

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

93042875

A F F I D A V I T

DONALD A. LASER, being first duly sworn, states:

1. He is one and the same person as Donald Laser.
2. He is a resident of Lake County, Indiana, and his current address is 14166 Grant Street, Crown Point, Indiana 46307.
3. Affiant states that he is the surviving spouse of Imajean Laser, who died a resident of Lake County, Indiana, on May 29, 1993.

4. At the time of her death, Donald A. Laser and Imajean Laser, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

PARCEL I: The West 230.78 feet of the South 130 feet of the Southwest 1/4 of the Northeast 1/4 of Section 32, Township 35 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana.

PARCEL II: The North 20 feet of West 130 feet of Lot 1, Prudence Plaza, Unit No. 1, as per plat thereof, recorded in Plat Book 35, Page 96, in the Office of the Recorder of Lake County, Indiana.

5. At the time of her death, Donald A. Laser and Imajean Laser were not divorced and were living together as husband and wife.

6. Affiant further states that no federal estate tax is due by reason of the death of Imajean Laser.

7. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in the undersigned, Donald A. Laser, a/k/a Donald Laser, and to induce the Auditor of Lake County to reflect the correct ownership of such real estate on said Auditor's records.

Dated June 17, 1993.

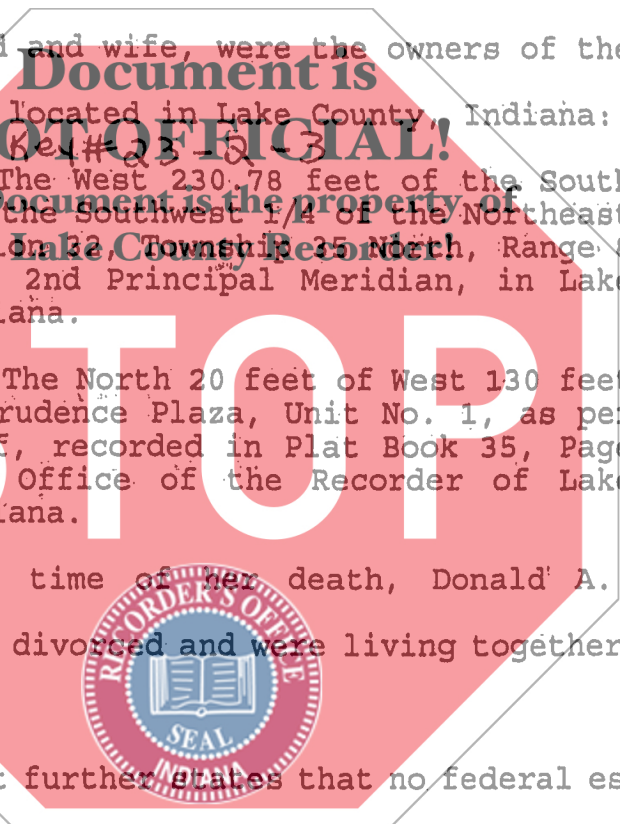
FILED

Donald A. Laser, Donald Laser
DONALD A. LASER, a/k/a DONALD LASER

JUN 30 1993

Anna M. Antos
AUDITOR LAKE COUNTY

02207



JUN 30 3 48 PM '93
SAMUEL ORLICH
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

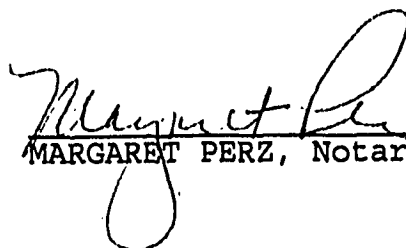
23-2-3

7/12/93

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of June, 1993, personally appeared Donald A. Laser, a/k/a Donald Laser, who stated that the facts contained in the foregoing Affidavit are true and correct and acknowledged the execution of the above and foregoing Affidavit.

