

Blackmun, Bumberger & Moran
9006 Indianapolis Blvd.
Highland, In. 46322

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
ROOM NO. FIVE

IN THE MATTER OF THE)
ESTATE OF LOIS J. STAHL,) CAUSE NO. 45D05-9412-ES-284
Deceased.)

AFFIDAVIT OF HEIRSHIP

Comes now Elizabeth A. Stahl, on oath, and deposes and states as follows:

1. She is the daughter of Lois J. Stahl, deceased, whose date of death was February 24, 1994. A copy of the death certificate of Lois J. Stahl is attached hereto as Exhibit A.

2. That as the daughter and one of the legatees of the decedent, Lois J. Stahl, she has personal knowledge of the names and addresses of all heirs of Lois J. Stahl, which names and addresses are listed below:

- A. Elizabeth A. Stahl, 7404 Howard, Hammond, IN 46324
- B. Charles Stahl, 623 Balmoral Drive, Inverness, IL 60067
- C. David Stahl, 808 North 17th Avenue, Hollywood, FL 33020
- D. Marjorie Setler, 404 Prospect, East Chicago, IN 46312
- E. Pamela Zawada, 938 - 174th Place, Hammond, IN 46324

3. That decedent Lois J. Stahl, died leaving a will dated May 12, 1988, in which the above-named persons were named as her heirs. A copy of the will of Lois J. Stahl is attached hereto as Exhibit B.

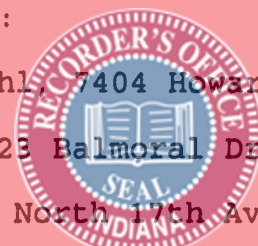
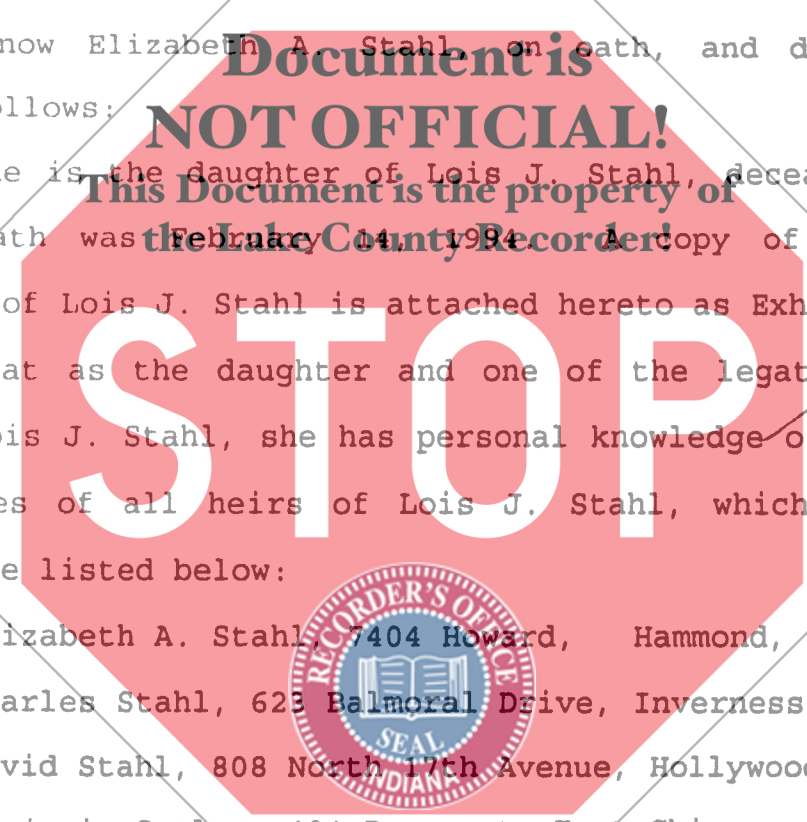
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

SEP 5 1995

SAM ORLICH
AUDITOR LAKE COUNTY

000007

1900



95051794
95 SEP 15 1995
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDS

4. That Indiana State Inheritance Tax in the amount of \$1,040.18 was determined by the Lake Superior Court to be due and owing on the decedent's estate, which amount was paid in full by Elizabeth A. Stahl as verified by the receipt of the Auditor of Lake County, Indiana, a copy of which is attached hereto as Exhibit C.

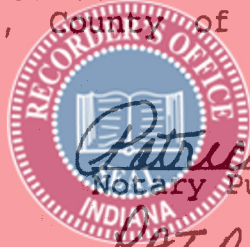
5. The affiant has no knowledge of any other encumbrances or amounts due with respect to any property of the decedent Lois J. Stahl.

