STATE OF INDIANA

COUNTY OF LAKE

'ss: 98048789

STATE OF PIDIAHA DULY ENTERED FOR TAXATION SOURCE TO FINAL 9.8CEPTANSE FOR TRANSFER. JUN 30 1998

SAM ORLICH AFFIDAVIT OF SURVIVORSHIP AUDITOR LAKE COUNTY

Susan J. Macak, being first duly sworn, upon her oath deposes and says:

- 1. Affiant, Susan J. Macak, is 53 years old, resides at 1305 W. 142nd Street, East Chicago, Indiana, and makes this affidavit based upon her personal knowledge.
- 2. Susan J. Macak is the only child born to Bernice L. Macak and Joseph J. Macak, who were married prior to April, 1948, and who lived together as husband and wife until the death of Joseph J. Macak on J. Ma
- 3. During their marriage, Joseph J. Macak and Bernice L. Macak, as Husband and Wife, purchased the real estate legally described as:

Lot No. Three (3) and the East 8 1/3 feet of Lot No. Four (4), in Block No. Nine (9), as marked and laid down on the recorded plat of Steel Workers Addition to East Chicago, Indiana, as the same appears of record in Plat Book 16, page 2 in the Recorder's Office of Lake County, Indiana, together with all improvements, fixtures, and appurtenances, thereto belonging.

Commonly known as 1305 W. 142nd Street, East Chicago, Indiana

Tax Key #30-563-3

where they continued to reside until their respective deaths.

- 4. Upon the death of Joseph J. Macak, her husband, Bernice L. Macak, as the survivor of a tenancy by the entireties, became the sole owner of the real estate described in paragraph 3.
- 5. Bernice L. Macak died testate in Lake County, Indiana, on June 12, 1997 leaving her only child, Susan J. Macak, as her sole heir and devisee. Because of the death of Bernice L. Macak, and

because of her Will, Susan J. Macak is the sole owner of the fee simple title to the real estate described in paragraph 3. A copy of said Death Certificate and Will are attached hereto.

- 7. Affiant makes this affidavit for the purpose of inducing the proper public officials of Lake County, Indiana to transfer the ownership of the above described real estate to the name of Susan J. Macak, on their tax and real estate record.