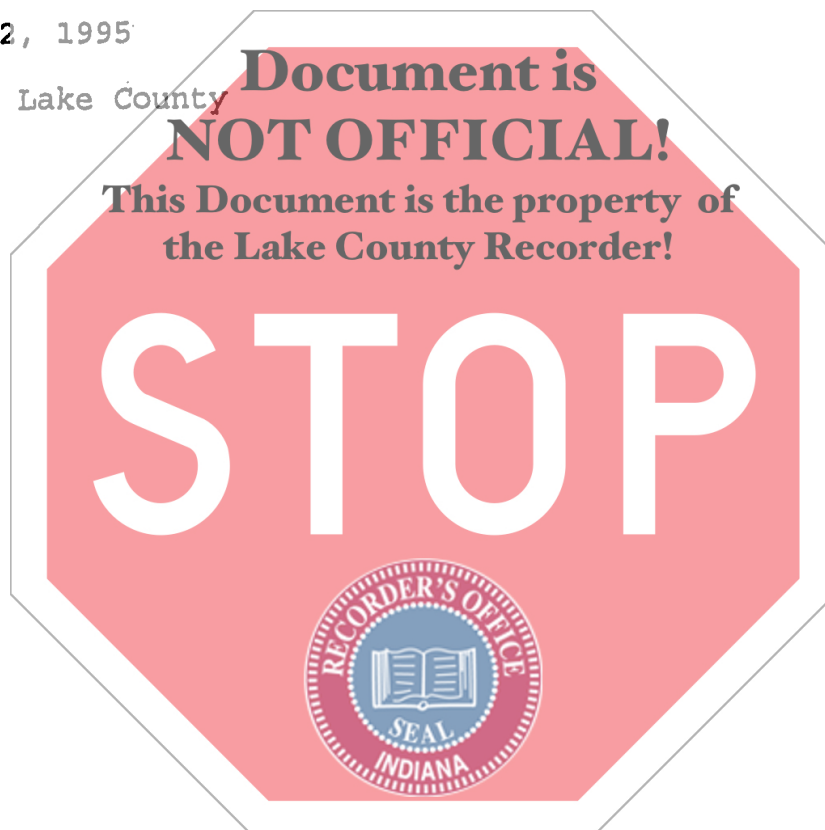
WITNESS my hand and Notarial Seal.


MARGARET PERZ, Notary Public

MY COMMISSION EXPIRES:

September 12, 1995

Resident of Lake County



This instrument prepared by Edward L. Burke, Attorney At Law, 8585 Broadway, Suite 610, Merrillville, Indiana 46410

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1459-93

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (IMAJEAN LASER), SEX (Female), TIME OF DEATH (3:05 p.m.), DATE OF DEATH (May 29, 1993), SOCIAL SECURITY NUMBER (375-26-2913), AGE (63), DATE OF BIRTH (October 25, 1929), BIRTHPLACE (Princeton, Indiana), FACILITY NAME (14166 Grant Street), CITY/TOWN (Crown Point), COUNTY (Lake), MARITAL STATUS (Married), SURVIVING SPOUSE (Donald A. Laser), OCCUPATION (Secretary-Treasurer), RESIDENCE (Indiana, Lake, Crown Point, 14166 Grant Street), ZIP CODE (46307), FATHER'S NAME (Delphus Broadwell), MOTHER'S NAME (Sadie Keaton), INFORMANT (Donald A. Laser), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (June 3, 1993, Maplewood Memorial Cemetery), EMBALMER'S NAME (Charles W. Wells), SIGNATURE OF FUNERAL DIRECTOR, LICENSE NUMBER (1009893), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (PROZIN & LITTLE FUNERAL SERVICE #83001261, 811 E. Franciscan Dr., Crown Point, IN 46307), PART II (LAKELAND HEALTH COMMISSIONER), CERTIFIER (G.A. Kacmar), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Joseph A. Kacmar M.D., 123 N. Court Street, Crown Point, Indiana 46307), HEALTH OFFICER'S SIGNATURE, MANNER OF DEATH, DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEASED

PARENTS

INFORMANT

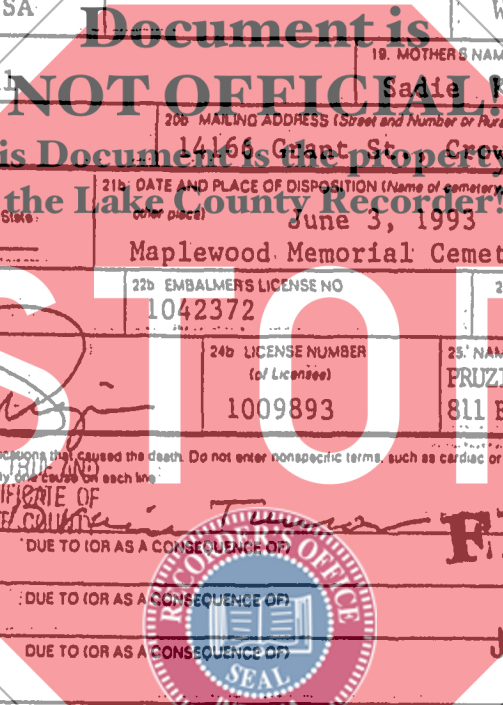
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



FILED

JUN 02 1993

JUN 30 1993

Approximate Interval Between Onset and Death 18 months