

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Jeannine B. Pavic and Raymond D. Pavic, after being duly sworn upon their oaths state as follows:

1) That Jeannine B. Pavic and Raymond D. Pavic held the following real estate in Lake County, Indiana, as tenants in common and Emil C. Pavic as to a life estate, more particularly described as:

Lot 17, Block 5, in Young's Dunelands Sub. in the City of Gary, Indiana.
Key #47-375-17.

2) Emil C. Pavic died testate on the 28th day of March, 1995. No estate has been opened for Emil C. Pavic nor is one contemplated nor planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Emil C. Pavic's death certificate is attached hereto and made a part hereof.

3) Jeannine P. Pavic and Raymond D. Pavic are the sole heirs at law entitled to inherit the above described real estate.

Dated this 12th day of February, 1997.

CTIC Has made an accomodation recording of the instrument. We Have made no examination of the instrument or the land affected.



Jeannine B. Pavic
Jeannine B. Pavic, Affiant

Raymond D. Pavic
Raymond D. Pavic, Affiant

MORRIS W. CARTER
RECORDER

97 FEB 21 PM 1:24

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

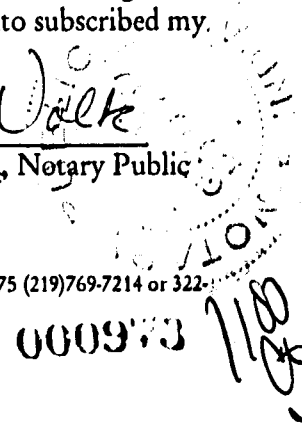
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State this 12th day of February, 1997 personally appeared Jeannine B. Pavic and Raymond D. Pavic and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 3-26-97
Resident of Polk County, Indiana

FILED

Debra L. Volk
Debra L. Volk, Notary Public



This instrument prepared by Steve H. Tokalski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375 (219)769-7214 or 322-1271.

Handwritten initials and date: 1/20/97

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

INDIANA STATE DEPARTMENT OF HEALTH

95-0266

Local No.

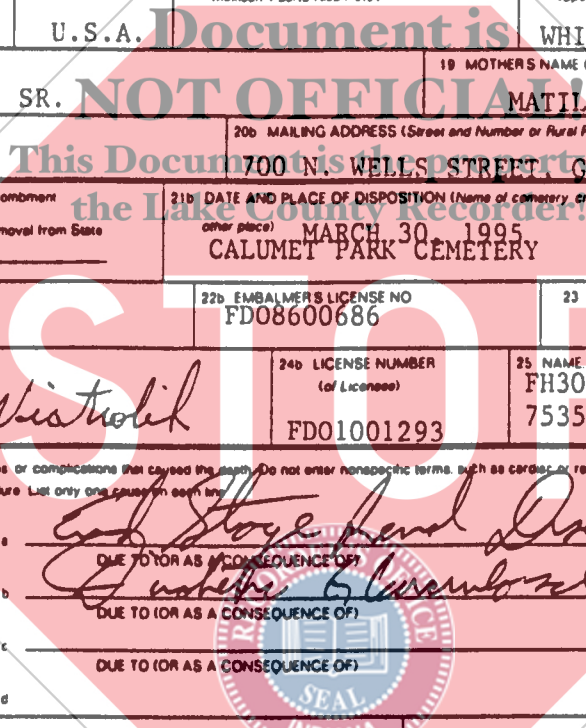
CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME, SOCIAL SECURITY NUMBER, AGE, DATE OF BIRTH, PLACE OF DEATH, FACILITY NAME, MARRITAL STATUS, RESIDENCE-STATE, ZIP CODE, CITIZEN OF WHAT COUNTRY, RACE, EDUCATION, FATHER'S NAME, MOTHER'S NAME, INFORMANT'S NAME, MAILING ADDRESS, METHOD OF DISPOSITION, DATE AND PLACE OF DISPOSITION, LOCATION, EMBALMERS NAME, LICENSE NUMBER, SIGNATURE OF FUNERAL DIRECTOR, LICENSE NUMBER, NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME, PART I: IMMEDIATE CAUSE OF DEATH, PART II: Other significant conditions, CERTIFIER, SIGNATURE AND TITLE OF CERTIFIER, MEDICAL LICENSE NO, DATE SIGNED, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, HEALTH OFFICER'S SIGNATURE, DATE FILED, MAJNER OF DEATH, DATE OF INJURY, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE INVOLVED.



DECEDENT

PARENTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

FILED

SAM ORLICH AUDITOR LAKE COUNTY