

Donald S. Dreyfus
1000 E. 80th Pl. Ste 425 N.
Merrillville, IN.
46410-5653

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FILED

APR 10 1996

AFFIDAVIT OF SURVIVORSHIP

**SAM ORLICH
AUDITOR LAKE COUNTY**

Comes now WILLIAM O'CONNELL, EXECUTOR OF THE ESTATE OF REGINA O'CONNELL, being duly sworn upon his oath, and states as follows:

That the Estate of Regina O'Connell is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The part of the Southeast Quarter of the southeast Quarter of Section 16, Township 36 North, Range 7 West of the 2nd P.M., in Lake County, Indiana, described as follows:

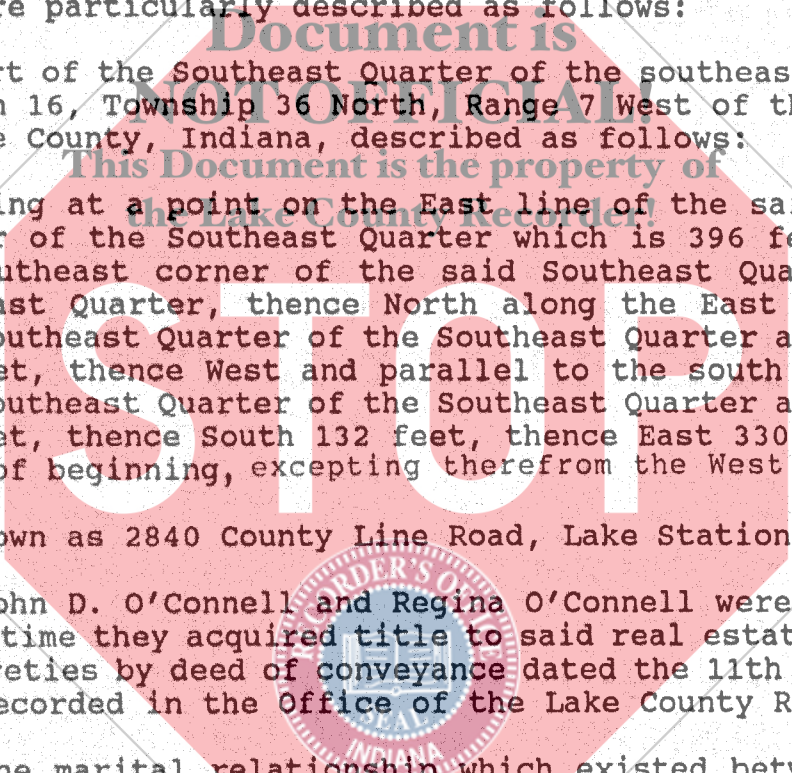
Beginning at a point on the East line of the said Southeast quarter of the Southeast Quarter which is 396 feet North of the Southeast corner of the said Southeast Quarter of the Southeast Quarter, thence North along the East line of the said Southeast Quarter of the Southeast Quarter a distance of 132 feet, thence West and parallel to the south line of the said Southeast Quarter of the Southeast Quarter a distance of 330 feet, thence South 132 feet, thence East 330 feet to the point of beginning, excepting therefrom the West 30th feet.

Commonly known as 2840 County Line Road, Lake Station, Indiana

That John D. O'Connell and Regina O'Connell were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated the 11th day of June, 1960, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between John D. O'Connell and Regina O'Connell continued unbroken from the time they so acquired title to said real estate until the death of John D. O'Connell on the 11th day of September, 1982, at which time Regina O'Connell acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of John D. O'Connell, as determined for the purpose of Federal Estate Taxes required the filing of a Federal Estate Tax Return. That the return has been filed and the assessed Federal Estate Taxes have been paid.




96023643

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 APR 12 AM 10:55
W.H.D. Exec.

000497
138
1000
CK# 6001

That John D. O'Connell's estate was subject to Indiana Inheritance Tax, and the Inheritance Tax assessed has been paid to the Treasurer of Lake County by the affiant herein or by the personal representative of the decedent's estate.

Date: 11-12-95


WILLIAM O'CONNELL, EXECUTOR OF THE
ESTATE OF REGINA O'CONNELL

Before me, the undersigned, a Notary Public for Lake County, Indiana, personally appeared WILLIAM O'CONNELL, EXECUTOR OF THE ESTATE OF REGINA O'CONNELL, and he being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 17th day of November, 1995.
the Lake County Recorder!

