

Brian P. Papp

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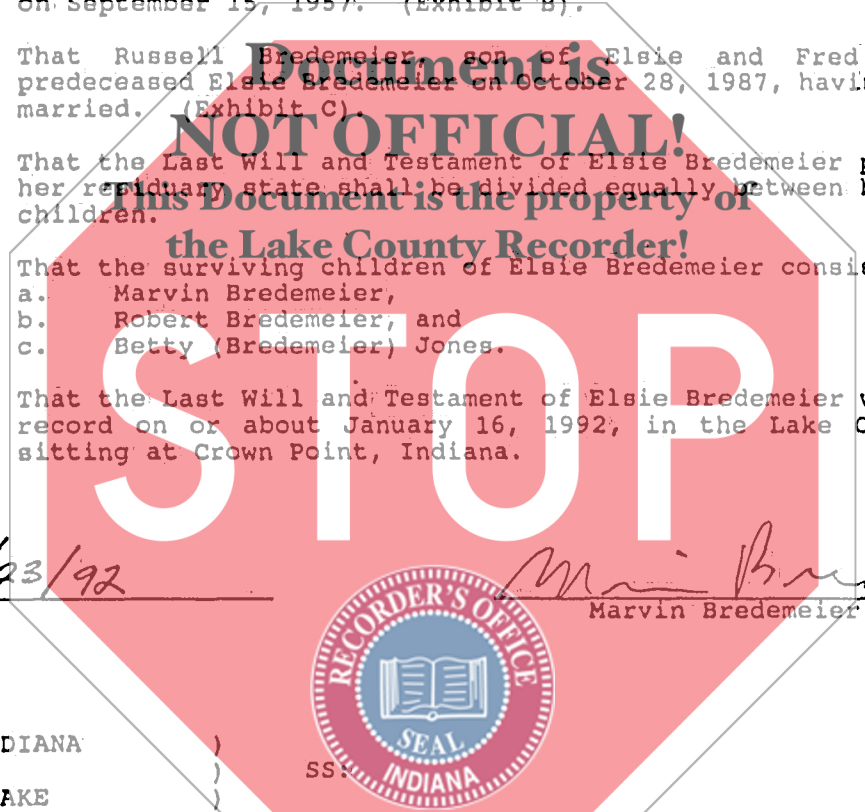
State of Indiana)
County of Lake)

Lake County Circuit Court
Estate No.: 45C01-9201-ES-019

Affidavit of Heirship

I, Marvin Bredemeier, do hereby depose, swear and assert that I am a true and lawful heir of the decedent, Elsie Bredemeier, and state the following:

- 1) That Elsie Bredemeier died on February 1, 1991, leaving an estate which included real estate located in Lake County, Indiana. (Exhibit A).
- 2) That Fred Bredemeier, husband of Elsie Bredemeier, predeceased her on September 15, 1957. (Exhibit B).
- 3) That Russell Bredemeier, son of Elsie and Fred Bredemeier, predeceased Elsie Bredemeier on October 28, 1987, having never been married. (Exhibit C).
- 4) That the Last Will and Testament of Elsie Bredemeier provides that her residuary state shall be divided equally between her surviving children.
- 5) That the surviving children of Elsie Bredemeier consist of:
 - a. Marvin Bredemeier,
 - b. Robert Bredemeier, and
 - c. Betty (Bredemeier) Jones.
- 6) That the Last Will and Testament of Elsie Bredemeier was spread of record on or about January 16, 1992, in the Lake Circuit Court sitting at Crown Point, Indiana.



Date: 4/23/92

Marvin Bredemeier
Marvin Bredemeier



APR 24 2 36 PM '92
ROBERT J. PORTER
RECORDER

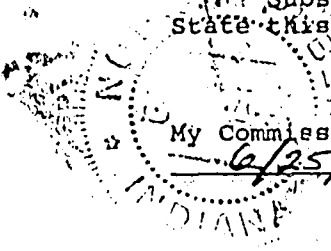
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn before me, a Notary Public, in and for said County of Lake State this 23 day of April, 1992