Susan J. Macak

Subscribed and sworn to before me a Notary Public this

day of VUNB. 1998

My Commission Expires
April 13, 200

Richard J. Lesniak, Notary Public

Resident of Lake County

Prepared by: Richard J. Lesniak

LESNIAK & ASSOCIATES 1802 E. Columbus Drive East Chicago, IN 46312 (219)398-6200

THE RECORDS IN THIS SERIES AND CONFIDENTIAL PERFORMANCE IN THE PROPERTY AND CONFIDENTIAL CONFIDE	ll No	will be no penalty for	rerusal.	C	ERTIFICAT	TE OF DEATH	4	State	No		
BEILICE L. MECH PROJECT CONTROL AND CONTRO		THE RECORDS IN T	HIS SERIES AF	IE CONFIDENTIAL PE	R IC 16-1-19-3						
ANNENT 1 * SOCIAL SECONTY MUSES 12 ACCIDENT STATE 12 DESCRIPTION OF SAME AND D						1 , , , , ,		1			
ANNIX ALL 10-0-986 [100] Livered Stript Stri					Female 11:40 a						
ENT 1.0 CECTOTIVE ALLEGATION OF THE AMERICAN O		(Years)			Months Days Hours Minutes						
IND IND IND IND IND IND IND IND	, , , , , , , , , , , , , , , , , , ,	SA WAS DECEDENT SO YEAR LAST SERVED IN								Hulana	
TACKTY MAKE IT WER CHARGE STEEL A 2 NOT STEEL EAST Chicago In MICHAEL STRUCK IN MICHAEL		1	"	Anmed PONCES?			OTHER		Other (Speci	4)	
1305 West 142nd Street It Manual Tailury It Manua					· · · · · · · · · · · · · · · · · · ·						
IN MARTIA TATUUR IS MARTIA TATUUR IS COCCUMP TOWN CONCOUNT OF TOWN ON LOCATION IN MICH OWN ON LOCATION IN MICH	ENT	I									
Total Country Incident Inci		10. MARTAL STATUS	11. SUP	IVIVING SPOUSE						126. KIND OF BUSINESS/INDUSTRY	
Indiana Lake Is 28 CODE 18 PARCECTIVE AND 15 COTEDIO 18 MAS DECEDENT OF INFORMATION OF INFORMATION 18 MAS DECEDENT OF INFORMATION 18 MAS DESCRIBED 18 MAS DEATH REPORT OF INFORMATION 18 MAS DESCRIBED 18 MAS DEATH REPORT OF INFORMATION 18 MAS D		Widowed		<u> </u>		Clothing St				s Clo	thing Store
TION The Additional Properties of Control o		t						134 STREET AND NUMBER			
The ADVANCE							14.846	1305 West			
S I FATHER NAME (Free Medica Late) Thomas Cox Thomas Cox Thomas Cox Thomas Cox Thomas Thomas Cox Thomas T	į				7 W D	Yes (If yes, specify Cuben,		k, White etc	17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
S IS PATREAS NAME (PER MARKE LAW) Thomas Cox Thomas Thomas Cox Thomas Thomas Cox Thomas Cox Thomas Cox Thomas Cox Thomas Thomas Cox Thomas Thomas Cox Thomas Thomas Thomas Thomas Thomas Thom		1 1			Mezican, Puerta P	een etc)				ondary (0-12)	College (1-4 or 5 +)
Thomas Cox Thomas Tho	•			LU.S.A.	Dage	18 MOTH					
ANT ON BROWNING RANKE (Types/Princ) SUS an MacCak ISTA METROO PROSPORTION Encourage of 130 part And PacCak ISTA METROO PROSPORTION Encourage of 130 part And PacCak ISTA METROO PROSPORTION Encourage of 130 part And PacCak ISTA METROO PROSPORTION Encourage of 130 part And PacCak ISTA METROO PROSPORTION Encourage of 130 part And PacCak ISTA METRO OF PROSPORTION Encourage of 130 part And PacCak ISTA METRO OF PROSPORTION Encourage of 130 part And PacCak ISTA METRO OF PROSPORTION ISTA MACCAK ISTA METRO OF PROSPORTION ISTA METRO PROSPORTION ISTA MACCAMPER (MACCAMPER) ISTA METRO OF PROSPORTION ISTA METRO PROSPORTION ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA METRO AND REPORT OF PROSPORTION ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (MACCAMPER) ISTA MACCAMPER (3										
SUSAN Macak TIA METHOD OF DISCOSTON Enterprison 21th COTE AND PLACE OF DISCOSTON Underson Company of Town Bows Of Bords Commence Discoston Commence Commence Discoston Commence	ANT			/ N	206 MARLING	ADDRESS (Street and Num			Town State Zip C	ode) 20c	Relationship
TION Common									IND 463	12 D	aughter
TION Downson Other (Specing)				1 1113 1				rememory. or f	Ele LOCATION-	-Cay or Town.	State
