

093860

David E. Mears
3527 Ridge Rd
Highland In 46322

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF HEIRSHIP

Inalee Lowell, being first duly sworn upon her oath does depose and say:

1. That she is making this Affidavit of heirship to clear up title regarding the property legally described as follows:

Lot No. Twenty-one (21), as marked and laid down on the recorded plat of Lauritzen's Subdivision in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 3, Page 77, in the Recorder's Office of Lake County, Indiana."

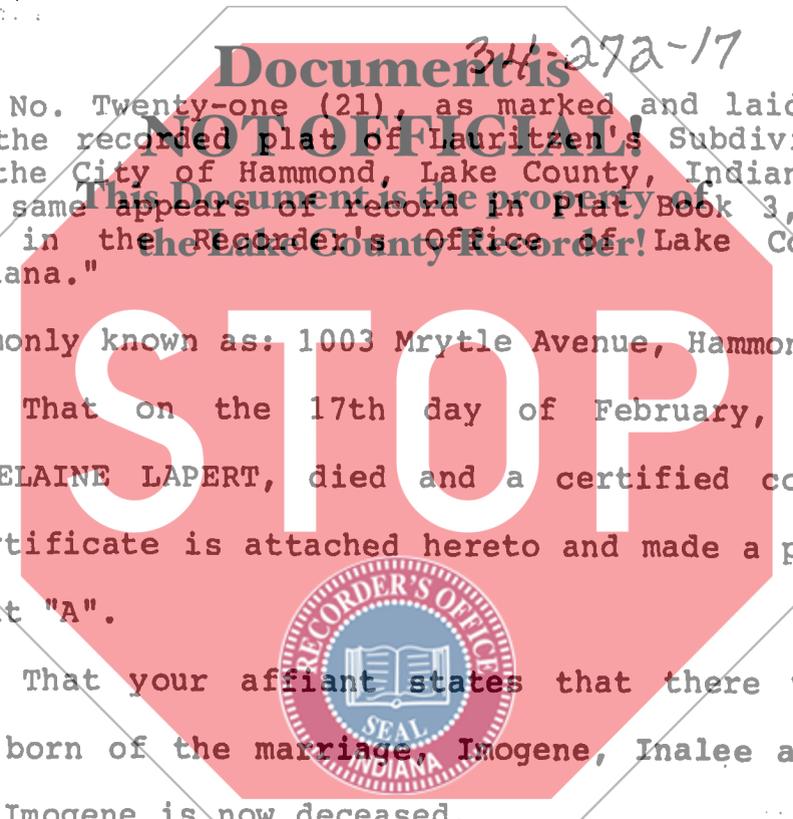
Commonly known as: 1003 Myrtle Avenue, Hammond, IN.

2. That on the 17th day of February, 1989, her mother, ELAINE LAPERT, died and a certified copy of the death certificate is attached hereto and made a part hereof as Exhibit "A".

3. That your affiant states that there were three children born of the marriage, Imogene, Inalee and Ilomae, and that Imogene is now deceased.

4. That her father, James F. LaPert, died on the 26th day of September, 1969.

5. That attached hereto and made a part hereof is certified copy of the Last Will and Testament of Elaine LaPert, which was duly admitted to the Probate Court of Lake County, Indiana, on the 3rd day of March, 1989, which is attached as Exhibit "B".



STATE OF INDIANA/S. NO. LAKE COUNTY FILED FOR RECORD
APR 5 2 33 PM '90
ROBERT BOB FREELAND RECORDER

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

APR 05 1990

Anna M. Antos
AUDITOR LAKE COUNTY

14.50
ck
000350

6. That pursuant to Article Three of said Will, your affiant herein and her Sister, Ilomae Pawley, were given a remainder interest in said above-described real estate. That pursuant to Article Two of said Will, Edward Tobias, your affiant's Brother-in-law was given a life-estate interest in said real estate, which has been disclaimed by Edward Tobias by Disclaimer of Property Interest filed October 31, 1989, and recorded in the Recorder's Office of Lake County, Indiana, November 14, 1989.

