

STATE OF INDIANA )  
                          )SS:  
COUNTY OF LAKE )

094733

SURVIVORSHIP AFFIDAVIT

On this 26th day of March, 1990 before me personally appeared Ralph M. Poland to me personally known, who being duly sworn upon his oath did say that:

1. He resides at 3119 Eder Street in Highland, Lake County, Indiana.

2. He is the surviving spouse of Thelma Poland (Thelma G. Poland) and presently the sole owner of the real estate described below.

3. The premises described below were formerly owned in tenancy by the entireties by Ralph M. Poland and Thelma Poland.

4. Said Thelma Poland (a/k/a Thelma G. Poland) died on April 1, 1989, leaving affiant Ralph M. Poland as her surviving spouse and surviving tenant by the entireties with respect to the described real estate.

5. A true copy of the death certificate of Thelma Poland (a/k/a Thelma G. Poland) is attached hereto as Exhibit "A."

6. The legal description of the premises in question is:

Lot 7 in Block 2 in Homestead Gardens Master Addition, in the Town of Highland, as per plat thereof, recorded in Plat Book 31 page 79, in the Office of the Recorder of Lake County, Indiana.

7. To the best knowledge of affiant Ralph M. Poland, there is no Federal or State estate tax or inheritance tax liability by reason of the death of the mentioned decedent.

8. Affiant Ralph M. Poland and decedent Thelma Poland (Thelma G. Poland) were never divorced.

**FILED**

APR 10 1990

*Ralph M. Poland*  
Ralph M. Poland

*David P. Allen*  
Notary Public

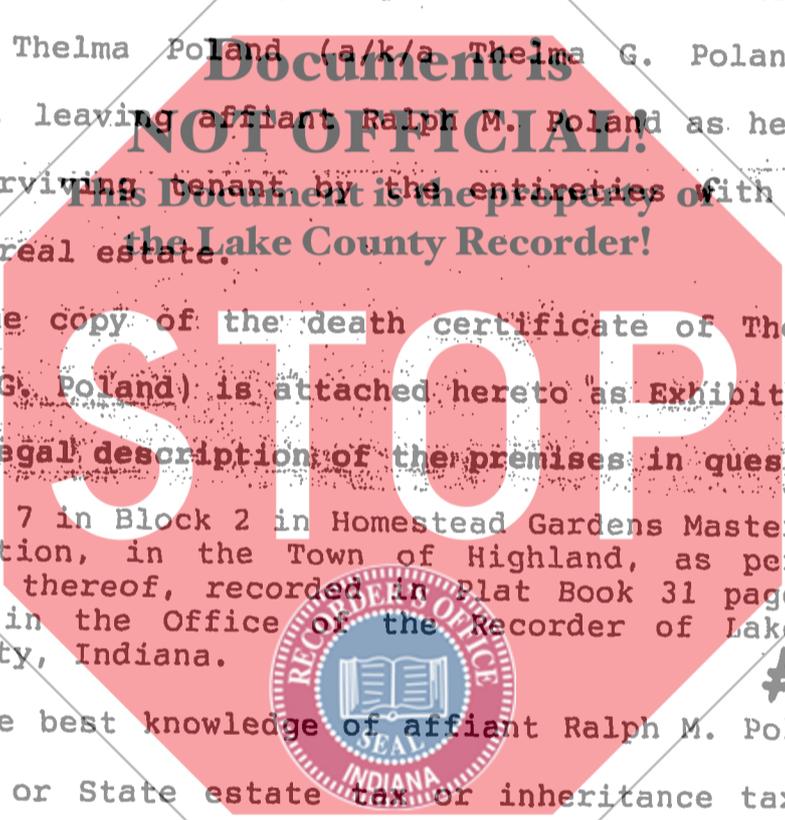
Subscribed and sworn to before me by affiant Ralph M. Poland, this 26th day of March, 1990.

*David Paul Allen*  
David Paul Allen, Notary Public

My commission expires: August 20, 1992  
County of Residence: Lake

This instrument prepared by: David Paul Allen  
Attorney at Law  
5231 Hohman Ave., Suite 7000257  
Hammond, Indiana 46320  
Telephone: (219) 931-7275

STATE OF INDIANA/S.S. NO.  
FILED  
LAKE COUNTY  
APR 10 9 37 AM '90  
ROBERT REAGER  
RECORDER



#27-261-7

5.50  
dw

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 748-89

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (THELMA G. POLAND), SOCIAL SECURITY NUMBER (307-50-2476), DATE OF DEATH (APRIL 1, 1989), MANNER OF DEATH (Natural), and SIGNATURE OF CERTIFIER (Paul Phoenix).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