TION 228 EMBALMERS NAME James H. Fife FD0101079 239 ULCHSENVINDER (of Leanest) D. Mark Adams FD08600709 340 ULCHSENVINDER (of Leanest) Vos S. SONS Funetal Home, INC. 316 N.Chestrut St., Seymour, IN 329 PARTI Brear the deseases injuries of completions and search Do not writer namegocing terms but his curries or receivery anappoint Caussi fruid desease of searching D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search or sech in search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search or sech in search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search or sech in search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search or sech in search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search or sech in search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search or sech in search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search or sech in search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE injuries 1 Duty on search D. TO COR AS A CONSCOURNE 671 PARTI FORCE Injuries 1 Duty on search D				th				Bry	Savmo	ur. T	ndiana
James H. Fife FD01010795 240 BIGNATURE OF FUNERAL DEFECTOR The SCHALTURE OF FUNERAL	TION	224 EMBALMER'S NAME									na tana
28 NOME TURE OF PUNERAL DIRECTOR D. Mark Adams FD08600709 316 N. Chestnut To For the decesses injurior, or completenes that course the deem Do not writer nanescrict terms buch as carded or resolvatory prises, these the decesses injurior, or completenes that course the deem Do not writer nanescrict terms buch as carded or resolvatory American Hold, to Neat Turk to the Adams List very one cause on each industry on cause the deem Do not writer nanescrict terms buch as carded or resolvatory American Hold, to Neat Turk to the Adams List very one cause on each industry to the second of the course of the the course of the course of the course of the course of the the course of the		James	H. Fi:	fe -							
The part of the decesses there are seed to the country of the part	j				24b L	ICENSE NUMBER	25. NAME	ADDRESS, AND LICE	ENSE NUMBER OF	FUNERAL HO	OME
PART I Erse the descesse systems of complications that busined the descesse systems of complications that busined the descesse systems of complications that busined the descesse of control of the systems of complications and control of the systems of complications and control of the systems of control o		> man	k Ad	lams		(of Licensee)	Voss	& Sons F	uneral F	lome, Il	NCFH83006
SAMEDIATE CAUSE (Prust decease or controller) SAMEDIATE CAUSE (Prust decease or controller) QUE TO (OR AS A CONSEQUENCE OF) UND TO (OR AS A CONSEQUENCE OF) PART CONSTRUCTION OF UNIT OF THE PROPERTY OF T		D. 77 cas			FD	08600709	316 N	V.Chestnu	t St.,Se	eymour	, IND 47274
DUE TO ION AS A CONSEQUENCE OF J DUE TO						ter nonspecific terms such se	cardiac or re	espiratory			Approximate
Conditions of any which gave rise to the immediate closure. Secretary grant of the property of the control of			1			64.0000					Interval Between Onset and Death
Condense of any which gave nace to the immediate cluste, saving the underlying capacitate. PART IN Other cognitions of Condense Contributing to deem but not previously storied in Pin 1. PART IN Other cognitions or Condense Contributing to deem but not previously storied in Pin 1. PART IN Other cognitions or Condense Contributing to deem but not previously storied in Pin 1. PART IN Other cognitions or Condense Contributing to deem but not previously storied in Pin 1. PRECINATION OF DAYS PERFORMED; (Yes or no) NO PO CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated (Check ent) DEALTH/OFFICER Of the base of assumeson and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated DOB SIGNATION AND TITLE OF CEPTIFER 29c. MEDIGAL LICENSEAD 2		decade or eartificat	4	DUE TO (C	OR AS A CONSEQUENC	E.GF)					
