

the life estate of the Grantor, Christine O. Hartman and that said life estate ended on the 26th day of March, 1994.

7. That the following list of persons, firms or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, creditors of decedent, address and amount due; if none, state that fact.)

NONE

8. That the individuals entitled to said real estate are:

James G. Eyrich, Carolyn J. Beasley and Martha H. Liechty, the surviving children of the decedent named as grantees in the hereinabove described Warranty Deed, recorded as Document #93017230 on the 12th day of March, 1993.

9. That the gross value of the estate of the decedent, Christine O. Hartman, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

10. That the decedent's estate was not subject to Indiana Inheritance Tax.

Martha H. Liechty
Martha H. Liechty, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



Subscribed and sworn to before the undersigned Notary Public in and for said county and state this 11th day of January, 1995.

Margie L. Eastridge
Margie L. Eastridge,
Notary Public

My Commission expires: 10-28-96
Resident of Porter County

Prepared by: Harry R. Kneifel, Sr., Attorney at Law
651 E. Third St., P.O. Box 427, Hobart, In. 46342

ATTENTION STATE: Disclosure of the information on this form is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0729-94

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) CHRISTINE O. HARTMAN				2 SEX Female		3a TIME OF DEATH 11:50PM		3b DATE OF DEATH (Month, Day, Yr) March 26, 1994							
4 SOCIAL SECURITY NUMBER 307-30-3405		5a AGE—Last Birthday (Years) 89		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) NOV 26, 1904							
7 BIRTHPLACE (City and State or Foreign Country) DELTA COUNTY, TEXAS		8a WAS DECEDENT A U.S. VETERAN? No													
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		8c PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence													
9a FACILITY NAME (If not institution, give street and number) ST. MARY MEDICAL CENTER				9b CITY/TOWN OR LOCATION OF DEATH HOBART			9c COUNTY OF DEATH LAKE								
10 MARITAL STATUS (Specify) Widowed		11 SURVIVING SPOUSE (If wife, give maiden name) NONE		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CLERK			12b KIND OF BUSINESS/INDUSTRY HARVEY'S DIME STO								
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY/TOWN OR LOCATION HOBART			13d STREET AND NUMBER 327 E. 12TH STREET								
13e ZIP CODE 46342		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input 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 (13-16) 12					
18 FATHER'S NAME (First, Middle, Last) GEORGE				19 MOTHER'S NAME (First, Middle, Maiden Surname) SAMMONS, CALLIE B. CARTER											
20a INFORMANT'S NAME (Type/Print) MARTHA LIECHTY				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1606 A STREET, LAROPPE, INDIANA 46350				20c Relationship Daughter							
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____				21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MAR 30, 1994 TU MEDICAL CENTER				21c LOCATION—City or Town, State INDIANAPOLIS, INDIANA							
22a EMBALMER'S NAME JAMES J. KRAUSE				22b EMBALMER'S LICENSE NO. FDO1006463				23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
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 HOME, INC. 600 W. OLD RIDGE RD., HOBART, IN 46342									
26 PART I: Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>hemorrhage cerebrovascular, accident</i> b. _____ c. _____ Conditions, if any, which gave rise to the immediate cause, listing the underlying cause last.										Approximate Interval Between Onset and Death <i>27h</i>					
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>hypertension</i>										28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO			
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 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 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>Samuel M. Obolyn MD</i>		29c MEDICAL LICENSE NO. 01020846		29d DATE SIGNED (Month, Day, Year) 3-28-94	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DONALD M. PHILLIPS MD, 1375 SOUTH LAKE PARK AVE., HOBART, IN 46342										31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Phillips, M.D.</i>		32 DATE FILED (Month, Day, Year) March 29, 1994			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED							
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				34d 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.				000748							



Last Will and Testament

Filed in Open Court

OF

45C01-9404-ES-115

APR 12 1994

Paul C. Antle
CLERK LAKE COUNTY

I, CHRISTINE O. HARTMAN, now residing in Lake County, of sound and disposing mind and memory, but mindful of the uncertainty of life, do make, publish and declare this to be my Last Will and Testament, hereby revoking all former Wills by me heretofore made, and declaring this and none other to be my Last Will and Testament.



ONE

I direct my executors to pay out of my estate all of my just debts, including the expenses of my last illness.

TWO

With the sincere desire to make it possible, for persons of good will to contribute to medical science, I hereby give and bequeath my intact body, upon my death, to the Anatomy Department at the Indiana University Medical Center; and I hereby direct the funeral director, if any be employed, and the Indiana State Anatomical Board for delivery of my intact dead body to the Indiana University Medical Center, Indianapolis, Indiana, for purposes of medical education and research, after which my remains are to be

Christine O. Hartman
Christine O. Hartman

interred at the said Indiana University Medical Center. In order that my body will be delivered to the Anatomy Department in its intact condition, I hereby direct that should medicolegal indication arise for an autopsy, that no such post-mortem procedure be done prior to a conference with either the Chairman of the Anatomy Department or the Secretary of the Indiana State Anatomical Board.