My Commission Expires: 6/25/93

Brian P. Papp
Brian P. Papp, Notary Public
Resident of PORTER County



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

APR 24 1992

Arax N. Antos
AUDITOR LAKE COUNTY

1200

ref. Key # 1-42-8
+
Key # 1-43-1

01583

CERTIFICATION OF VITAL RECORD

KANKAKEE COUNTY, ILLINOIS

W2 SW S.24 T.32 R.10
Key #1-42-8; unit 10

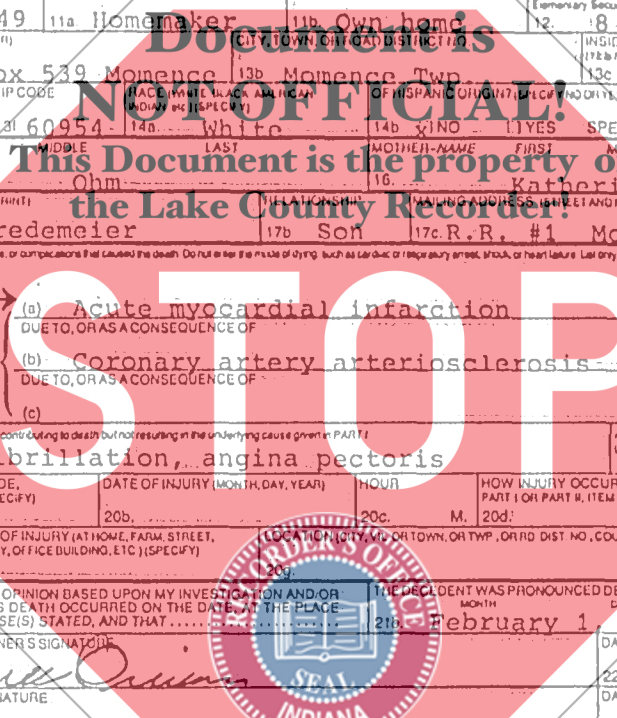
21573

PERMANENT CERTIFICATE REGISTRATION DISTRICT NO. 46.1
TEMPORARY CERTIFICATE REGISTERED NUMBER 172

STATE OF ILLINOIS
MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

STATE OF ILLINOIS
NW. NW. S. 25 T. 32 R. 10
Key #1-43-1; unit 10

DECEASED: 1. Elsie Marie Bredemeier, 2. Female, 3. February 1, 1991
4. Kankakee, 5a. 88, 5b. 88, 5c. 88, 5d. September 9, 1902
6a. Momence Twp., 6b. R.R. #1 Box 539 Momence, 6c. No
7. Grant Park, IL, 8a. Widowed, 8b. No
10. 328-36-5549, 11a. Homemaker, 11b. Own home, 12. 8
13a. R.R. #1 Box 539 Momence, 13b. Momence Twp., 13c. No, 13d. Kankakee
13e. IL, 13f. 60954, 14a. White, 14b. X, 14c. YES, 14d. SPECIFY
PARENTS: 15. Henry Ohm, 16. Katherine England
17a. Marvin Bredemeier, 17b. Son, 17c. R.R. #1 Momence, IL 60954
18. PART I. Immediate Cause: (a) Acute myocardial infarction, (b) Coronary artery arteriosclerosis
PART II. Other significant conditions: Atrial fibrillation, angina pectoris
20a. 20b. 20c. M. 20d.
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT...
21b. February 1, 1991, 21c. 9:47 a.m.
22a. [Signature], 22b. February 7, 1991
23a. [Signature]
DISPOSITION: 24a. Burial, 24b. Union Corners Cem., 24c. Grant Park, IL, 24d. Feb. 4, 1991
25a. Hack Funeral Home P.C., 753 Hodges St., Beecher, IL 60401
25b. Betty Jean Hub Othendorf, 25c. 4937
26a. Bruce Clark By [Signature], 26b. February 8, 1991



SEAL

APR 24 1992

CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS)
COUNTY OF KANKAKEE) SS

DATE ISSUED 2-8-91
Audra N. Anton
AUDITOR LAKE COUNTY

I, Bruce Clark, Kankakee County Clerk, do hereby certify that this document is a true and correct copy of the original record which is on file in the office of the County Clerk, Kankakee County, Kankakee, Illinois.

Bruce Clark
BRUCE CLARK
COUNTY CLERK

Not valid without the embossed seal of Kankakee County

Exhibit A



CERTIFIED COPY OF A DEATH RECORD

NW 3, 25 T. 32 R. 10
Key # 1-43-1, Unit # 10
W2 SW 3, 24 T. 32 R. 10
Key # 1-42-8 Unit # 10