PART Other segretation contributing to deem but not previously stated in Pirt. PART Other segretation contributing to deem but not previously stated in Pirt. PART Other segretation contributing to deem but not previously stated in Pirt. PART Other segretation contributing to deem but not previously stated in Pirt. PRECNANT OR 80 DAYS PERFORMED! PRECNANT OR 80 DAYS PERFORMED! PROTECTION OF OCUMETON OF OF DEATH UNITY (Yes or no) NO NO PRECNANT OR 80 DAYS PERFORMED! PROTECTION OF OCUMETON OF OF DEATH UNITY (Yes or no) NO NO PRECNANT OR 80 DAYS PERFORMED! PROTECTION OF OCUMETON OF OF DEATH UNITY (Yes or no) NO NO PROTECTION OF OCUMETON OF OF DEATH UNITY PROTECTION OF OF DEATH UNITY PROTECTION OF OCUMETON OF OF DEATH UNITY PROTECTION OF OCUMETON OF OF DEATH UNITY NO NO NO PROTECTION OF OCUMETON OF OCUMETON OF DEATH UNITY PROTECTION OF OCUMETON OF OCUMETON OF DEATH UNITY NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind RONald R. Regd, M.D. 3641 Ridge Road, Highland, Indiana 46322 31. HEALTH OFFERS SCRIATURE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Type/Prind ROAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 26) (Typ	OF	secritize is seety)		unn	nacy au	they our	456				
PART POWER Segnations conditions to deep but not previously stated in Pirst. 27. WAS DECEDENT POSTPARTUNY (Yes or no) 29a. CERTIFER (Check only one) MEALTYNOFFICER Properties of the United Description of United Description	TH	Conditions if any which gav	•	DUE TO (C	OR AS A COMPEQUENC	E OF					
PRECNANT OR 90 DAYS POSTERATUM? (Yes or no) 296. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated MEALTH/OFFICER Of the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated MEALTH/OFFICER Of the best of summation and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated CONSINT On the Uses, of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated 296. SIGNATORE AND TITLE OF CREATER 296. MEDICAL LICENSE AD 29d. DATE SIGNED (Medical LICENSE AD 29d. DATE FILED (Medical LICEN	j	rise to the immediate cause.	seeing the underlying								
PRECNANT OR 90 DAYS POSTPARTUNIT (Yes or no) 29c. CERTIFFING 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 Of the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated HEALTH/OFFICER Of the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated COMPAND On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated 20c SIGNATOR AND TITLE OF CEPTIFIER 29c. MEDICAL LICENSE NO		sesting the underlying	•								
296. CERTIFYING PHYSICIAN CALL TYPOFFICER Check and		sesting the underlying		1.							
296. 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 Of the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated. CORRINA On the base) of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated. 296. MEDICAL LICENSEAIO 29d. DATE SIGNED (Mo. J. a.	LANCE SE SE	easing the underlying cause talk	nations - Condition	I. Ine contributing to deeth b	ut not previously stated it	////DIANIS C					
29c. CERTIFIER (Check entry one) MEALTH/OFFICER Department of the base of my knowledge, death occurred at the time, date, and due to the cause(s) as stated. Check entry one) MEALTH/OFFICER Department of the part of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated. Continue of the part of the part of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated. Continue of the part of	a wer en skil	easing the underlying cause test		,	ut not previously stated if	PREGNAN	NT OR 90 C	DAYS PERFORM	ED?	AVAILABI COMPLET	E PRIOR TO ION OF CAUSE
