

4 pages

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

RETURN TO: RICKEY A. STANTON
2629 HART RD.
Highland, IN 46322

WE HEREBY CERTIFY THAT THIS IS
A TRUE AND CORRECT COPY OF THE
ORIGINAL DOCUMENT
BY NORTH STAR TITLE, INC.
[Signature]

AFFIDAVIT OF HEIRSHIP

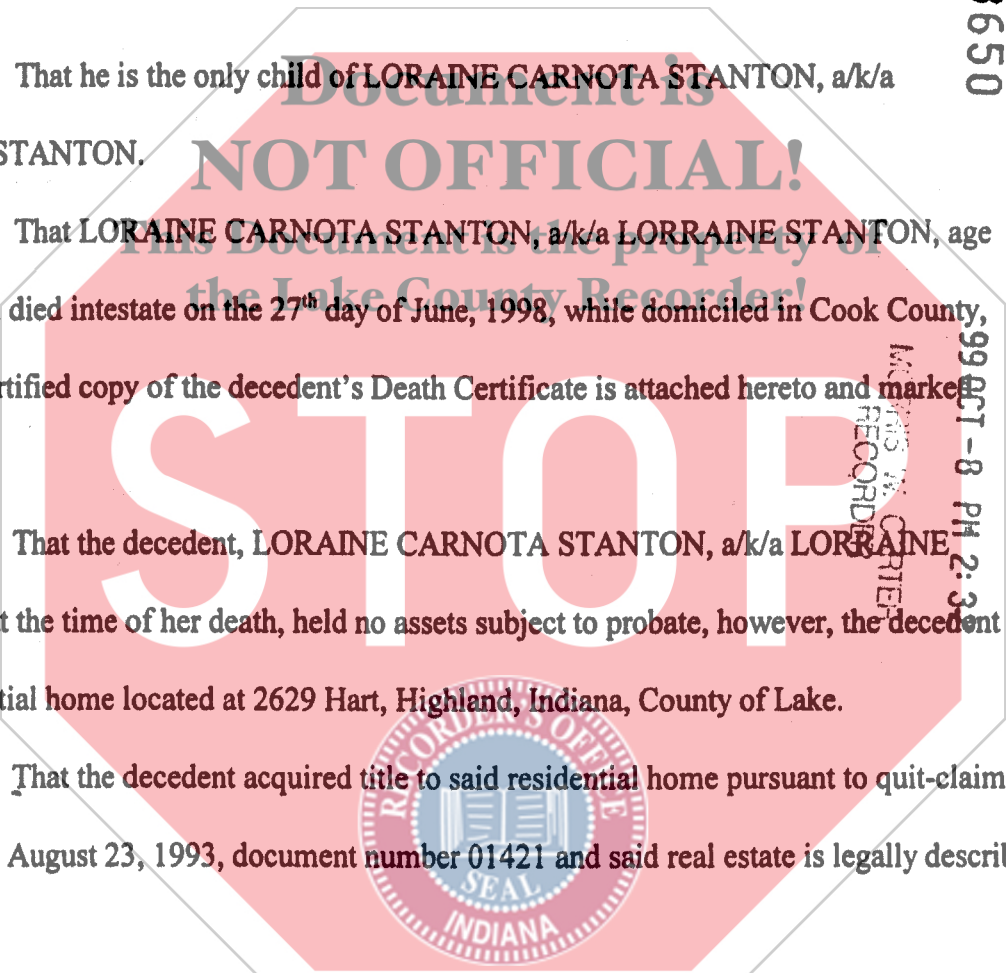
Comes now, RICKEY A. STANTON, being duly sworn upon his Oath and states as

follows:

1. That he is the only child of LORRAINE CARNOTA STANTON, a/k/a LORRAINE STANTON.
2. That LORRAINE CARNOTA STANTON, a/k/a LORRAINE STANTON, age sixty-six (66), died intestate on the 27th day of June, 1998, while domiciled in Cook County, Illinois. A certified copy of the decedent's Death Certificate is attached hereto and marked Exhibit "A".
3. That the decedent, LORRAINE CARNOTA STANTON, a/k/a LORRAINE STANTON, at the time of her death, held no assets subject to probate, however, the decedent did own a residential home located at 2629 Hart, Highland, Indiana, County of Lake.
4. That the decedent acquired title to said residential home pursuant to quit-claim deed recorded August 23, 1993, document number 01421 and said real estate is legally described as follows:

The E. 50 feet of the W. 100 feet of the E. 1040 feet of a part of the NE 1/4 of the SW 1/4 of S 28, T. 36 N., R. 9W. of the 2nd P.M., described as: Commencing at a point 1991.50 feet N. of the SE corner of the E. 1/2 of the W. 1/2 of said Sec. 28, thence running N. 165 feet thence running W. 1323.30 feet to an iron pipe in the E. line of the right of way of the Chicago, Indiana and Southern Railway; thence running S. on said right of way line 151.56 feet to the center line of Hart Road; thence running Easterly along the center line of Hart Road 1323.30 feet to the place of beginning, in Lake County, Indiana.

