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Please Return To:

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500 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

MAY 22 1990

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Anna M. Weston
AUDITOR LAKE COUNTY

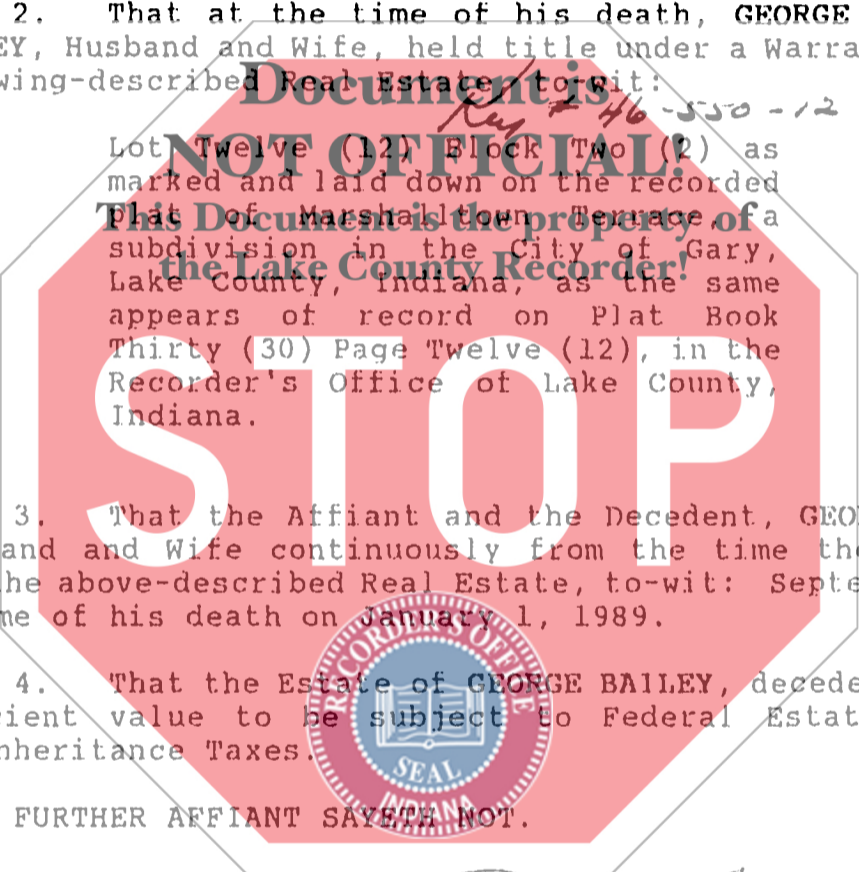
ROSE BAILEY, being first duly sworn upon her oath, deposes and says:

1. That she was married to GEORGE BAILEY on November 9, 1946 who died a resident of Gary, Lake County, Indiana, on January 1, 1989, as evidenced by a Certified Death Certificate attached hereto and made a part hereof.

2. That at the time of his death, GEORGE BAILEY and ROSE BAILEY, Husband and Wife, held title under a Warranty Deed to the following-described Real Estate, to-wit:

Lot Twelve (12) Block Two (2) as marked and laid down on the recorded Plat of Marshalltown Terrace, a subdivision in the City of Gary, Lake County, Indiana, as the same appears of record on Plat Book Thirty (30) Page Twelve (12), in the Recorder's Office of Lake County, Indiana.

Document is the property of the Lake County Recorder!



3. That the Affiant and the Decedent, GEORGE BAILEY, were Husband and Wife continuously from the time they acquired title to the above-described Real Estate, to-wit: September, 1954, to the time of his death on January 1, 1989.

4. That the Estate of GEORGE BAILEY, decedent, was not of sufficient value to be subject to Federal Estate Taxes or Indiana Inheritance Taxes.

FURTHER AFFIANT SAYETH NOT.

Rose Bailey
ROSE BAILEY

Subscribed and sworn to before me, a Notary Public, this 16th day of May, 1990.

