

Hold For
Intercounty Title Co.
2050 North Avenue
Highland, IN 46322

51542086N

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS: **98100978**

Commitment Number: 51542086

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
98 DEC 17 PM 12:19
MORRIS W. CARTER
RECORDED

SURVIVORSHIP AFFIDAVIT

I, Daniel A. Kenda, being duly sworn, upon oath state that I am the Successor Trustee of the Irene Kenda Trust Dated June 29, 1990, owner of the premises described in the application hereinabove referred to for issuance of Guarantee Policy.

Affiant further states the following under oath:

1. Irene Kenda who passed away on February 18, 1998 was married to Anthony J. Kenda in the year 1954. Anthony J. Kenda passed away on November 19, 1989.
2. Irene Kenda was not a party to a divorce proceeding.
3. Irene Kenda was formerly known as Irene Pajak, that being her maiden name.
4. Irene Kenda has not been adjudged a bankrupt.
5. Irene Kenda was not subject to any unsatisfied or unreleased judgments, decrees, federal or state tax liens, personal property tax liens or other liens of record in Lake County, Indiana.
6. Irene Kenda has been a resident of 1638 Camellia Drive Munster, Indiana for the last 9 years.

I understand that this affidavit is for the purpose of inducing the Intercounty Title Company to issue its Title Insurance Policy or Commitment free and clear of all judgments, decrees, Federal tax liens, State tax liens, bankruptcy, divorce and change of name and any other proceedings against persons whose names are the same or similar thereto.

IRENE KENDA TRUST

[Signature]
Daniel A. Kenda, Successor
Trustee

Subscribed and sworn to before me by the said Daniel A. Kenda, as Successor Trustee this 29th day of October, 1998.

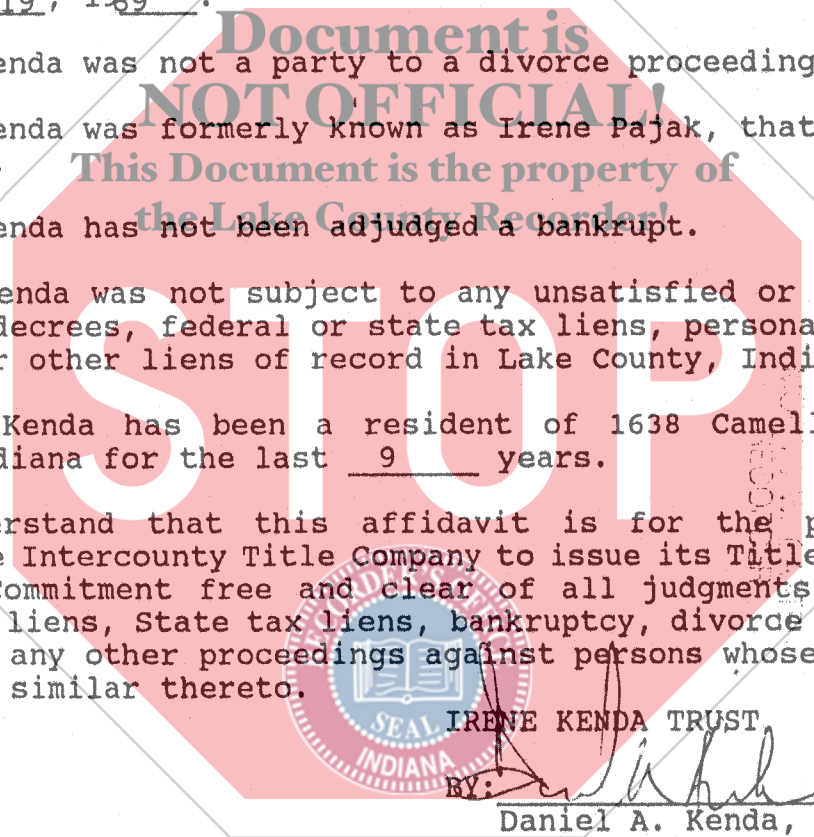
TO BE RE-RECORDED TO FOLLOW CHAIN OF TITLE

[Signature]
Notary Public - Donald R. O'Dell
SEP 02 1999

My Commission Expires:
12-28-2000

PETER BENJAMIN
LAKE COUNTY AUDITOR
000182

1300
100170
#200498



99072947
99 SEP - 2

1263

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. OND 4-98

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

203004
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) IRENE KENDA		2 SEX FEMALE	3a TIME OF DEATH 4:35 P M	3b DATE OF DEATH (Month, Day, Yr) FEBRUARY 18, 1998
4 SOCIAL SECURITY NUMBER 309-14-5540	5a AGE—Last Birthday (Years) 76	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) FEB. 2, 1922
7 BIRTHPLACE (City and State or Foreign Country) HAMMOND, INDIANA	8a WAS DECEDENT A US VETERAN? NO			
8b YEAR LAST SERVED IN US ARMED FORCES? NONE	8c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9a FACILITY NAME (If not institution, give street and number) 1638 CAMELLIA DRIVE, 2B		9b CITY, TOWN OR LOCATION OF DEATH MUNSTER	9c 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) HOMEMAKER	12b KIND OF BUSINESS/INDUSTRY OWN HOME	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION MUNSTER	13d STREET AND NUMBER 1638 CAMELLIA DRIVE, 2B	
13e ZIP CODE 46321	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <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) 12		18 FATHER'S NAME (First, Middle, Last) JACOB PAJAK		
19 MOTHER'S NAME (First, Middle, Maiden Surname) KATHERINE POPOFF		20a INFORMANT'S NAME (Type/Print) MARY YATES		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4027 WABSAH AVE, HAMMOND, IN 46327		20c Relationship DAUGHTER		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Reinterment <input 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 23, 1998 ST. JOHN MAUSOLEUM		21c LOCATION—City or Town, State HAMMOND, INDIANA
22a EMBALMER'S NAME LARRY D. ANTHONY		22b EMBALMER'S LICENSE NO. 01001447	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b LICENSE NUMBER (of Licensee) 01001447	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ F.H. #83002916 9445 CALUMET AVE, MUNSTER, IN 46321	
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) a Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) b Due to arteriosclerotic heart, and vascular disease DUE TO (OR AS A CONSEQUENCE OF) c Due to arteriosclerotic heart, and vascular disease DUE TO (OR AS A CONSEQUENCE OF) d Due to arteriosclerotic heart, and vascular disease DUE TO (OR AS A CONSEQUENCE OF) Conditions if any which gave rise to the immediate cause, stating the underlying cause last				Approximate Interval Between Onset and Death Unknown
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				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 CERTIFIER (Check only one) <input 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 checked="" type="checkbox"/> DEPUTY 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 <i>Deputy</i>		29c MEDICAL LICENSE NO. N/A	29d DATE SIGNED (Month, Day, Year) February 19, 1998	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>			32 DATE FILED (Month, Day, Year) February 20, 1998	
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) SEP 02 1989	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) PETER BENJAMIN LAKE COUNTY AUDITOR		34c DESCRIBE HOW INJURY OCCURRED		
34g DATE PRONOUNCED DEAD (Month, Day, Year) February 18, 1998		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No		000183