7. That further your affiant sayeth not.

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder.
Inalee Lowell
INALEE LOWELL

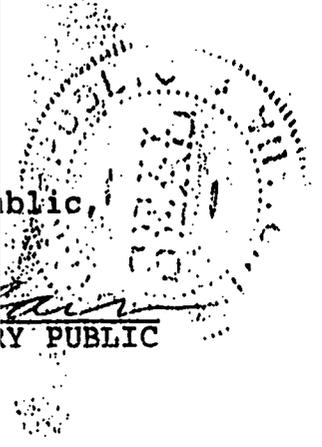
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public,
this 5th day of April, 1990.

MY COMMISSION EXPIRES:
January 12, 1993



David E. Mears
DAVID E. MEARS, NOTARY PUBLIC



89-002518

FEB 20 1989
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Vital Statistics

CERTIFICATE OF DEATH

1. DECEDENT'S NAME FIRST MIDDLE LAST ELAINE ELIZABETH LAPERT		2. SEX FEMALE	3. DATE OF DEATH (Mo., Day, Yr.) FEBRUARY 17, 1989
4. SOCIAL SECURITY NUMBER 313-01-5698	5a. AGE - LAST BIRTHDAY (Yr.) 87	5b. YEARS UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) July 20, 1901
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9a. PLACE OF DEATH (Check only one) HOSPITAL <input checked="" type="checkbox"/> Incubator <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
10. FACILITY NAME (if not institution, give street and number) St. Joseph Hospital	11. CITY, TOWN, OR LOCATION OF DEATH Concordia		12. COUNTY OF DEATH Cloud
10. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	11. SUPPORTING SPOUSE (if wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housewife	12b. KIND OF BUSINESS INDUSTRY (Do not give name of company) Own Home
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION AND ZIP CODE Whiting 46394	13d. STREET AND NUMBER 1003 Myrtle Avenue
14. ANCESTRY - (Cuban, Mexican, Puerto Rican, etc.) American	15. RACE (Specify) White	16. DECEDENT'S EDUCATION (Specify highest grade completed) College (1-4 or 5-)	
17. FATHER'S NAME FIRST MIDDLE MAIDEN SURNAME Richard Fehrman	18. MOTHER'S NAME FIRST MIDDLE MAIDEN SURNAME Catherine Simon	19. INFORMANT'S NAME (Type) Inalee M. Lowell	
19b. MAILING ADDRESS (Street and Number, or Rural Route, City or Town, State, Zip Code) 1530 Highland Drive, Concordia, Kansas 66901		20c. LOCATION - City or Town, State Gary, Indiana	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mount Mercy Cemetery		20c. LOCATION - City or Town, State Gary, Indiana
21a. FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature) James H. Buoy #1595	21b. NAME OF EMBALMER & LICENSE NO. James H. Buoy # 2538		
22. NAME AND ADDRESS OF FIRM Chaput-Buoy Funeral Home Box 606 325 W. 6th St. Concordia, Kansas 66901			
23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X <i>Wayne L. Fowler, M.D.</i>		23b. DATE SIGNED (Mo., Day, Yr.) 2/17/89	
23c. TIME OF DEATH 6:17		24. On the basis of examination and investigation, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X <i>Wayne L. Fowler</i>	
23d. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print)		24a. DATE SIGNED (Mo., Day, Yr.) APR 05 1989	24b. TIME OF DEATH P.M.
25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, OR CORONER) (Type or Print) Wayne L. Fowler, M.D., 1010 3rd. Ave., Concordia, Kansas 66901		24c. PRONOUNCED DEAD (Mo., Day, Yr.)	24d. PRONOUNCED DEAD (Hour) P.M.
26. PART II. Underlying cause, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Interval Between Onset and Death	
a. <i>Myocardial infarction</i>			
b. <i>Myocardial infarction</i>			
c. <i>Myocardial infarction</i>			
d. <i>Myocardial infarction</i>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <i>1) Diabetes Mellitus</i> <i>2) Aortic aneurysm</i> <i>3) Chronic renal failure</i> <i>4) Hypertension</i>			
27a. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28. WAS CASE REFERRED TO CORONER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	30a. DATE OF INJURY (Mo., Day, Yr.)	30b. TIME OF INJURY A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	30c. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30d. PLACE OF INJURY - Own home, other residence, farm, street, factory, office building, etc. (Specify)		30e. DESCRIBE HOW INJURY OCCURRED	
31a. REGISTRAR'S SIGNATURE <i>Rebecca Leon, Deputy Registrar</i>		31b. LOCAL FILE NO. (If applicable)	31c. DATE FILED (Mo., Day, Yr.) 2-17-1989