HEALTH OFFICER Of 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 CORIGNAT ON the usus of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated 296 SIGNATURE 29c. MEDICAL LICENSENO 29d DATE SIGNED (Mo. J. a) 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ronald R. Reed, M.D. 3641 Ridge Road, Highland, Indiana 46322 31. HEALTH OFFICER'S SIGNATURE 32. DATE FILED (Month Control of the cause(s) as stated 29d DATE SIGNED (Mo. D. 3641 Ridge Road, Highland, Indiana 46322 32. DATE FILED (Month Control of the cause(s) as stated 29d DATE SIGNED (Mo. D. 3641 Ridge Road, Highland, Indiana 46322 33. MANNER OF DEATH 34a DATE OF INJURY 34b TIME OF 34c INJURY AT WORK? 34d DESCRIBE HOW INJURY OCCURRED 33d MANNER OF DEATH 34a DATE OF INJURY 34b TIME OF 34c INJURY AT WORK? 34d DESCRIBE HOW INJURY OCCURRED 34d DESCRIBE HOW INJ	and the second	easing the underlying cause test		,	ur not previously stated if	PREGNAN POSTPAR (Yes or n	NT OR BO C RTUM?	DAYS PERFORM	IED? b)	AVAILABI COMPLET OF DEATH	E PRIOR TO ION OF CAUSE
290. MEDICAL LICENSENO 290. MEDICAL LICENSENO 300 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ronald R. Reed, M.D. 3641 Ridge Road, Highland, Indiana 46322 31. HEALTH OFFICER'S SIGNATURE 32. DATE FILED (Moren. 33. MANNER OF DEATH 34. DATE OF INJURY 34. DATE OF IN	and the second	eating the underlying course last PART MOTHER applicant of Pulmma	ey on	physenic		PREGNAM POSTPAR (Yes or n	NT OR 90 C	PERFORM (You or no	(ED?	AVAILABI COMPLET OF DEATH	E PRIOR TO ION OF CAUSE
June 12, 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Prind) Ronald R. Reed, M.D. 3641 Ridge Road, Highland, Indiana 46322 31. HEALTH OFFICERS SIGNATURE 32. DATE FILED (Month. 33. MANNER OF DEATH (Month. Dey. Year) 34. DATE OF INJURY (Month. Dey. Year) 34. PLACE OF INJURY—At home, farm street, factory, office 34. LOCATION (Street and Number or Rural Route Number, City or Town.	and the second	PART INCOME SIGNATURE OF THE SIG	CERTIFYING	s hypenic	set of my knowledge, dea	PREGNAM POSTPAR (Yes or n N C	NT OR 90 C	PERFORM (Yee or no NO d due to the cause(a) a	ED?	AVAILABI COMPLET OF DEATH	E PRIOR TO ION OF CAUSE
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ROTALD R. Read, M.D. 3641 Ridge Road, Highland, Indiana 46322 31. HEALTH OFFICER'S SQNATURE 32. DATE FILED (Morent) 33. MANNER OF DEATH 340 DATE OF INJURY 340 TIME OF (Moren Dey. Year) 341 LOCATION (Street and Number or Rural Route Number. City or Town.		PART IN Other significant of Committee Committ	CERTIFYING HEALTYOU	O PHYSICIAN To the buse of a	est of my knowledge, dea	PREGNAM POSTPAR (Yes or n N C th occurred at the time, date, s	ond place and	PERFORM (Yee or no NO d due to the cause(s) as	(ED? b) I stated.	AVAILABI COMPLET OF DEATH	LE PRIOR TO ION OF CAUSE (7 (Yes or no)
Ronald R. Reed, M.D. 3641 Ridge Road, Highland, Indiana 46322 31. HEALTH OFFICER'S SIGNATURE 32. DATE FILED (Moren. 33. MANNER OF DEATH 34. DATE OF INJURY 34. DATE OF INJURY 34. INJURY AT WORK? (Monen. Day. Year) 34. PLACE OF INJURY—At home, farm street, factory, office 34. LOCATION (Street and Number or Rural Route Number. City or Town.		PART IN Other significant of Community of Community of Community one)	CERTIFYING HEALTYOU	O PHYSICIAN To the buse of a	est of my knowledge, dea	PREGNAM POSTPAR (Yes or n N C th occurred at the time, date, s	NT OR 90 C RTUM? no) and place and coursed at the	PERFORM (Yee or no NO d due to the cause(s) as e time, date, and place, date, and place, and due	s stated. and due to the cause(s) an	AVAILABI COMPLET OF DEATH se(s) as stated d manner as at	LE PRIOR TO ION OF CAUSE (17 (Yes or no) sted IED (Month, Day, Year)
