

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

91052483

On the 16th day of September, 1991, before me personally appeared JAMES R. SMITH, to be personally known, who being duly sworn on oath, did say that:

1. Affiant resides at 3817 Sexton Street, Portage, Indiana.
2. Affiant is the owner of the following described real estate located in Lake County, Indiana:

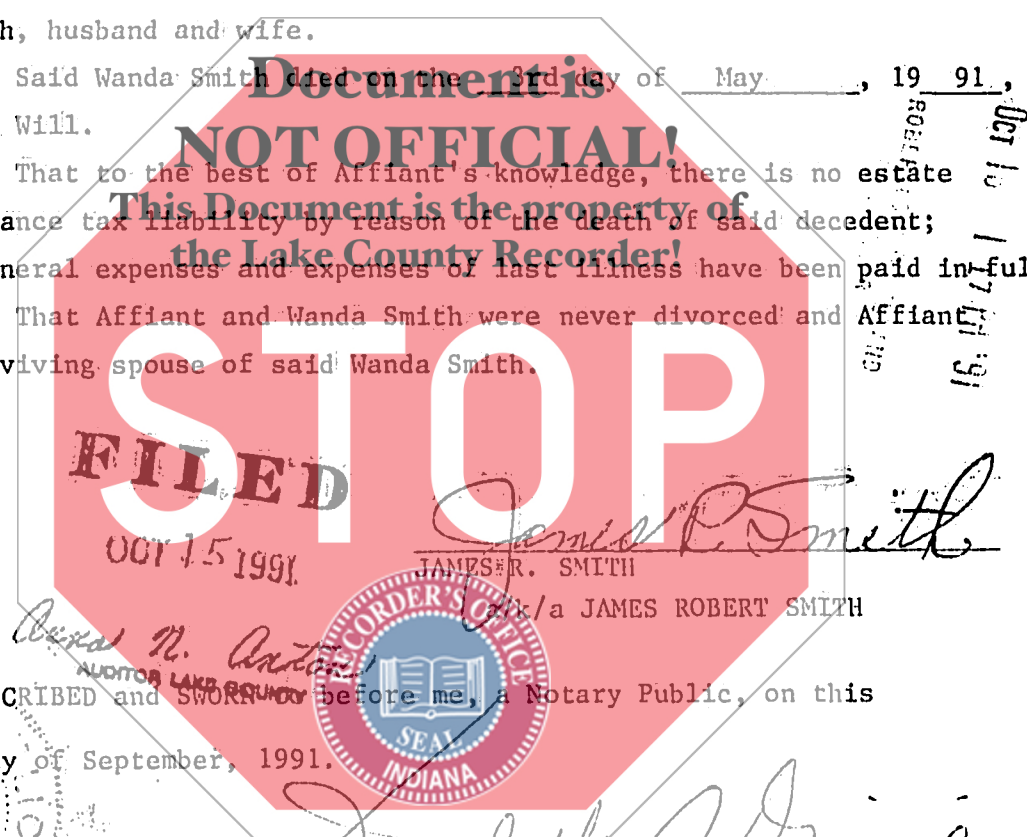
(SEE EXHIBIT A ATTACHED FOR LEGAL DESCRIPTION)

3. That said premises were formerly owned by James R. Smith and Wanda Smith, husband and wife.

4. Said Wanda Smith died on the 3rd day of May, 19 91, leaving no Will.

5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.

6. That Affiant and Wanda Smith were never divorced and Affiant is the surviving spouse of said Wanda Smith.



FILED

OCT 15 1991



James R. Smith
JAMES R. SMITH
/s/ a JAMES ROBERT SMITH

SUBSCRIBED and SWORN to before me, a Notary Public, on this

16th day of September, 1991.

My Commission Expires: 3/20/92

Judith A. Osinski
JUDITH A. OSINSKI, Notary Public
Resident of LAKE County.

THIS INSTRUMENT PREPARED BY:
THOMAS L. KIRSCH
131 Ridge Road
Munster, IN 46321
(219) 836-1384