000251

45-2002-893 ES-420 Last Will and Testament of

MAR 3 1989

ELAINE LA PERT

Robert C. Ortel

I, ELAINE LA PERT, now a resident of 1003 Myrtle Avenue, Hammond (Whiting P. O.), Lake County, Indiana, being of sound and disposing mind and memory, do make, publish and declare this to be my Last Will and Testament and I hereby revoke any and all Wills and Codicils which might have heretofore been made by me.

ITEM ONE

I direct my personal representatives to pay all my legal and enforceable debts, funeral expenses and expenses of my last illness, as soon after my death as is practicable, and that all inheritance taxes and other governmental charges, taxes and liens imposed upon my estate or upon the interests of any person named as a beneficiary hereunder, or as a joint tenant or beneficiary in a trust, shall be considered and treated as expenses and costs of administering my estate and shall be paid by my personal representatives before distribution hereunder.

ITEM TWO

Presently, I own the real estate and house which I am presently occupying, namely, 1003 Myrtle Avenue, Hammond (Whiting P. O.), Indiana.

I give, devise and bequeath a life estate in the above mentioned real estate, which is located at 1003 Myrtle Avenue, Hammond (Whiting P. O.), Indiana, and the improvements thereon, to my son-in-law, EDWARD TOBIAS.

In giving this life estate to my son-in-law, EDWARD TOBIAS, it is with the understanding that after my death, he will pay all of the taxes due on said real estate during his lifetime, and that he will also carry homeowner's insurance on said property for the market value of said property and that he will pay the premium

Elaine La Pert
Elaine La Pert

thereon during the term of his life estate, and that he will make all of the necessary repairs on said real estate, and that he will maintain said real estate during his life estate.

ITEM THREE

I give, devise and bequeath all of the remainder interest in the above mentioned real estate to my two (2) daughters, namely, INALEE LOWELL and ILOMAE PAWLEY, share and share alike.

That upon the death of my son-in-law, EDWARD TOBIAS, possession and the fee simple title to the above mentioned real estate shall vest in my two (2) above named daughters.

ITEM FOUR

I give, devise and bequeath all of the remainder of my property, including all tangible and intangible personal property, whatsoever and wheresoever, to INALEE LOWELL, my daughter.

ITEM FIVE

I hereby nominate and appoint my son-in-law, EDWARD TOBIAS, to act as Co-Executor of my estate with my daughter, INALEE LOWELL, as Co-Executrix of my estate.

I further suggest and request that the above named personal representatives be permitted to serve without furnishing bond.

In the event legal counsel is necessary for administering my estate, I suggest and direct that my personal representatives retain Attorney Walter J. Keckich as counsel.

IN WITNESS WHEREOF, I, ELAINE LA PERT, have hereunto set my hand and seal to this, my Last Will and Testament, consisting of three (3) typewritten pages, this 17th day of February, 1986.

Elaine La Pert (SEAL)
ELAINE LA PERT

Signed, sealed, published and declared by the above testatrix, ELAINE LA PERT, as her Last Will and Testament, before us as subscribing witnesses thereto, and in the presence of said testatrix and in the presence of each other, the undersigned, at the request of said testatrix, affixed our signatures as subscribing witnesses to said Last Will and Testament, this 17th day of February, 1986. We each certify that at the time of the execution of this Will, the said testatrix was of sound mind and memory and free from all coercion and restraint.