STATE OF ILLINOIS				STATE FILE NUMBER	REGISTRATION DISTRICT NO. 46.1D	REGISTERED NUMBER
DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH				
1. PLACE OF DEATH a. COUNTY Kankakee		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Illinois		b. COUNTY Kankakee		
b. Death took place <input checked="" type="checkbox"/> OUTSIDE city limits and in Momence TOWNSHIP. <input type="checkbox"/> INSIDE city limits and in the city, village, or town named at 1c.		c. Residence was <input checked="" type="checkbox"/> OUTSIDE city limits and in Momence TOWNSHIP. <input type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d				
c. CITY, VILLAGE, OR TOWN Momence		d. LENGTH OF STAY IN 1b or 1c 32 Yrs		d. CITY, VILLAGE, OR TOWN Momence		e. LENGTH OF RESIDENCE AT 2c or 2d 32 Yrs
e. NAME OF HOSPITAL OR INSTITUTION <small>(If not in hospital or institution, give street address)</small>		f. LENGTH OF STAY IN 1e		f. STREET ADDRESS		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED a. (FIRST) Fred		b. (MIDDLE) H.		c. (LAST) Bredemeier		4. DATE OF DEATH MONTH: Sept. DAY: 15 YEAR: 1957
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH Sept. 14, 1896	9. AGE (in years last birthday) 61	if under 1 year MONTHS: _____ DAYS: _____ if under 24 hrs. HOURS: _____ MIN.: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or foreign country) Beecher, Illinois		12. Citizen of what country? USA
13. FATHER'S FULL NAME Frederick Bredemeier		14. MOTHER'S FULL MAIDEN NAME Paape				
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) No		16. SOCIAL SECURITY NUMBER ---		17. INFORMANT a. SIGNATURE Robert Bredemeier		b. ADDRESS ---
18. CAUSE OF DEATH		c. RELATIONSHIP TO DECEASED Son				
PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (A), (B), and (C).] IMMEDIATE CAUSE (A): Acute dilatation of the heart		INTERVAL BETWEEN ONSET AND DEATH 1 day				
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B): Carcinoma of stomach and liver		due to (C):		18 months		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A).						
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		APR 24 1992				
20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.		21. I hereby certify that I attended the deceased from 7/5/57 to Sept. 15, 1957 , that I last saw the deceased alive on 9/14/57 , 19____, and death occurred at 8 A.M. , from the causes and on the date stated above.				
DATE: 9/17/57 SIGNED: H.S. Hiatt M.D.		ADDRESS: Beecher, Illinois		PHONE: 2211		
22. DISPOSITION: BURIAL, CREMATION, OR OTHER (Date) Sept. 18, 1957		FIRM NAME: Hack Funeral Home				
CEMETERY: Union Corners		ADDRESS: 753 Hodges St				
LOCATION: Yellowhead Twn. Kankakee Co, Illinois		SIGNATURE: Betty Jean Ohlendorf		LICENSE NUMBER: 4937		
24. Received for filing on 9/17/57		(Signed) Florence Astle, Momence		Sub-Registrar		
		(Signed) William Balthus, Kankakee,		LOCAL REGISTRAR		



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE September 17, 1957 SIGNED Florence Astle
AT Momence, Illinois OFFICIAL TITLE City Clerk

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

Local No.

MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO THIS DATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

1 DECEASED - NAME: RUSSELL BREDEMEIER, SEX: MALE, DATE OF DEATH: OCT. 28, 1987

2 RACE: WHITE, AGE: 55, UNDER 1 YEAR: 50, UNDER 1 DAY: 50, DATE OF BIRTH: Mar. 14, 1932, COUNTY OF DEATH: Newton

3 DeMotte, Lake Holiday Manor, Inpatient

4 STATE OF BIRTH: Indiana, CITIZEN OF WHAT COUNTRY: USA, MARRIED NEVER MARRIED: Never Married, SURVIVING SPOUSE: None, WAS DECIDENT EVER IN U.S. ARMED FORCES: NO

5 SOCIAL SECURITY NUMBER: 314 60 1035, USUAL OCCUPATION: Farming, KIND OF BUSINESS OR INDUSTRY: Family Farm

6 This Document is the property of the Lake County Recorder! Momette, Illinois

7 Rural Route #1 Box 539, IS DECEASED OF SPANISH DESCENT: YES NO

8 FATHER - NAME: Fred Bredemeier, MOTHER - MAIDEN NAME: Elsie Ohm

9 INFORMANT - NAME: Marvin Bredemeier, RELATIONSHIP: Brother, MAILING ADDRESS: 180 P.R. #1, Momette IL 60954

10 Burial, Union Corner, Grant Park Illinois 46356

11 Oct. 31, 1987, Sheets-Love Funeral Home 604 E. Commercial AV. Lowell, IL

12 NAME OF ATTENDING PHYSICIAN: A. J. Beckman M.D., DATE SIGNED: 10-29-87, NO. OF DEATH: 1225P

13 MAILING ADDRESS - PHYSICIAN: 12110 Grant Street - Crown Point, Indiana 46307

14 HEALTH OFFICER - SIGNATURE: [Signature], DATE RECEIVED BY LOCAL HEALTH OFFICER: Nov. 6, 1987

15 PART I: Acute Myocardial Infarction, DUE TO OR AS A CONSEQUENCE OF: 4. Pcs.

16 PART II: Known Severe Coronary Artery Atherosclerosis June 87, DUE TO OR AS A CONSEQUENCE OF:

APR 24 1992

Anna N. Carter
Auditor Lake County

NW NW S. 25 T. 32 R. 10

Key #1-43-1; Unit #10

W2 SW S. 24 T. 32 R. 10

Key #1-42-S; Unit #10

EMBA
FUNE
SIGNA

Exhibit C