31. HEALTH OFFICERS SIGNATURE 32. DATE FILED (More) 33. MANNER OF DEATH 34. DATE OF INJURY 340 TIME OF (Mone). Day. Year) 340 TIME OF (Mone). Day. Year) 341 DESCRIBE HOW INJURY OCCURRED (Mone). Day. Year) 342 PLACE OF INJURY—At home, farm street, fectory, office 344 LOCATION (Street and Number or Rural Route Number. City or Town.	a .	PART MOTOR organisant of CERTIFER (Check only one) 206 SIGNATURE AND TITE	CONDINER CONDINER	G PHYSICIAN To the bit FFICER Of the bost of a	set of my knowledge, dea examination and/or investigation.	PREGNAN POSTPAR (Yes or n N C th occurred at the time, date, a gation, in my opinion, death occurred in my opinion, death occurred	NT OR 90 C RTUM? no) and place and coursed at the	PERFORM (Yee or no NO d due to the cause(s) as e time, date, and place, date, and place, and due	s stated. and due to the cause(s) an	AVAILABI COMPLET OF DEATH se(s) as stated d manner as at	LE PRIOR TO ION OF CAUSE (17 (Yes or no) sted IED (Month, Day, Year)
33 MANNER OF DEATH 340 DATE OF INJURY (Month, Day, Year) 340 TIME OF (Natural Pending Investigation 340 PLACE OF INJURY—At home, farm street, factory, office 341 LOCATION (Street and Number or Rural Route Number, City or Town.	a .	PART MOTOR organisant of CENTER (Check only one) 206 SIGNATUPE AND TITE 30 NAME AND ADDRESS.	CORPUSE OF	G PHYSICIAN To the but FFICER Of the board of examine On the thoras of examine O COMPLETED CAUSE (est of my knowledge, dea examination and/or investigation. OF DEATH (ITEM 26) (7)	PREGNAM POSTPAR (Yes or in N C) th occurred at the time, date, a separation, in my opinion, death occurred in my opinion, death occurred	ort OR 90 C	PERFORM (Yee or no NO d due to the cause(s) at a time, date and place, sare and place and due. MEDICAL LICENSE	s stated. and due to the causito the cause(s) and	AVAILABI COMPLET OF DEATH ass(s) as stated d menner as at d DATE SIGN UNC 1	EPRIOR TO ION OF CAUSE IT (Yes or no) sted IED (Month Day, Year) 2, 1997
33 MANNER OF DEATH 346 DATE OF INJURY (Month. Day. Year) 346 TIME OF S4c INJURY AT WORK? (Yea or no) Notural Pending Investigation 346 PLACE OF INJURY—At home, farm street, factory, office 346 LOCATION (Street and Number or Rural Route Number, City or Town.	٦ .	PART NONer agnificant of CERTIFER (Check only one) 296 SIGNATURE AND TITL 30 NAME AND ADDRESS. RONald F	CORPUSA COR	G PHYSICIAN To the but FFICER Of the board of examine On the thoras of examine O COMPLETED CAUSE (est of my knowledge, dea examination and/or investigation. OF DEATH (ITEM 26) (7)	PREGNAM POSTPAR (Yes or in N C) th occurred at the time, date, a separation, in my opinion, death occurred in my opinion, death occurred	ort OR 90 C	PERFORM (Yee or no NO d due to the cause(s) at a time, date and place, sare and place and due. MEDICAL LICENSE	a stated. and due to the cause(s) and junction and	AVAILABI COMPLET OF DEATH Be(s) as stated d menner as at nd DATE SIGN UNC 1	LE PRIOR TO ION OF CAUSE (IT (Yes or no) sted IED (Month, Day, Year) 2, 1997
Natural Pending Investigation Accident 344 PLACE OF INJURY—At home, farm street, factory, office 344 LOCATION (Street and Number or Rural Route Number, City or Town.	a .	PART NONer agnificant of CERTIFER (Check only one) 296 SIGNATURE AND TITL 30 NAME AND ADDRESS. RONald F	CORPUSA COR	G PHYSICIAN To the but FFICER Of the board of examine On the thoras of examine O COMPLETED CAUSE (per of my knowledge, despisation and/or investigation. OF DEATH (ITEM 26) (7) 3641 Ri	PREGNAM POSTPAR (Yes or in N C) th occurred at the time, date, a separation, in my opinion, death occurred in my opinion, death occurred	ort OR 90 C	PERFORM (Yee or no NO d due to the cause(s) at a time, date and place, sare and place and due. MEDICAL LICENSE	a stated. and due to the cause(s) and junction and	AVAILABI COMPLET OF DEATH Be(s) as stated d menner as at nd DATE SIGN UNC 1	LE PRIOR TO ION OF CAUSE (IT (Yes or no) sted IED (Month, Day, Year) 2, 1997
