her presence and in the presence of each other, have subscribed our names as witnesses hereto this 21st day of October, 1976.

Matthew A. Wallace
Witness

FILED
MAR 30 1976

Robert A. Hobart
Address

J. P. ...
Witness

James O. ...
SECTION LAKE COUNTY

100 E. Hobart
Address

1094-A

Last Will and Testament of

GRACE E. EWIGLEBEN

I, Grace E. Ewigleben, at this time a resident of Hobart, Lake County, Indiana, and being of sound and disposing mind and memory do make, publish and declare this to be my Last Will and Testament, hereby revoking all former Wills by me made.

ITEM ONE: It is my desire that all expenses of my last sickness, funeral expenses, expenses of administration and all just debts be first paid out of any money or property that can best be used for such purposes.

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Grace E. Ewigleben
Grace E. Ewigleben

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Matthew A. Powell
Witness

MAR 30 1963

508 E 3rd Hobart Indiana
Address

J.P. [Signature]
Witness

James O. [Signature]
RECTOR LAKE COUNTY

10 E. Hill Hobart Ind
Address

1094-A