

2941 Martha Street
Hammond, IN 46323

SURVIVORSHIP AFFIDAVIT

STATE OF ARIZONA)
)SS:
COUNTY OF)

On the 16th day of May, 1995, before me personally appeared MICKEY LaMAR BAKER, to me personally known, who being duly sworn upon her oath, did say that:

1. Affiant resides at 1429 E. Monte Cristo, Phoenix, Arizona.
2. Affiant is the surviving owner of the premises located at 2941 Martha Street, Hammond, Indiana, and more particularly described as follows:

Lot "D" in subdivision of Lot 5, Block 8 in Hartman's Garden's Addition to Hessville, in the City of Hammond, as per plan thereof, recorded September 26, 1928, in Plat Book 22, page 5, in the Office of the Recorder of Lake County, Indiana.

3. Said premises were formerly owned as joint tenants with rights of survivorship by SHIRLEY HOLMES and MICKEY LaMAR BAKER,
4. Said SHIRLEY HOLMES died on April 15, 1995, leaving no Will.
5. That to the best of Affiant's knowledge there is no estate tax liability by reason of the death of said decedent; that all inheritance taxes have been paid in full; and arrangements have been made for payment of all funeral expenses.

SUBSCRIBED and SWORN to before me, a Notary Public on this 16th day of May, 1995.

Teresa M. Thompson
Notary Public
Resident of Maricopa County.

My Commission Expires: 11/01/96

THIS INSTRUMENT PREPARED BY:

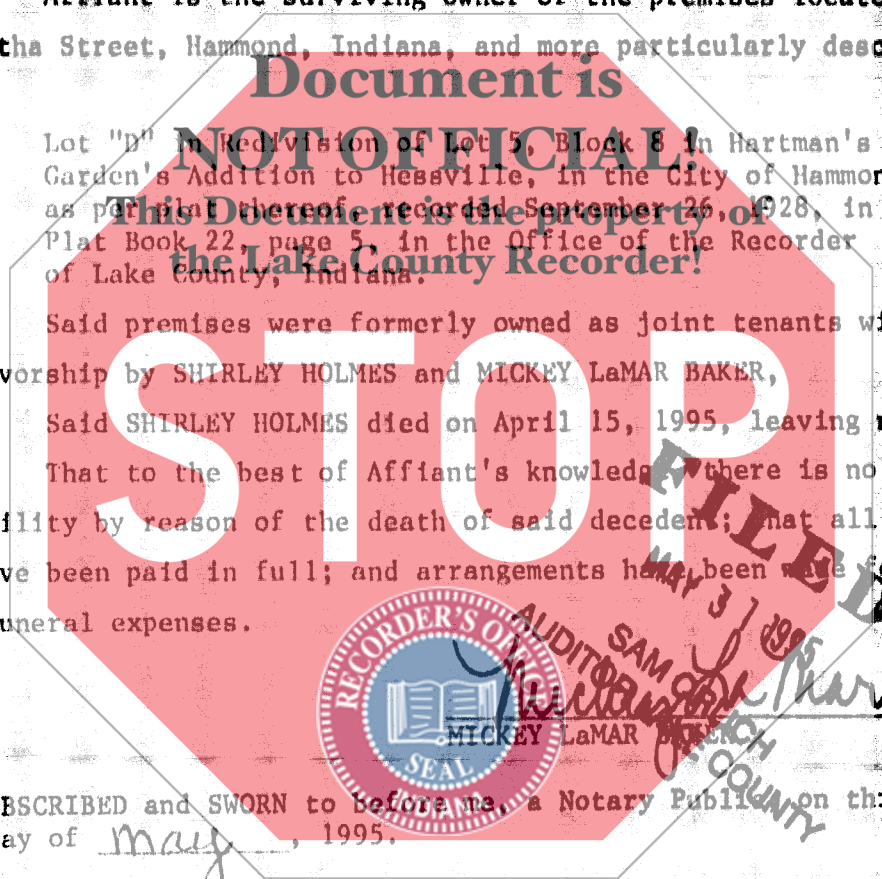
THOMAS L. KIRSCH
ATTORNEY AT LAW
131 RIDGE ROAD
MUNSTER, IN 46321
219-836-1384



OFFICIAL SEAL
TERESA M. MARLETTA
Notary Public Arizona
Principal Offices in
Maricopa County
Commission Expires 1/1/96

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 1924681
REGISTERED NUMBER 192