Mary P. Coons
MARY P. COONS, Notary Public
Resident of Porter County

My Commission Expires:

January 6, 1991

This Instrument Prepared by:

ARNOLD KREVITZ, Attorney At Law
500 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300

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INDIANA STATE BOARD OF HEALTH

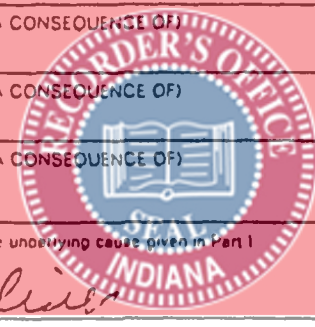
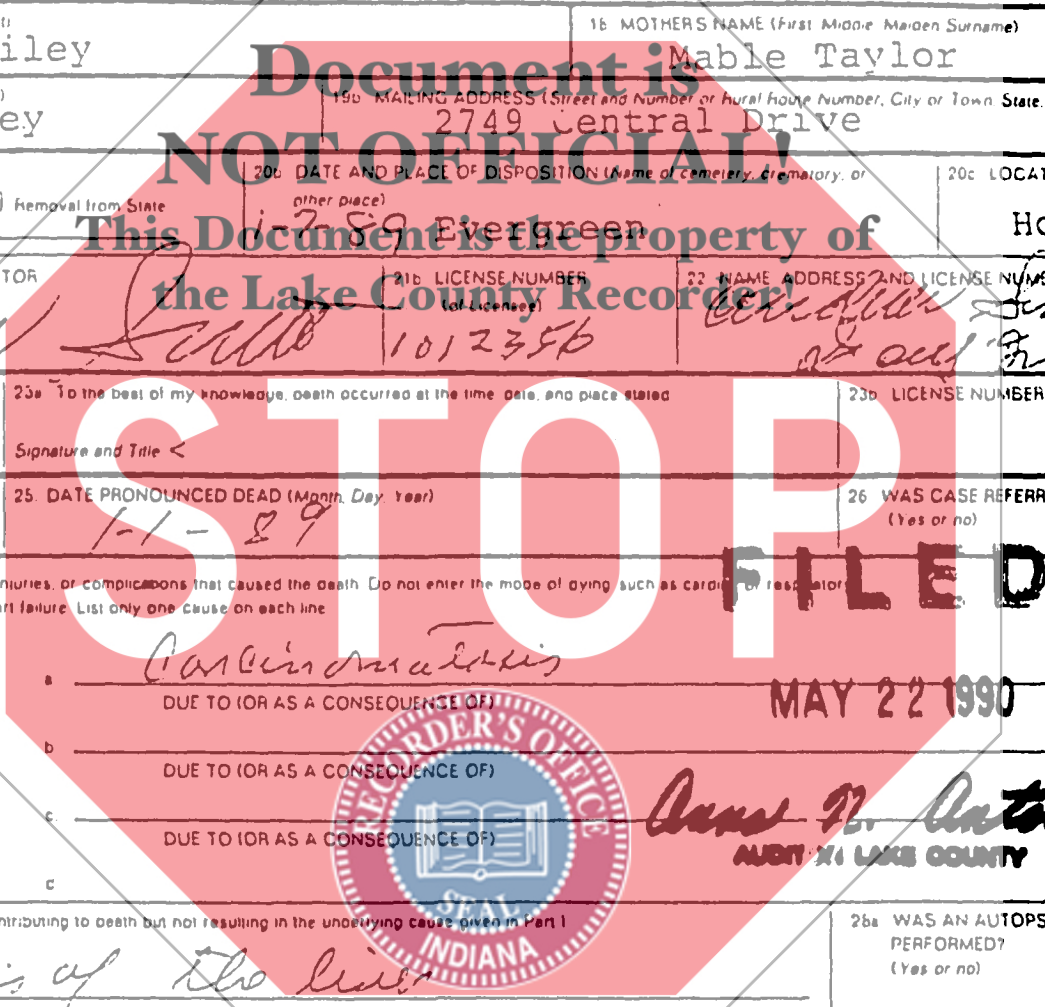
Local No. 89-0004

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (George Cornel Bailey), SOCIAL SECURITY NUMBER (429-28-1635), DATE OF DEATH (1-1-89), PLACE OF DEATH (North Lake Methodist, Gary, Lake), MARITAL STATUS (Married, Rose Thompson), OCCUPATION (Inland Steel), RESIDENCE (Indiana, Lake, Gary), and SIGNATURE OF CERTIFIER (Herschel Bornstein).



Vertical text on the left margin: CEDENT, PRESENTS, INFORMANT, DISPOSITION, ANNOUNCING PHYSICIAN ONLY, AS 24-26 MUST BE COMPLETED BY PERSON WHO ANNOUNCES DEATH, INSTRUCTIONS, CAUSE OF DEATH, INSTRUCTIONS, CERTIFIER, HEALTH OFFICER, CORONER OR MEDICAL EXAMINER USE ONLY.

Vertical handwritten text: Mar 46-550-12 Bl 2

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CERTIFIED

Alvera E. Johnson

HEALTH COMMISSION
CITY OF GARY, IND.

DATE MAY 16 1990

MAY 16 1990