99083650



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

RECORDED
MAY 11 1999
M. CRITER

99 OCT -8 PM 2:33

FILED

OCT 08 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

000655

[Handwritten initials and numbers]
15
4-7846
13

Key No. 27-22-28.

5. That pursuant to the laws of the State of Indiana, no probate administration is necessary and title to the above-described real estate vests in your affiant, by operation of law.
6. That the decedent was not married at the time of her death.
7. That all funeral expenses in connection with the death of the decedent have been paid in full.
8. That no Federal Estate Taxes became due as a result of the death of LORRAINE CARNOTA STANTON, a/k/a LORRAINE STANTON.
9. That since the value of the above-described real estate is forty-five thousand dollars (\$45,000.00), and your affiant is the son of the decedent, no Indiana Inheritance Taxes are due thereon.
10. That your affiant is the sole survivor and is a competent adult.
11. That the decedent left no other child or children, or decedents of any pre-deceased child or children.
12. That the purpose of this affidavit is to induce Chicago Title Insurance Company to recognize ownership of the above-described real estate to be vested in your affiant, by operation of law.
13. That the statements made in this affidavit are true and complete in so far as the affiant knows and are made for the purposes stated herein.
14. Further, your affiant sayeth naught.


Rickey A. Stanton
RICKEY A. STANTON

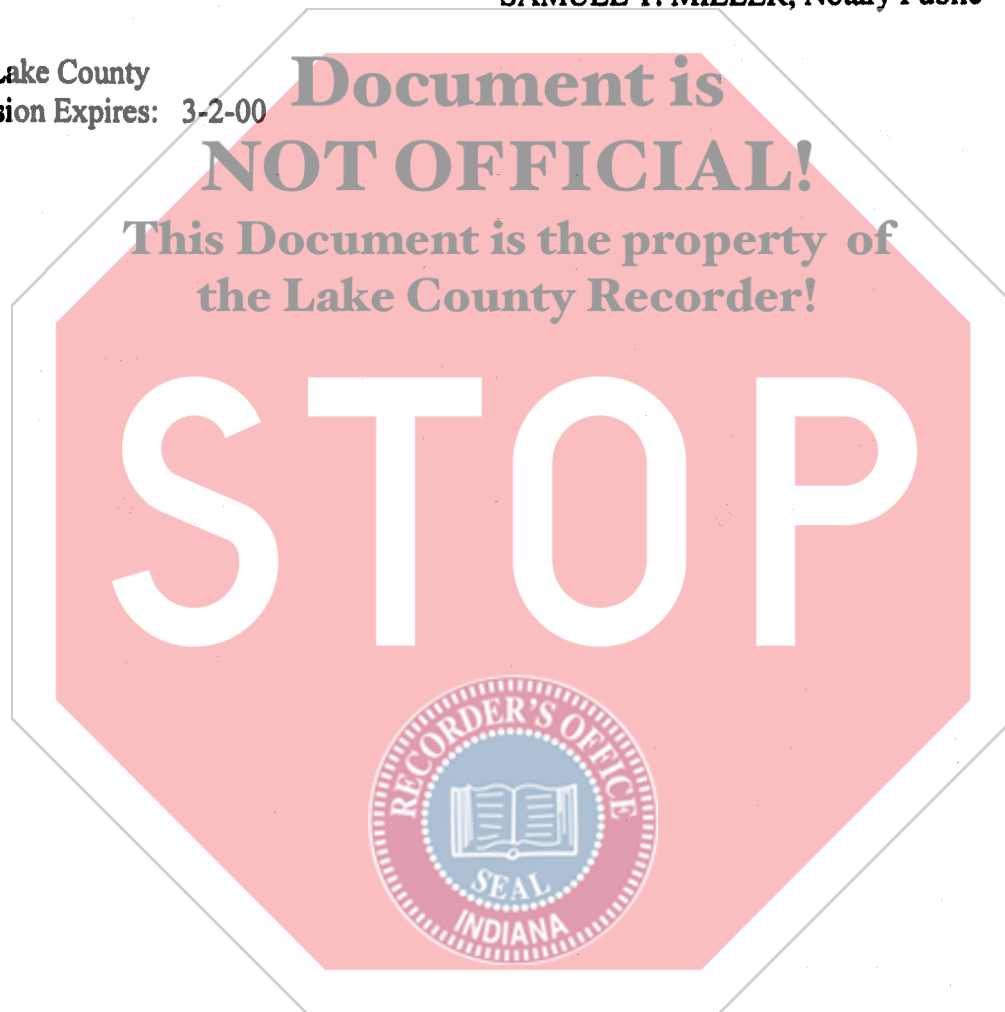
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC, IN AND FOR SAID COUNTY AND STATE, THIS 1st DAY OF September, 1999.