I AFFIRM, under the penalties for perjury, that the foregoing representations are true and correct.

DATED: July 31, 1995.

Elizabeth A. Stahl
Elizabeth A. Stahl

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the State of Indiana, County of Lake, this 31st day of July, 1995.



Patricia J. Spiegel
Notary Public
PATRICIA J. SPIEGEL
Printed Name

My Commission Expires:

06/10/96

My County of Residence:

Lake

GFB:pjs\A:\bstahl\aff

ATTENTION STATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 148

Feb 16, 1994
Hammond Health Commissioner

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Lois J. Stahl		2 SEX Female	3a TIME OF DEATH 11:30 p.m.	3b DATE OF DEATH (Month Day Year) February 14, 1994
4. *SOCIAL SECURITY NUMBER 317-14-9569		5a AGE—Last Birthday (Years) 70	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo Day Yr) February 11, 1924		7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	9a 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		
9b FACILITY NAME (If not institution, give street and number) St. Margaret Mercy - North Campus		9c CITY, TOWN OR LOCATION OF DEATH Hammond	9d 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) Machine Operator		12b KIND OF BUSINESS/INDUSTRY Kenrow Plastics
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Hammond		13d STREET AND NUMBER 7404 Howard Ave.,
13e ZIP CODE 46324	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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 (9-12) 12		College (1-4 or 5+) 2		
18 FATHER'S NAME (First Middle Last) Walter Bauer		19 MOTHER'S NAME (First Middle Maiden Surname) Gertrude Twiss		
20a INFORMANT'S NAME (Type/Print) Betty Stahl		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7404 Howard Ave., Hammond, Indiana 46324		20c Relationship Daughter
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 18, 1994 Oak Hill Cemetery		21c LOCATION—City or Town, State Hammond, Indiana
22a EMBALMER'S NAME Henry J. Blake		22b EMBALMER'S LICENSE NO. FD01019406		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edna D. Lafferty</i>		24b LICENSE NUMBER (of Licensee) FD01000857		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LAHAYNE Funeral Home, Inc., FH83002885 5746 Hohman Ave., Hammond, IN 46320
26 PART I Enter the diseases, 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) • CONGESTIVE HEART FAILURE, FAILING DUE TO (OR AS A CONSEQUENCE OF): • HEART SYNDROME WHICH SICK SINUS DUE TO (OR AS A CONSEQUENCE OF): • MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): • ARTEROSCLEROTIC HEART AND VASCULAR DISEASE Conditions, if any which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions - Conditions contributing to death, but not previously stated in Part I. FLU SYNDROME HYPERTENSION		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		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 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OVER 14 DAY		
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 A. Willardo, M.D.		29c MEDICAL LICENSE NO. IND-20544
29d DATE SIGNED (Month Day Year) Feb 2-16-94		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) A. Willardo, M.D. 7150 INDIANAPOLIS BLVD HAMMOND, IN 46324		
31 HEALTH OFFICER'S SIGNATURE <i>Dr. William J. Remuda, M.D.</i>		32 DATE FILED (Month Day Year) February 16, 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"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e DESCRIBE HOW INJURY OCCURRED		
34f 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.				

SDH06 004 State Form 10110 (R4/3-93) Deathcer/PD 1

EXHIBIT A

copy

Last Will and Testament
of

LOIS JEAN STAHL

I, LOIS JEAN STAHL, of Hammond, Lake County, Indiana, being of full and legal age and of sound and disposing mind and memory, do make, publish and declare this to be my Last Will and Testament and do hereby revoke and annul any and all Wills and Codicils heretofore made by me.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder

ITEM I
All inheritance, estate and succession taxes, including interest and penalties, payable by reason of my death shall be paid out of and be charged generally against the principal of my residuary estate without reimbursement from any person.

ITEM II

My brother Walter Bauer has no legal interest in the sideboard with a marble top or any of the other furniture located within my residence. All of said furniture shall pass pursuant to Item III.

ITEM III

I give and devise my real estate, home, and the household furnishings located therein, located at 7404 Howard, Hammond, Indiana, to my descendants, per stirpes; subject, however, to the right of my daughter Elizabeth Ann Stahl to continue to reside in said residence rent-free, and use said household furnishings, so long as she desires, or until her death, whichever event first occurs. During the time she resides in said premises, she shall be responsible for maintaining the premises in a reasonable manner, and paying all taxes, insurance and utilities.

I give, devise and bequeath all of the rest and residue of my property to my descendants, per stirpes. I presently have five children, namely ELIZABETH ANN, CHARLES JAMES, DAVID WILLIAM, MARJORIE JEAN, and PAMELA SUE.