DECEASED NAME: SHIRLEY HOLMES
AGE LAST BIRTHDAY: 52 61
SEX: FEMALE
DATE OF BIRTH: APRIL 15 1935
DATE OF DEATH: APRIL 15 1995

PLACE OF DEATH: BLUE ISLAND
CITY/TOWN/TWP./OR ROAD/DISTRICT NUMBER: 111 HOSPITAL
HOSPITAL OR OTHER INSTITUTION: ST. FRANCIS HOSPITAL

DECEASED: BLUE ISLAND
MARRIED, NEVER MARRIED, DIVORCED, SEPARATED
MARRIAGE DATE: 11/11/52
MARRIAGE PLACE: ST. FRANCIS HOSPITAL

7. RANKIN ILLINOIS MARRIED
SOCIAL SECURITY NUMBER: 343-26-9694
RESIDENCE STREET ADDRESS: 2941 MARTHA STREET
CITY/TOWN/TWP./OR ROAD/DISTRICT NO.: 111 HOSPITAL

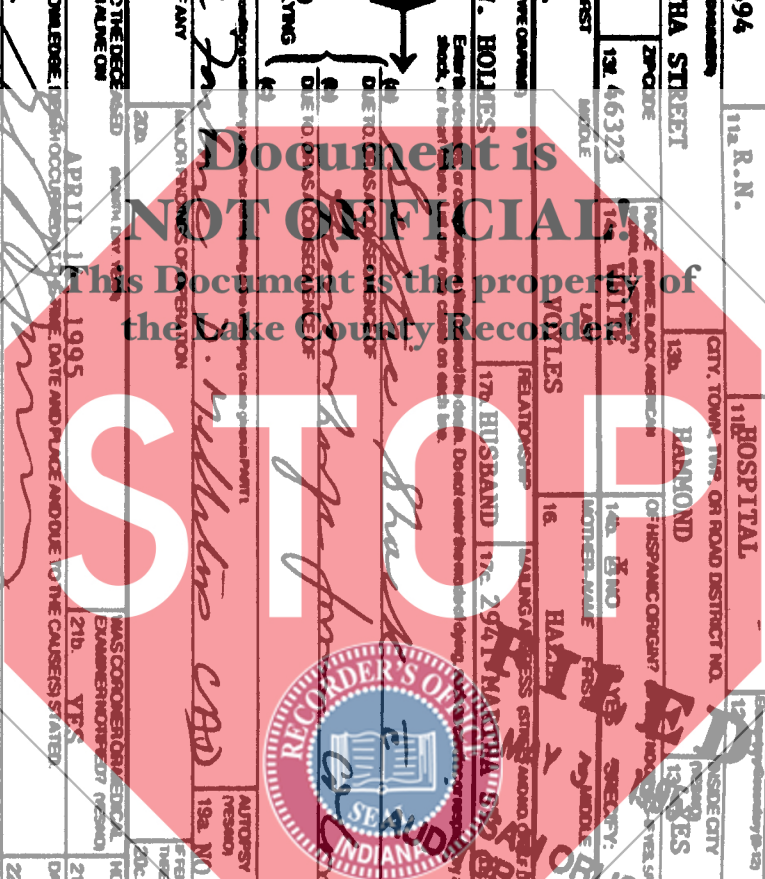
13. INDIANA
FATHER NAME: EARL
MOTHER NAME: MARY
RELATIONSHIP: HUSBAND
MARRIAGE ADDRESS: 2941 MARTHA STREET, HAMMOND, IN 46323

17. DONALD W. HOLMES
18. PART I: Cause of death: Myocardial infarction
CONDITIONS: HEART DISEASE
WHICH GAVE RISE TO IMMEDIATE CAUSE: HEART DISEASE
STATEMENT OF UNDERLYING CAUSE LIST: HEART DISEASE

22. SIGNATURE: Paul J. Hoover
NAME AND ADDRESS OF CENTER: 330 YORK ST. BLUE ISLAND IL. 60408

23. FUNERAL HOME: BOCKEY FUNERAL HOME, INC. 7042 KENNEDY AVE., HAMMOND, IN 46323
CITY/TOWN: HAMMOND
STATE: IN

26. LOCAL REGISTRAR'S SIGNATURE: Paul Hoover
DATE: APR 18 1995
AT BLUE ISLAND ILLINOIS. OFFICIAL TITLE, LOCAL REGISTRAR



I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD for the decedent named at ITEM 1 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: APR 18 1995 SIGNED: Paul Hoover
AT BLUE ISLAND ILLINOIS. OFFICIAL TITLE, LOCAL REGISTRAR