CAUSE OF DEATH

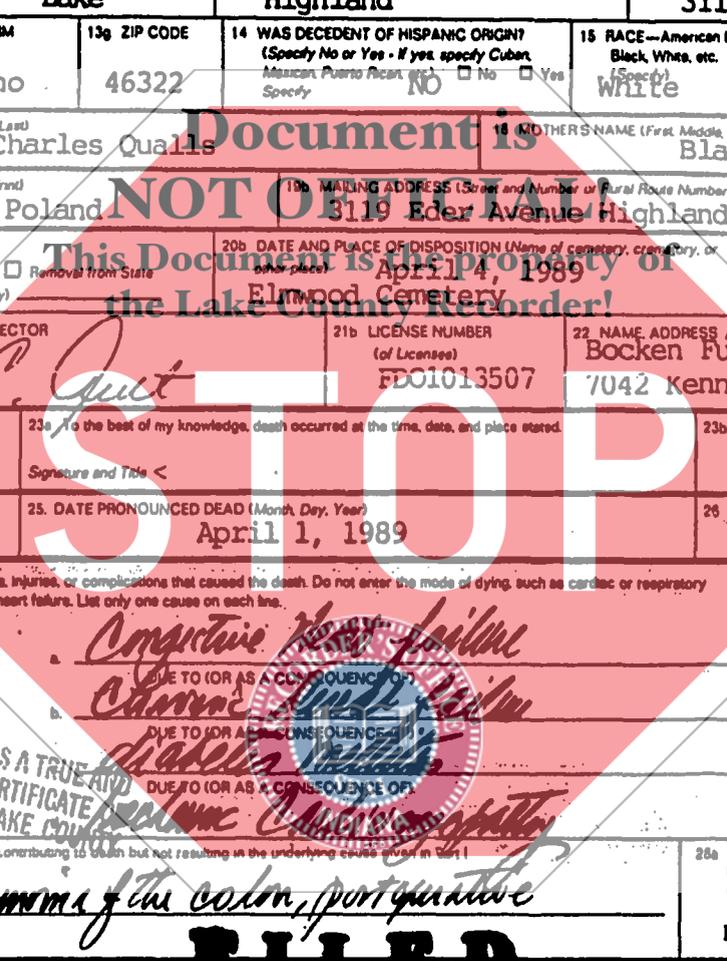
SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

Vertical handwritten notes: #07-2677, James Lee Anderson, Mrs. Ann R. 7612



FILED stamp

000258

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 748-89

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (THELMA G. POLAND), SOCIAL SECURITY NUMBER (307-50-2476), DATE OF BIRTH (JULY 8, 1915), PLACE OF BIRTH (Salmon, Kentucky), MARRITAL STATUS (married), SURVIVING SPOUSE (Ralph M. Poland), OCCUPATION (Homemaker), RESIDENCE (3119 Eder Avenue, Highland, Lake, IN 46322), METHOD OF DISPOSITION (Burial), TIME OF DEATH (6:00 a.m.), CAUSE OF DEATH (Advocarcinoma of the colon), and CERTIFIER (Juan Tan, M.D.).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCER PHYSICIAN

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

CAUSE OF DEATH

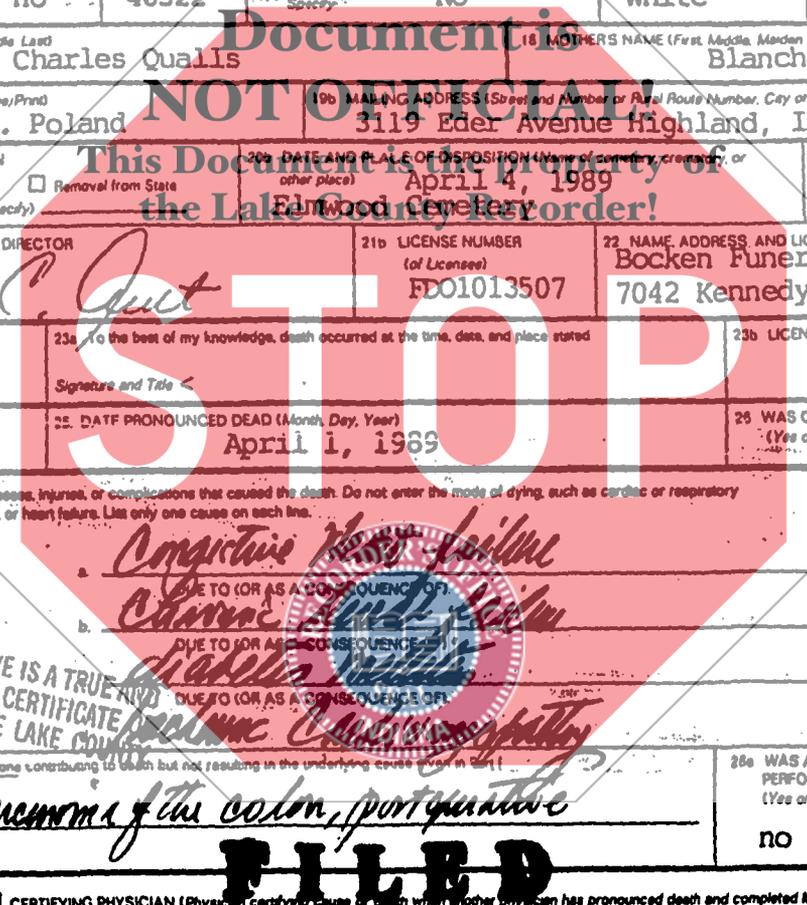
SEE INSTRUCTION

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

Vertical handwritten notes: #07-2677, Home tract, Munster, Ind. 7612



FILED stamp

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