

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

20-38-24, 25, 26

STATE OF INDIANA
COUNTY OF LAKE

SS:

AUG 29 1996

SAM OBLICH
SURVIVORSHIP AFFIDAVIT
AUDITOR LAKE COUNTY

COMES NOW JAMES E. HOLMAN, and first being duly sworn upon oath says
as follows:

(1.) That I am the surviving widower of MILDRED JEAN HOLMAN a/k/a
MILDRED J. HOLMAN, deceased, and I have personal knowledge of the facts
forth in this affidavit.

(2.) That MILDRED JEAN HOLMAN a/k/a MILDRED J. HOLMAN died on July
12, 1996, a resident of Lake County, Indiana, and a true and correct copy of her
Certificate of Death is attached as Exhibit "A", and no estate proceedings have been
filed or are contemplated in connection with her death.

(3.) That MILDRED JEAN HOLMAN a/k/a MILDRED J. HOLMAN and I were
lawfully married on December 18, 1948, and remained continuously married until her
death.

(4.) That at the time of her death, MILDRED JEAN HOLMAN a/k/a MILDRED
J. HOLMAN and I, as husband and wife, owned the following-described real estate
in Marsahl County, Indiana:

Lots 23, 24 and 25 in Block 3 in Greater Riverview Park
Addition to East Gary, in the City of Lake Station, as per
plat thereof, recorded in Plat Book 15, page 7, in the
Office of the Recorder of Lake County, Indiana.

(5.) That MILDRED JEAN HOLMAN a/k/a MILDRED J. HOLMAN'S estate was
not subject to Federal Estate Tax.

(6.) That affiant further sayeth naught.



James E. Holman
James E. Holman

BEFORE ME, a Notary Public in and for said County and State, personally
appeared JAMES E. HOLMAN, who acknowledged her execution of the foregoing as
a free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 29th day of
August, 1996.

My Commission Expires:

June 22, 1997

James T. Walker
James T. Walker, Notary Public
Resident of Lake County

Prepared by: James T. Walker, Attorney at Law, 99 East 86th Avenue, Suite E,
Merrillville, Indiana 46410

Return to: *[Signature]* James T. Walker, Attorney at Law, 99 East 86th Avenue, Suite E,
Merrillville, Indiana 46410

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EX#5967

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96 SEP -5 AM 10:34
INDEXED
RECORDED
FILED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

ATTENTION ESTATE: 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

Local No. 2371-96

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED-NAME (First Middle Last) MILDRED JEAN HOLMAN
2. SEX Female
3a. TIME OF DEATH 5:38AM
3b. DATE OF DEATH (Month Day Yr) July 12, 1996
4. SOCIAL SECURITY NUMBER 195-24-3840
5a. AGE - Last Birthday (Years) 65
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo Day Yr) Nov 6, 1930
7. BIRTHPLACE (City and State or Foreign Country) SEWICKLEY, PA
8a. WAS DECEDENT A U.S. VETERAN? No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A
9a. PLACE OF DEATH (Check only one. See instructions)
HOSPITAL [X] Inpatient [] ER/Outpatient [] DOA
OTHER [] Nursing Home [] Other (Specify)
[] Residence

DECEDENT

9b. FACILITY NAME (if not institution, give street and number) ST. MARY MEDICAL CENTER
9c. CITY TOWN OR LOCATION OF DEATH Hobart
9d. COUNTY OF DEATH LAKE

10. MARITAL STATUS (Specify) Married
11. SURVIVING SPOUSE (if wife, give maiden name) JAMES E. HOLMAN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER
12b. KIND OF BUSINESS INDUSTRY OWN HOME

13a. RESIDENCE - STATE IN
13b. COUNTY LAKE
13c. CITY TOWN OR LOCATION LAKE STATION
13d. STREET AND NUMBER 2587 NEWTON ST.

13e. ZIP CODE 46405
13f. INSIDE CITY LIMITS [] No [X] Yes
13g. ON A FARM? [X] No [] Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? [] No [X] Yes (if you specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE - American Indian (Specify)
Black, White, etc. WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (0-12) 12
College (1-4 or 5+)

PARENTS

18. FATHER'S NAME (First Middle, Last) JAMES G. MCCAFFREY
19. MOTHER'S NAME (First Middle, Maiden Surname) GRACE SHAFFER

INFORMANT

20a. INFORMANT'S NAME (Type/Print) JAMES E. HOLMAN
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2587 NEWTON ST., LAKE STATION, IN 46405
20c. Relationship Husband

DISPOSITION

21a. METHOD OF DISPOSITION [X] Burial [] Cremation [] Denial [] Other (Specify)
[] Entombment [] Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Jul 15, 1996 Chesterton Cemetery
21c. LOCATION - City or Town State Chesterton, IN

22a. EMBALMER'S NAME JAMES J. KRAUSE
22b. EMBALMER'S LICENSE NO. FD01006483
23. WAS DEATH REPORTED TO CORONER? [X] No [] Yes

24a. SIGNATURE OF FUNERAL DIRECTOR Kenneth P. Stowers
24b. LICENSE NUMBER (of Licensee) FDO8900027
24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 83005613 Rees Funeral Home, Olson Chapel 5341 Central Avenue, Portage, IN 46368

CAUSE OF DEATH

25. PART I Enter the disease, injury, or complication 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.
I hereby certify the above is a true and correct copy of the certificate of death as filed with the Lake County Health Dept.
Cardiac arrest of undetermined etiology
DUE TO (OR AS A CONSEQUENCE OF)
DUE TO (OR AS A CONSEQUENCE OF)
DUE TO (OR AS A CONSEQUENCE OF)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not previously stated in Part I.
Alexander S. Williams, MD
LAKE COUNTY HEALTH COMMISSIONER
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

CERTIFIER

29a. CERTIFIER (Check only one) [X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
[] 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.
[] 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.

HEALTH OFFICER

29b. SIGNATURE AND TITLE OF CERTIFIER Alexander S. Williams, MD
29c. MEDICAL LICENSE NO 01027333
29d. DATE SIGNED (Month Day Year) 7/15/96
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) M. U. PARAGONKER, MD, 300 W. 80TH PL., MERRILLVILLE, IN 46410
31. HEALTH OFFICER'S SIGNATURE Alexander S. Williams, MD
32. DATE FILED (Month Day Year) July 16, 1996

33. MANNER OF DEATH [] Natural [] Pending Investigation [] Accident [] Suicide [] Homicide [] Could not be Determined
34a. DATE OF INJURY (Month Day Year) FILED AUG 29 1996
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
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.
SAM ORLICH
LAKE COUNTY
001583