P. J. S.

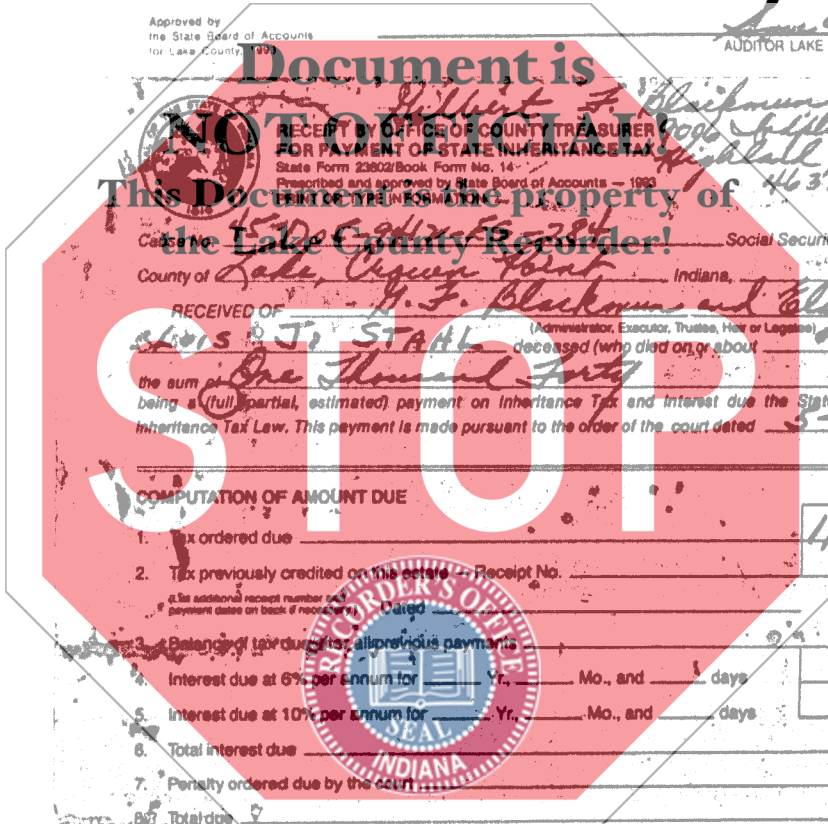
INTERIM RECEIPT

OFFICE OF COUNTY AUDITOR

MAY 24 1995
 CROWN POINT, IN _____ \$ 1,040.18
 RECEIVED FROM G.F. BLACKMUN & ELIZ. STAHL
 THE SUM OF ONE THOUSAND FORTY & 18/100 DOLLARS
 ON ACCOUNT OF POST TO ACCT#571-000000-369001 100
 MONEY RECEIVED FOR INHERITANCE TAX
 ALI FOR LOIS J. STAHL # PAID 95 070524953786 01-040.18

Approved by the State Board of Accounts for Lake County, Indiana

James Walsh
AUDITOR LAKE COUNTY, INDIANA



RECEIPT BY OFFICE OF COUNTY TREASURER FOR PAYMENT OF STATE INHERITANCE TAX
 State Form 23802/Book Form No. 14 - Prescribed and approved by State Board of Accounts - 1993

Case No. 45-10-C-9412-FS-284 Social Security No. 313-13-9453
 County of Lake, Crown Point Indiana, (Deceased) 5-25, 1995
 RECEIVED OF G. F. Blackmun and Eliz. Stahl of the estate of Lois J. Stahl
 (Administrator, Executor, Trustee, Heir or Legatee) deceased (who died on or about 8-14-94)
 the sum of One Thousand Forty DOLLARS, being a (full/partial, estimated) payment on inheritance tax and interest due the State under the provisions of the Indiana Inheritance Tax Law. This payment is made pursuant to the order of the court dated 5-16-95.

COMPUTATION OF AMOUNT DUE

1. Tax ordered due	1,040.18
2. Tax previously credited on this estate - Receipt No. _____	
3. Balance of tax due after all previous payments	
4. Interest due at 6% per annum for _____ Yr., _____ Mo., and _____ days	
5. Interest due at 10% per annum for _____ Yr., _____ Mo., and _____ days	
6. Total interest due	
7. Penalty ordered due by the court	
8. Total due	1,040.18

SUMMARY OF AMOUNT PAID

A. Amount of this payment	1,040.18
B. Plus discount (5% if paid within one year of the date of death)	
C. Minus total interest due (from line 6 above)	
D. Amount credited toward tax due	1,040.18
E. Remainder credited toward penalty due	
F. Balance of tax and/or interest due	

Payment Type Cash Check MO

Gene Halviga County Treasurer
 By *Eric Burk* Deputy Treasurer