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

STATE OF INDIANA
NOTARY PUBLIC

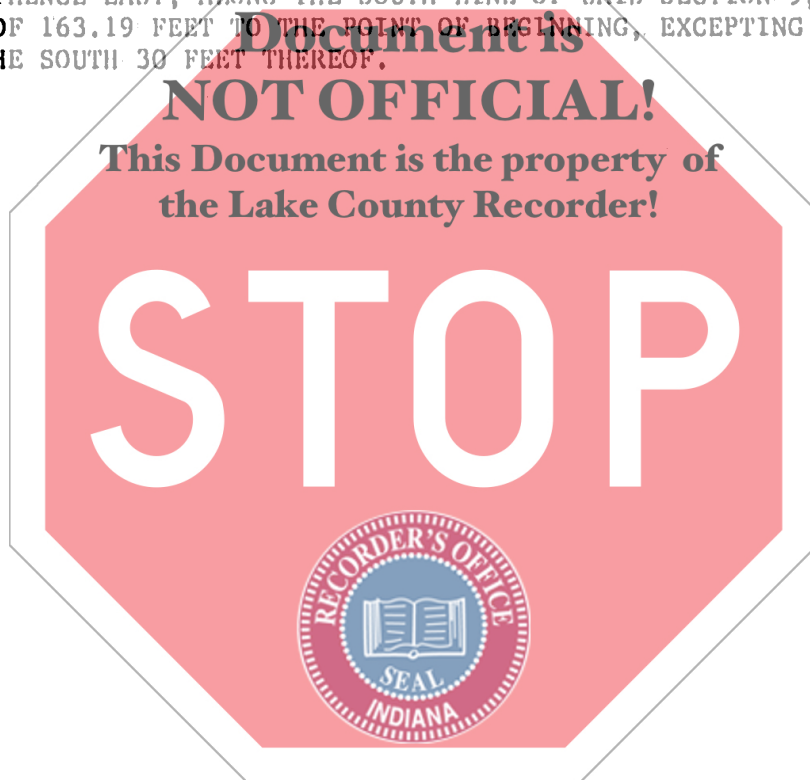
1000 pd
10/16/91

"EXHIBIT A"

LEGAL DESCRIPTION OF REAL ESTATE LOCATED AT
3850 E. 21ST STREET, LAKE STATION, INDIANA:

19-2-16

BEING A PART OF THE EAST HALF OF THE EAST HALF OF THAT PART OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 9, TOWNSHIP 36 NORTH, RANGE 7 WEST OF THE SECOND PRINCIPAL MERIDIAN, WHICH LIES DIRECTLY NORTH OF LOT 5, IN SECTION 16, TOWNSHIP 36 NORTH, RANGE 7 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN THE CITY OF LAKE STATION, LAKE COUNTY, INDIANA AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SAID SECTION 9; THENCE NORTH $01^{\circ} 24' 02''$ WEST, ALONG THE EAST LINE OF SAID WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 9, A DISTANCE OF 1381.69 FEET, MORE OR LESS, TO A POINT ON THE SOUTHERLY RIGHT OF WAY LINE OF THE EAST BOUND ENTRANCE RAMP OF INTERSTATE 80 & 94 (SAID POINT LYING 2 FEET SOUTHERLY OF AN EXISTING FENCE); THENCE SOUTHERLY ALONG THE AFORESAID RIGHT OF WAY LINE, A DISTANCE OF 209.05 FEET; THENCE SOUTH $01^{\circ} 27' 38''$ EAST, A DISTANCE OF 1250.07 FEET TO A POINT ON THE SOUTH LINE OF SAID SECTION 9; THENCE EAST, ALONG THE SOUTH LINE OF SAID SECTION 9, A DISTANCE OF 163.19 FEET TO THE POINT OF BEGINNING, EXCEPTING THEREFROM THE SOUTH 30 FEET THEREOF.

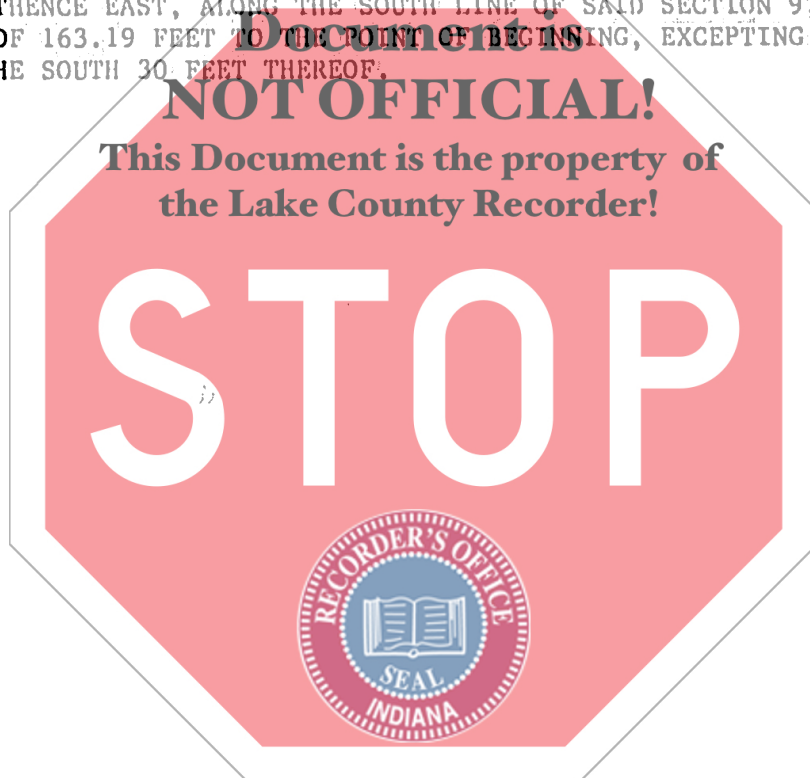


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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No.

