

STATE OF ARIZONA)
)SS:
COUNTY OF PIMA)

91023836

SURVIVORSHIP AFFIDAVIT

On this 19 day of March, 1991 before me personally appeared JoAnn Mack to me personally known, who being duly sworn upon her oath did say that:

1. She resides at 7701 S. Cardinal Avenue, No. 9 in Tucson, Pima County, Arizona.
2. She is the surviving spouse of John Joseph Mack 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 JoAnn Mack and John Joseph Mack.
4. Said John Joseph Mack died on September 12, 1987, leaving affiant JoAnn Mack as his surviving spouse and surviving tenant by the entireties with respect to the described real estate.

5. A true copy of the death certificate of John Joseph Mack is attached hereto as Exhibit A.

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

Lots, 1, 2, 3, and 4 in Block 1 in Gustav Zachau's 1st Addition to Hammond, as per plat thereof, recorded in Plat Book 18 page 16, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 7206 Calumet Avenue in Hammond, Lake County, Indiana.

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

8. Affiant JoAnn Mack and decedent John Joseph Mack were never divorced.

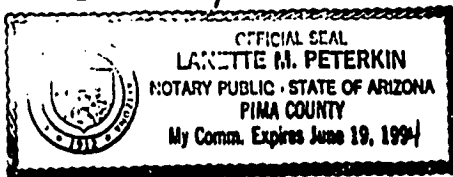
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MAY 17 1991

Jo Ann Mack
JoAnn Mack

Subscribed and sworn to before me by affiant JoAnn Mack this 19th day of March, 1991.

Lanette M. Peterkin
Notary Public

My commission expires:
County of Residence:



This instrument prepared by: David Paul Allen
Attorney at Law
5231 Hohman Ave., Suite 703
Hammond, Indiana 46320
Telephone: (219) 931-7275

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STATE OF INDIANA/S.S. NO.
LAKE COUNTY
MAY 20 9 11 AM '91
ROBERT RECORDS & REVENUE DEPARTMENT

#36-460-1

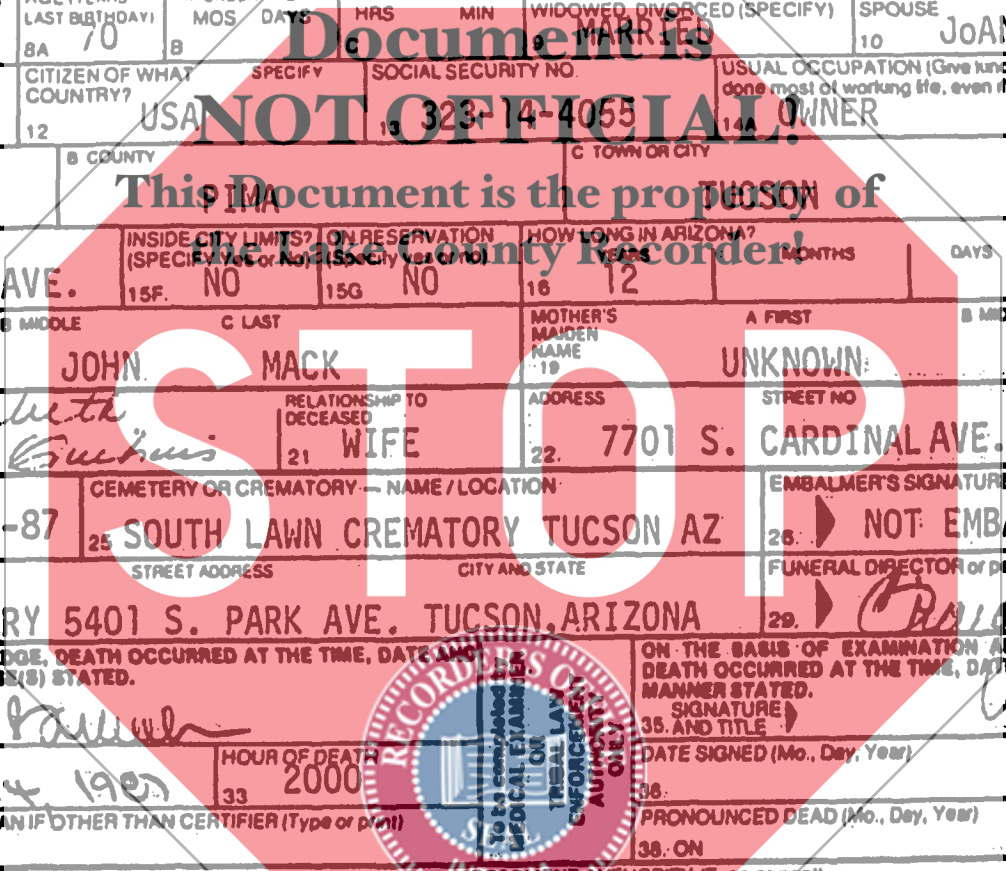
STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION CERTIFICATE OF DEATH