Accident 344. PLACE OF INJURY—At home, farm, street, factory, office 34f LOCATION (Street and Number or Rural Route Number, City or Town.	1	PART IN COPIE EXPENSION OF THE PART IN COPIE EXPENSION OF THE PART IN COPIE AND THE PART IN COPIE AND THE PART IN COPIE AND ADDRESS ROTALD THE PART IN COPIE AN	CORPUSA COR	O COMPLETED CAUSE OF M.D.	pet of my knowledge, dee examination and/or investigation. OF DEATH (ITEM 26) (7) 3641 Ri	pregnan (Yes or in No.) th occurred at the time, date, a seption, in my opinion, death occurred in my opinion, death occurred in my opinion, death occurred at the time, and the time of the time, and the time of the time, and the time of the time of the time, and time of the time of the time of the time of the time, and time of tim	NT OR 50 C ATUM? Ind place and courred at the time. c 29c High	PERFORM (Yee or no NO d due to the cause(s) at a time, date and place, date and place and due. MEDICAL LICENSE, and and results and resul	n stated. and due to the cause(s) and J ndiana	AVAILABI COMPLET OF DEATH Be(s) as stated at manner as Bi DATE SIGN UNC 1 463	LE PRIOR TO ION OF CAUSE (IT (Yes or no) sted IED (Month, Day, Year) 2, 1997
346. PLACE OF INJURY—At home, farm, street, factory, ornics 347. LOCATION (Street and Number or Rural Route Number, City or Town.	a	PART MOTOR organisant of Check and TITE 296. CERTIFER (Check and) 296. SIGNATURE AND TITE 30. NAME AND ADDRESS. ROTI a 1 d	CORPHER COPPIER COPPIE	O COMPLETED CAUSE OF M.D.	pet of my knowledge, dee examination and/or investigation. OF DEATH (ITEM 26) (7) 3641 Ri	th occurred at the time, date, a special in my opinion, death occurred at the time, date in my opinion, death occurred at the time, date in my opinion, death occurred at the time, date in my opinion, death occurred at the time, date in a special in time.	NT OR 50 C ATUM? Ind place and courred at the time. c 29c High	PERFORM (Yee or no NO d due to the cause(s) at a time, date and place, date and place and due. MEDICAL LICENSE, and and results and resul	n stated. and due to the cause(s) and J ndiana	AVAILABI COMPLET OF DEATH Be(s) as stated at manner as Bi DATE SIGN UNC 1 463	LE PRIOR TO ION OF CAUSE (IT (Yes or no) sted IED (Month, Day, Year) 2, 1997
Determined	a	PART NONE ENGINEER CONCENTRAL CON	CERTIFYING HEALTYPO CORPUSE C	O COMPLETED CAUSE OF M.D.	pet of my knowledge, dee examination and/or investigation. OF DEATH (ITEM 26) (7) 3641 Ri	th occurred at the time, date, a special in my opinion, death occurred at the time, date in my opinion, death occurred at the time, date in my opinion, death occurred at the time, date in my opinion, death occurred at the time, date in a special in time.	NT OR 50 C ATUM? Ind place and courred at the time. c 29c High	PERFORM (Yee or no NO d due to the cause(s) at a time, date and place, date and place and due. MEDICAL LICENSE, and and results and resul	n stated. and due to the cause(s) and J ndiana	AVAILABI COMPLET OF DEATH Be(s) as stated at manner as Bi DATE SIGN UNC 1 463	LE PRIOR TO ION OF CAUSE (IT (Yes or no) sted IED (Month, Day, Year) 2, 1997
34g DATE PRONOUNCED DEAD (Month, Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, pessenger, pedestrien, etc.	a	PART NONE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE AND TITLE SERVICE SE	CORPUSED CORPUS	G PHYSICIAN To the being of the being of examine to the being of examine to the being of examine to the being of the being	per of my knowledge, deal examination and/or investigation. OF DEATH (ITEM 26) (7) 3641 Ri AULIGUE 345 TIME OF INJURY	th occurred at the time, date, a species in my opinion, death occurred my opinion, death occurred dge Road,	NT OR 50 C NTUM? And place and place and place are courred at the time. C 29c High	PERFORM (Yee or no NO did due to the cause(a) e e time, dete and place MEDIGAL LICENSE MEDIGAL LICENSE 1 1 and , I	a stated. and due to the causito the cause(a) and jana ndiana 32 VINJURY OCCUP	AVAILABICOMPLET OF DEATH se(s) as stated at manner as at at DATE SIGN UNC 1 463	E PRIOR TO ION OF CAUSE IT (Yes or no) Sted ED (Month Dey, Year) 2, 1997 22 (Month Dey, Year)