1500P

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

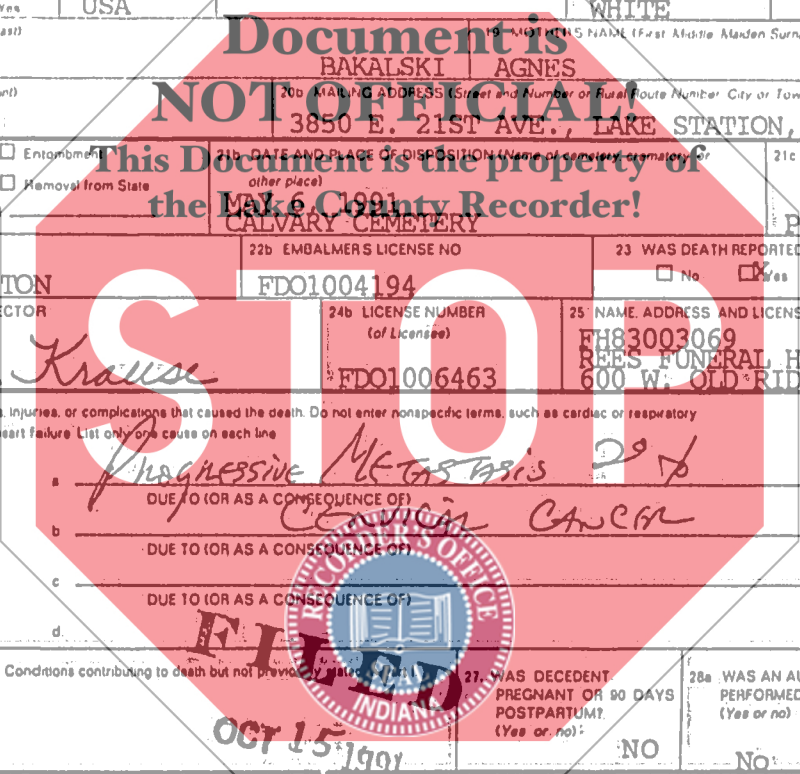
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED--NAME (First Middle Last) WANDA "BAKALSKI" SMITH		2 SEX Female	3a TIME OF DEATH 10:50AM	3b DATE OF DEATH (Month Day Yr) May 3, 1991	
4 SOCIAL SECURITY NUMBER 312-18-2242	5a AGE--Last Birthday (Years) 66	5b UPPER PART Months Days 26 1925	5c UNDER PART Hours Minutes 10 50	6 DATE OF BIRTH (Mo Day Yr) FEB 26, 1925	
7 BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution give street and number) 3850 E. 21ST AVE.		9c CITY, TOWN OR LOCATION OF DEATH LAKE STATION	9d COUNTY OF DEATH LAKE		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) JAMES R. SMITH	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) HOMEMAKER	12b KIND OF BUSINESS/INDUSTRY N/A		
13a RESIDENCE--STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION LAKE STATION	13d STREET AND NUMBER 3850 E. 21ST AVE.		
13e ZIP CODE 46405	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc)	16 RACE--American Indian, Black, White, etc (Specify) WHITE	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5)	17 FATHER'S NAME (First Middle Last) ARTHUR BAKALSKI				
20a INFORMANT'S NAME (Type, Print) JAMES R. SMITH		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3850 E. 21ST AVE., LAKE STATION, IN 46405		20c Relationship Husband	
7.1a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) CALVARY CEMETERY		21c LOCATION--City or Town, State PORTAGE, INDIANA	
22a EMBALMER'S NAME JAMES W. GHOLSTON		22b EMBALMER'S LICENSE NO FDO1004194	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b LICENSE NUMBER (of Licensee) FDO1006463	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME REES FUNERAL HOMES INC. 600 W. OLD RIDGE RD. HOBART, IN 463		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Progressive Metastasis of Cervical Cancer				Approximate Interval Between Onset and Death 3/90 ->	
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last					
PART II: Other significant conditions - Conditions contributing to death but not previously listed		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO	28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of a personal examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of a personal examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>Alexander S. Williams, M.D.</i> LAKE COUNTY			
29c MEDICAL LICENSE NO 01031582		29d DATE SIGNED (Month, Day, Year) MAY 6 1991			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) LYLE R. MUNN MD, 4321 FIR STREET, EAST CHICAGO, IN 46312					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>			31b DATE FILED (Month, Day, Year) May 6 1991		
33 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 <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED MAY 06 1991
34e PLACE OF INJURY--At home, farm, street, factory, office, building, etc (Specify)			34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			



1.652 NON-TAXABLE
4.638 AC TAXABLE
5.9736 R7
E2 EPT W2 SW