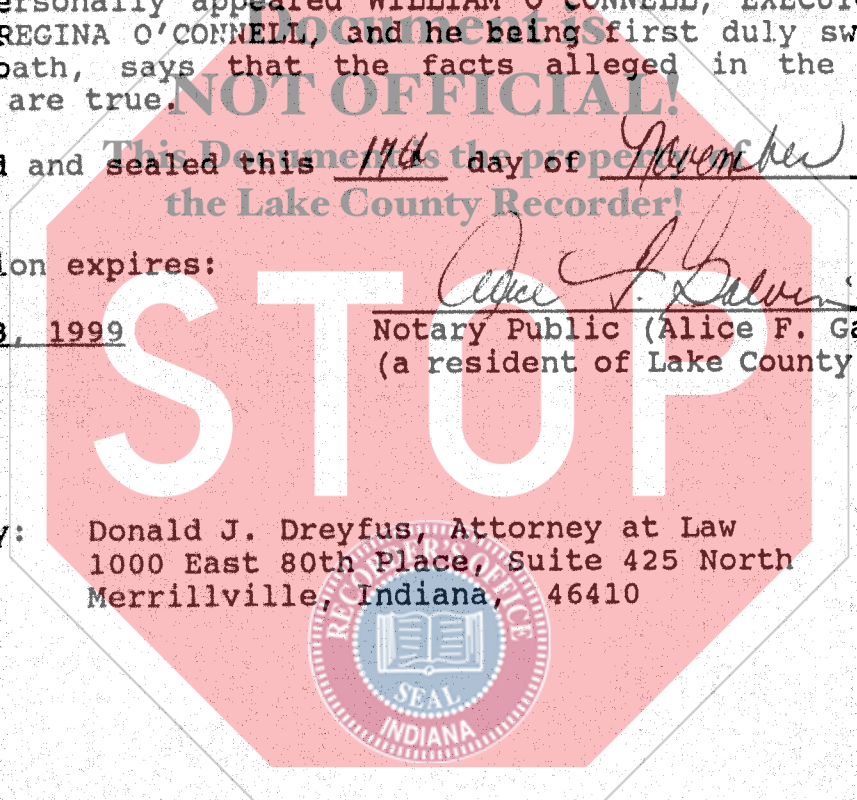
My commission expires:

September 3, 1999


Notary Public (Alice F. Galvin)
(a resident of Lake County, Indiana)

Prepared by:

Donald J. Dreyfus, Attorney at Law
1000 East 80th Place, Suite 425 North
Merrillville, Indiana, 46410



N 13214 of S 52674 of E 33014 of SW 1/4 SE SW 1/4 E 316 T 36 R 10 G 91AC

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

Disposition Permit Issued / /

Provisional Certificate

Yes No

EMBALMER'S NAME GLORIA BRADY LICENSE No. 1659

FUNERAL DIRECTOR'S SIGNATURE Gloria Brady LICENSE No. 1659

FUNERAL HOME No. 163

Local No. 1463-82

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

000498

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 IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
JOHN		D.	O'CONNELL	MALE	SEPTEMBER 11, 1982		
RACE - (e.g. White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yr.)	LUNDS 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH	
WHITE	64	MO.	DAY	HOURS	MINS.	LAKE	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION - Name (if not in other) give street and number		IF HOSP OR INST. Indicate DOA, OP, E, Mar, Rm., Inpatient (Specify)	
HOBART				ST. MARY MEDICAL CENTER		INPATIENT	
STATE OF BIRTH (If not in U.S. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
WISCONSIN	U.S.A.	MARRIED		REGINA SCHNEIDER		NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)			KIND OF BUSINESS OR INDUSTRY		
314-18-9562		SELF-EMPLOYED			FOUNDRY		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
INDIANA	LAKE	LAKE STATION		NO		YES	
STREET AND NUMBER		15d		15e		15f	
2840 COUNTY LINE RD.				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST
JOHN		O'CONNELL		BIBIAME		HOFFMAN	
INFORMANT - NAME (Type or print)		MAILING ADDRESS		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
REGINA O'CONNELL		2840 COUNTY LINE RD.		LAKE STATION, IN		46405	
BURIAL - CREMATION - REMOVAL - OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION		CITY OR TOWN	
BURIAL		CALVARY CEMETERY		PORTAGE, INDIANA			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS		STREET OR R.F.D. NO.		CITY OR TOWN	
SEPTEMBER 14, 1982		BRADY FUNERAL HOME		3781 CENTRAL AVE.		LAKE STATION, IN 46405	
To the best of my knowledge, death occurred at the time, date and place stated due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
21a Signature <u>C.F. Badar, M.D.</u>		9-13-82		6:30 P.M.			
NAME OF ATTENDING PHYSICIAN (Type or Print)		MAILING ADDRESS - PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN	
C.F. Badar, M.D.		5400 Broadway		Merrillville, IN		46410	
HEALTH OFFICER		DATE RECEIVED BY LOCAL HEALTH OFFICER		STREET OR R.F.D. NO.		CITY OR TOWN	
Paul J. Jacy, M.D.		APR 10 1986		-13-82			
PART I		PART II		INTERVAL BETWEEN ONSET AND DEATH			
(a) Sudden cardiac death		(a) Sudden cardiac death		acute			
(b) Chronic liver disease		(b) Chronic liver disease		chronic			
(c) Extracerebral coagulation		(c) Extracerebral coagulation		acute			
PART II		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)		AUTOPSY (Specify Yes or No)			
				NO			

FILED
APR 10 1986
SAM ORLICH
AUDITOR LAKE COUNTY