Lust Will and Testament 11 F

BERNICE L. MACAK

I, BERNICE L. MACAK, at this time a resident of East Chicago, Lake County, Indiana, and being of sound and disposing mind, memory and understanding, do make, publish and declare this to be my Last Will and Testament, hereby revoking any and all former wills and testamentary papers by me at any time heretofore made.

I direct that all of my just debts, expenses of my last sickness and burial and the costs of administration shall first be paid out of my estate by my Executrix, hereinafter named, as soon after my decease as may by her be found convenient.

the Lake County Recorder!

I direct that transfer, estate, inheritance, succession and other taxes which shall become payable by reason of my death shall be paid by my Executrix out of my general estate as an administration expense without apportionment, irrespective of whether assessed in respect of property owned by me at the time of my death, or in respect of any other property included in the computation of such taxes.

ITEM 3

All the rest, residue and remainder of my estate, both real, personal and mixed, of whatsoever kind and nature, and wheresoever situated, of which I die seized or possessed, or in which I have an interest, or to which I may be entitled at the time of my death, I give, bequeath and devise unto my daughter, SUSAN J. MACAK; provided, however, if my daughter dies before I do, or if my daughter and I die as a result of a common disaster or accident, or under such circumstances that there is no sufficient evidence that my daughter and I died other than simultaneously, then and in either of these events, all the rest, residue and remainder of my estate aforesaid, I give, bequeath and devise unto my sister, PAULINE NOBLITT.

ITEM 4

I nominate, constitute and appoint my daughter, SUSAN J. MACAK, as Executrix of this, my Last Will and Testament, and in case of her death, inability, refusal, or failure to act as Executrix, then and in that event, I nominate, constitute and appoint my sister, PAULINE NOBLITT, as Executrix of this, my Last Will and Testament. No bond shall be required of my Executrix, the same being hereby specifically waived.

Beince L. macak

IN WITNESS WHEREOF, I have hereunto set my hand and seal at the City of East Chicago, Indiana, this 25th day of October, 1965.

Bennie L. macak (SEAL)

Document is

The foregoing instrument was subscribed by the Testatrix, BERNICE L. MACAK, on the 22 day of October, 1965, in our presence, and also at the same time declared by her to be her Last Will and Testament, and we, at the same time, in her presence, at her request, and in the presence of each other, have hereunto subscribed our names as attesting witnesses and do hereby declare that at the time of the execution of said Last Will and Testament, said BERNICE L. MACAK was of sound mind, memory and understanding.

WITNESS

ADDRESS

Here W. M. atre

East Chisago, Sulvain

They Cooper Thenster Industria

Helen Hamriet Dary Indiana,