SAMUEL T. MILLER, Notary Public

Resident of Lake County
My Commission Expires: 3-2-00



Prepared by: Samuel T. Miller, Attorney I.D. No. 9837-45, 9337 Calumet Avenue, Suite D,
Munster, Indiana 46321

C:\WPND\Miller\3061\81999.affidavit of heirship.wpd

25 X 52

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

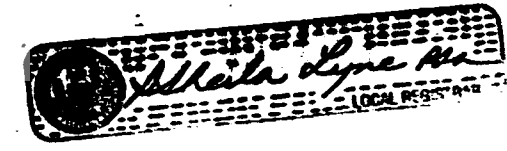
959000

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 29 1998

I SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

WE HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT
NORTH STAR TITLE, INC.
[Signature]



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DISTRICT NO. 16.10 STATE OF ILLINOIS STATE FILE NUMBER 610355

MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. LORRAINE STANTON 2. FEMALE 3. JUNE 27, 1998

COUNTY OF DEATH 4. COOK AGE-LAST BIRTHDAY (MM/DD) 5a. 66 UNDER 1 YEAR 5b. UNDER 1 DAY 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 5d. FEBRUARY 28, 1932

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, ONE STREET AND NUMBER) 6b. ST. ELIZABETH HOSPITAL IF HOOP, OR INST. INDICATE D.O.A. OPERATED, P.M. DEPARTED (SPECIFY) 6c. INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, ILLINOIS MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. DIVORCED NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF F) 8b. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 8c. NO

SOCIAL SECURITY NUMBER 10. 316-30-1495 USUAL OCCUPATION 11a. SECRETARY KIND OF BUSINESS OR INDUSTRY 11b. NOVELTY CO. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12

RESIDENCE (STREET AND NUMBER) 13a. 2309 N. OAKLEY AVE. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO INSIDE CITY (YES/NO) 13c. YES COUNTY 13d. COOK

STATE 13e. ILLINOIS ZIP CODE 13f. 60647 RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) 14a. WHITE OF HISPANIC ORIGIN (SPECIFY) OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR) 14b. NO 14c. YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST 15. ALBERT CARNOTA MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. MARY WASELESKI

INFORMANT'S NAME (TYPE OR PRINT) 17a. RICK A. STANTON RELATIONSHIP 17b. SON MAILING ADDRESS (STREET ADDRESS, OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 17c. 2629 HART RD. HIGHLAND, INDIANA 46322

18. PART I Enter the disease, or complications that caused the death. Do not enter the mode of dying, 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) Acute massive myocardial infarction 1/2 hr

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) Coronary artery disease 10 yrs

STATING THE UNDERLYING CAUSE LAST. (c) OCT 08 1999

PART II. Obsolete and subject to change without notice. See instructions on reverse side of this form.

DATE OF OPERATION, IF ANY 20a. MAJOR FINDINGS OF OPERATION 20b. AUTOPSY (YES/NO) 20c. NO

19a. HISPANIC ORIGIN (SPECIFY) OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR) 19b. WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

19c. DID (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 6-2-98 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES HOUR OF DEATH 21c. 11:18 P.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR) 22b. JUNE 29, 1998

22a. SIGNATURE *[Signature]* NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 3048 N. MILWAUKEE AVE. CHICAGO, ILLINOIS 60618 ILLINOIS LICENSE NUMBER 22d. 036-031918

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. NOTE: IF APPLICABLE, WHO EMPLOYED IN THIS DEATH? THE CORONER OR MEDICAL EXAMINER MUST BE INDICATED.

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL-GRAVE 24b. HOLY CROSS CEMETERY OR CREMATORY-NAME 24c. CALUMET CITY, ILLINOIS LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24d. JUNE 30, 1998

FUNERAL HOME 25a. BARAN FUNERAL HOME LTD. 2644-46 N. CENTRAL AVE. CHICAGO, ILLINOIS 60639-1395 STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE ZIP

FUNERAL DIRECTOR'S SIGNATURE 25b. *[Signature]* JOHN A. BARAN FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-006867

LOCAL REGISTRAR'S SIGNATURE 26a. *[Signature]* DATE FILED (MONTH, DAY, YEAR) 26b. JUN 29 1998