Document is
NOT OFFICIAL!

To my children surviving me, I make the request, that they arrange for such services as they desire to hold at the time of my death, but I do request that they do not make arrangements for any funeral because of the expense involved.

I hereby acknowledge that I am the mother of William Martin Priest and Wesley Virgil Priest and that these sons were born of my first marriage and are believed by me to presently reside in the State of Texas. I make no gift to these two sons because I have not for many years shared the relationship of parent and child with them.

FIVE

All the rest and residue of my estate, be the same real

Christine O. Hartman
Christine O. Hartman

2.

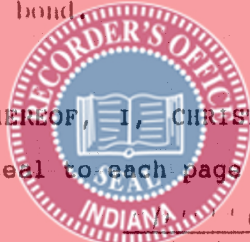
estate, personal property, or mixed property, and wherever situate, I hereby give, devise and bequeath, upon my death, in equal shares, one share to James G. Eyrich, now Route 10, Roselawn, Indiana, (my son and only child by my second marriage), one share to Carolyn Beasley, now of 804 Rock Hollow Road in Edmond, Oklahoma, (my daughter and one of two daughter born of my third marriage) and one share to Martha H. Liechty, now of 1353 South Lake Park, Hobart, Indiana, (my remaining daughter born of my third marriage). In the event any of my children named in this paragraph shall predecease me, I hereby give, devise and bequeath the share of such deceased child to his or her child or children surviving me in equal shares, including children of such deceased child who shall be born after the date hereof.

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

I hereby name and appoint my daughter, Martha H. Liechty, to be the Executrix of the my Last Will and Testament, and ask that she be permitted to serve without bond; and should she for any reason fail to act or qualify as such, then I do appoint my son, James G. Eyrich, to act as such Executor, and ask that he be permitted to serve without bond.

IN TESTIMONY WHEREOF, I, CHRISTINE O. HARTMAN, have hereunto set my hand and seal to each page of this, my Last Will

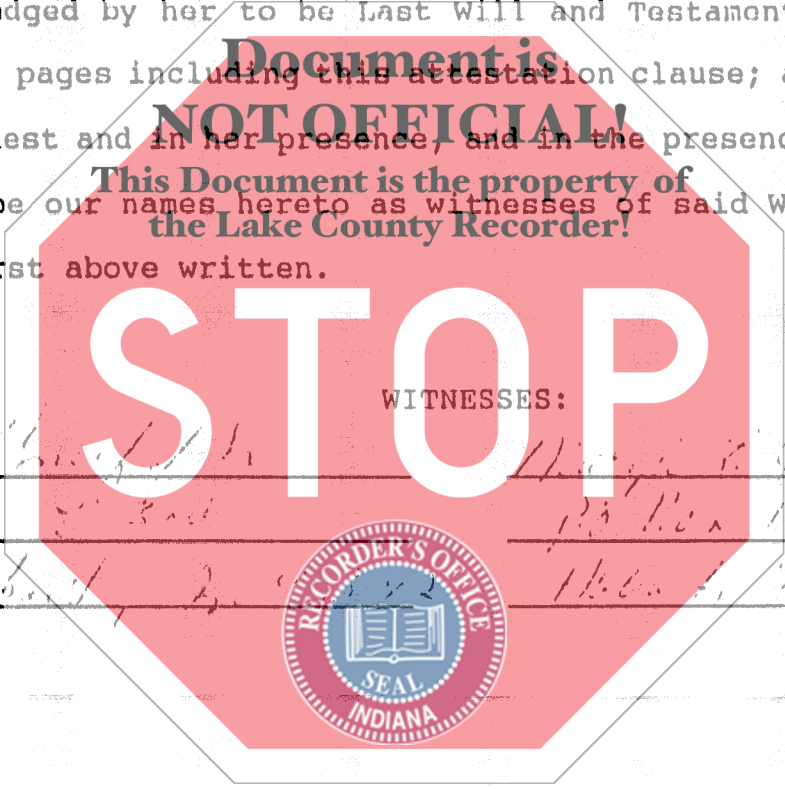


3. Christine O. Hartman

and Testament, at Hobart, Indiana, this 27th day of March, 1993.

Christine O. Hartman
Christine O. Hartman

We, the undersigned hereby certify that the foregoing instrument of writing was this day produced to us by Christine O. Hartman and in our joint presence signed and acknowledged by her to be Last Will and Testament, consisting of four (4) pages including this attestation clause; and we do now, at her request and in her presence, and in the presence of each other, subscribe our names hereto as witnesses of said Will, the day and year first above written.



WITNESSES:

[Handwritten Signature]
[Handwritten Signature]
[Handwritten Signature]