Walter J. Keckich Cathy L. Heath
~~NOT OFFICIAL!~~
Address 1739 Central Ave 4414 Columbus Avenue
Whiting, Ind Hammond, Indiana



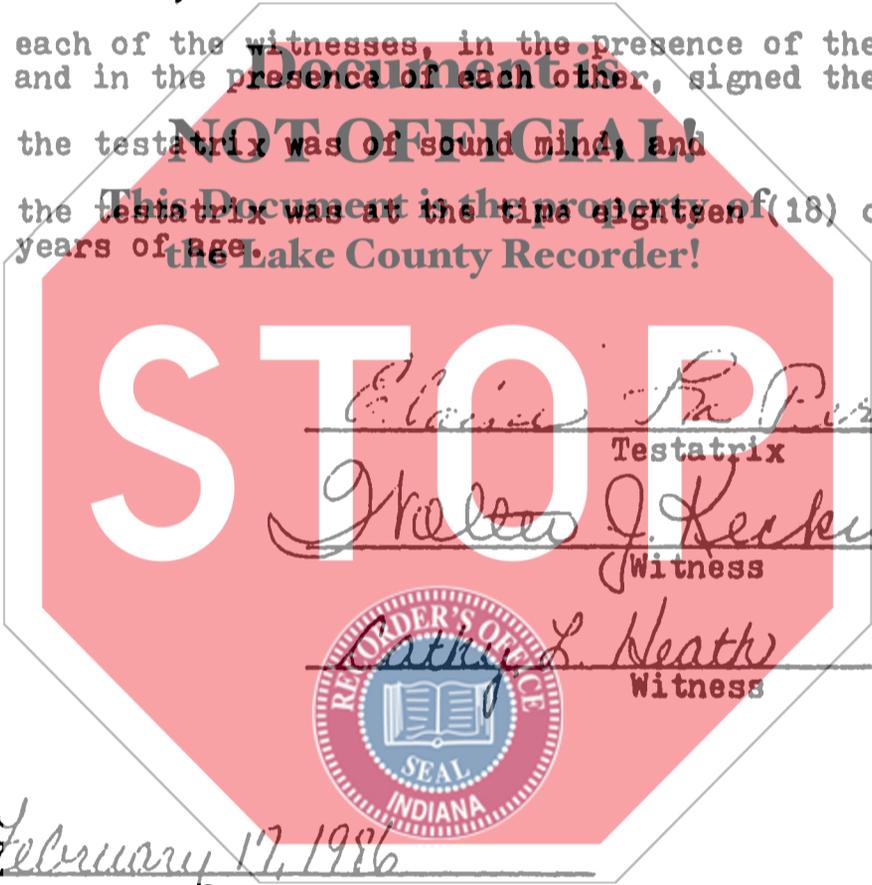
Prepared by:

Walter J. Keckich
Attorney at Law
Whiting, Indiana

UNDER PENALTY FOR PERJURY, We

Elaine La Pert, and Walter J. Keckich and Cathy S. Heath, the testatrix and witnesses respectively, whose names are signed to the attached and fore-going instrument, declare:

- (1) that the testatrix executed the instrument as her Will;
- (2) that, in the presence of both witnesses, she signed said Will;
- (3) that she executed the Will as her free and voluntary act for the purposes expressed in it;
- (4) that each of the witnesses, in the presence of the testatrix and in the presence of each other, signed the Will;
- (5) that the testatrix was of sound mind, and
- (6) that the testatrix was at the time eighteen (18) or more years of age.



Dated: February 17, 1986

The United States of America



STATE OF INDIANA, COUNTY OF LAKE, ss:

I, the undersigned, Clerk of the Lake Superior Court of Lake County, and the keeper of the records and files thereof, in the State aforesaid, do hereby certify that the above and foregoing is a full, true, correct and complete copy of The Last Will and Testament, had and entered of record in the 3rd day of March, 1989, in Cause Number 45-D02-8903-ES-49, entitled IN THE MATTER OF THE ESTATE OF ELAINE LA PERT, Deceased, as fully as the same appears of record in my office as such Clerk.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Court, at my office in East Chicago, Indiana in the said County, this 20th day of March, A. D., 1990.



Robert C. Anich
 Clerk Lake Superior Court.
 By *Gene J. Kuzski*
 Deputy