

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

FILED

MAR 30 1992

92020064

A F F I D A V I T

*David N. Antonio*  
AUDITOR LAKE COUNTY

I, Sylvia C. McDonald, after being duly sworn upon oath, states the following:

1. That I am the daughter of Katie W. Means and Andrew Alexander Means.

2. That my father Andrew Alexander Means died on August 11, 1973 a resident of Gary, Lake County, Indiana.

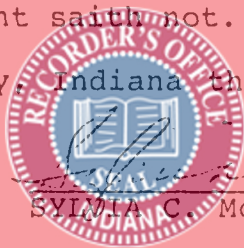
3. That my mother Katie W. Means died on August 18, 1977 a resident of Gary, Lake County, Indiana.

4. That Katie W. Means is one and the same person as Katie W. Means as mentioned in the Real Estate Assessment and Transfer Record of the Lake County Recorder's and Auditor's Office and Katie W. Means is one and the same person as Katie Means as mentioned in Estate No: GE77-200 in the Lake Superior Court, Gary, Indiana.

5. That Andrew Means is one and the same person as Andrew Alexander Means as mentioned in the Real Estate Assessment and Transfer Record of the Lake County Recorder's and the Auditor's Office and that Andrew Means is one and the same person as mentioned in the death certificate attached for recording, which death certificate recites that an Andrew Alexander Means died August 11, 1973.

AND FURTHER, your affiant saith not.

DATED at Gary, Lake County, Indiana this 3<sup>rd</sup> day of March, 1992.



*Sylvia C. McDonald*  
SYLVIA C. McDONALD

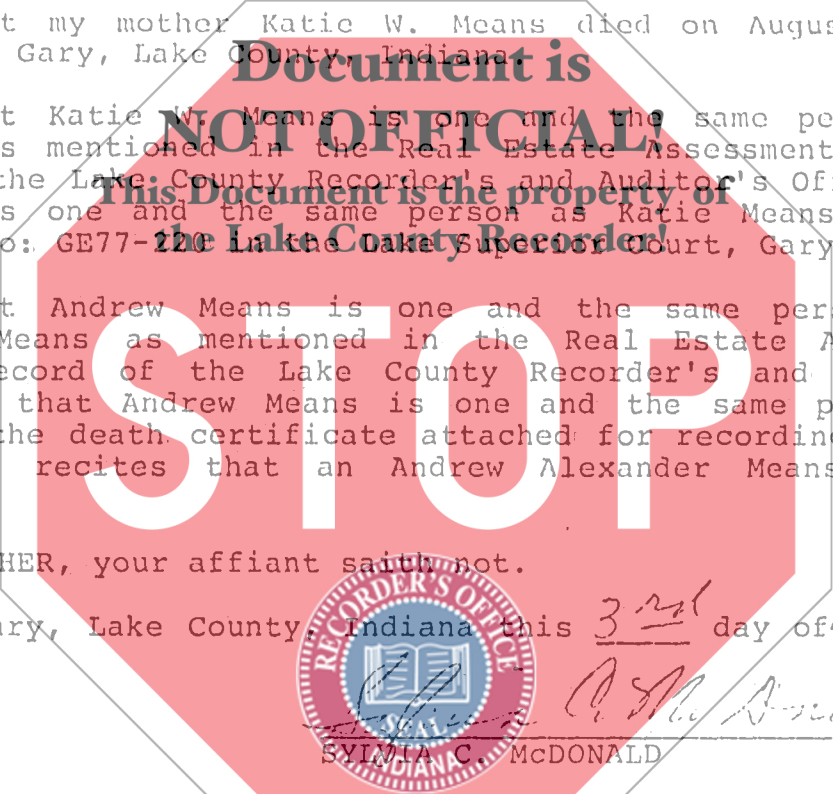
BEFORE me, the undersigned, a Notary Public, in and for said County and State this 3<sup>rd</sup> date of March, 1992 personally appeared Sylvia C. McDonald and acknowledged the execution fo the foregoing Affidavit.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

*Jackie L. Shropshire*  
JACKIE L. SHROPSHIRE Notary Public

My Commission Expires:  
6/11/1994

STATE OF INDIANA  
MAR 22 1992  
LAKE COUNTY



800  
10





CERTIFIED BY:

*Shirley E. Foster, M.D.*

HEALTH COMMISSIONER  
CITY OF GARY, IND.  
JAN 28 1992

DATE \_\_\_\_\_