DEATH NO.
D 102-

1. NAME OF DECEASED A FIRST: JOHN B MIDDLE: J. C LAST: MACK		2. SEX: MALE		DATE OF DEATH: SEPTEMBER 12, 1987	
4A. RACE (e.g., white, black, American Indian, etc.) SPECIFY: WHITE		B. WAS DECEDENT OF SPANISH ORIGIN? (YES, NO) SPECIFY: NO		5. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.: C.	
6. PLACE OF DEATH A COUNTY: PIMA B TOWN OR CITY: TUCSON		C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): ST. MARY'S HOSPITAL		D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER <input checked="" type="checkbox"/> IN PATIENT	
7. DATE OF BIRTH: FEBRUARY 2, 1917		AGE (YEARS LAST BIRTHDAY): 70		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	
9. STATE OF (if not in USA, name country) BIRTH: ILLINOIS		10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): JOANN KARAFFA		11. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): OWNER	
12. CITIZEN OF WHAT COUNTRY? USA		13. SOCIAL SECURITY NO.: 323-4-4055		14. KIND OF BUSINESS OR INDUSTRY: RESTAURANT	
15. USUAL RESIDENCE A STATE: ARIZONA B COUNTY: PIMA C TOWN OR CITY: TUCSON		D ZIP CODE: 85746		16. STREET ADDRESS OR R.F.D.: 7701 S. CARDINAL AVE.	
17. INSIDE CITY LIMITS? (SPECIFY Year or None) NO		18. ON RESERVATION (SPECIFY Year or None) NO		19. HOW LONG IN ARIZONA? (MONTHS) 12	
20. FATHER'S NAME A FIRST: MICHAEL B MIDDLE: JOHN C LAST: MACK		21. MOTHER'S MAIDEN NAME A FIRST: UNKNOWN B MIDDLE: SWEENEY C LAST: SWEENEY		22. PREVIOUS STATE OF RESIDENCE: INDIANA	
23. INFORMANT'S SIGNATURE: <i>Elizabeth Sweeney</i> JOANN MACK		24. RELATIONSHIP TO DECEASED: WIFE		25. ADDRESS: 7701 S. CARDINAL AVE. TUCSON, AZ. 85746	
26. BURIAL, CREMATION, REMOVAL, OTHER (specify): CREMATION		27. DATE: 9-16-87		28. CEMETERY OR CREMATORY - NAME / LOCATION: SOUTH LAWN CREMATORY TUCSON AZ	
29. FUNERAL HOME NAME: SOUTH LAWN MORTUARY		30. STREET ADDRESS: 5401 S. PARK AVE. TUCSON, ARIZONA		31. EMBALMER'S SIGNATURE: <i>Robert J. Brooks</i> NOT EMBALMED	
32. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print): ROBERT J. BROOKS, M.D. 1604 N. COUNTRY CLUB RD. TUCSON, AZ		33. SIGNATURE AND TITLE: <i>Robert J. Brooks</i> DEPUTY		34. DATE SIGNED (Mo., Day, Year): SEP 14 1987	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):		36. HOUR OF DEATH: 2000		37. DATE SIGNED (Mo., Day, Year):	
38. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print):		39. PRONOUNCED DEAD (Mo., Day, Year):		40. PRONOUNCED DEAD (Hour): AT	
41. DATE REGISTERED: SEP. 15, 1987		42. REG. FILE NO.: 424080		43. REGISTRAR'S SIGNATURE: <i>Richard Cumberland</i> Deputy	
44. DATE RCVD IN STATE OFFICE:		45. REG. DISTRICT: 1017		46. DATE OF DEATH: SEP 12 1987	
47. PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (if adult female was she pregnant within past 90 days?)		48. YES-NO: NO		49. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify yes or no): YES-CREMATION	
50. MANNER OF DEATH: <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		51. DATE OF INJURY: 51		52. MO DAY YR: 52 M 53	
53. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY: 53		54. INJURY AT WORK? (Specify yes or no): 54		55. WHERE LOCATED? 55	
56. SUPPLEMENTARY ENTRIES: 56		57. DATE OF INJURY: 57		58. HOW INJURY OCCURRED: <i>Heart Attack</i> 58	



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MAY 17 1991

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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