

5
STATE OF INDIANA)
) SS
COUNTY OF LAKE 2000 043599

IN THE LAKE SUPERIOR COURT
ESTATE NUMBER: 45D05-9604-EU-107
2000 JUN 21 AM 11:26

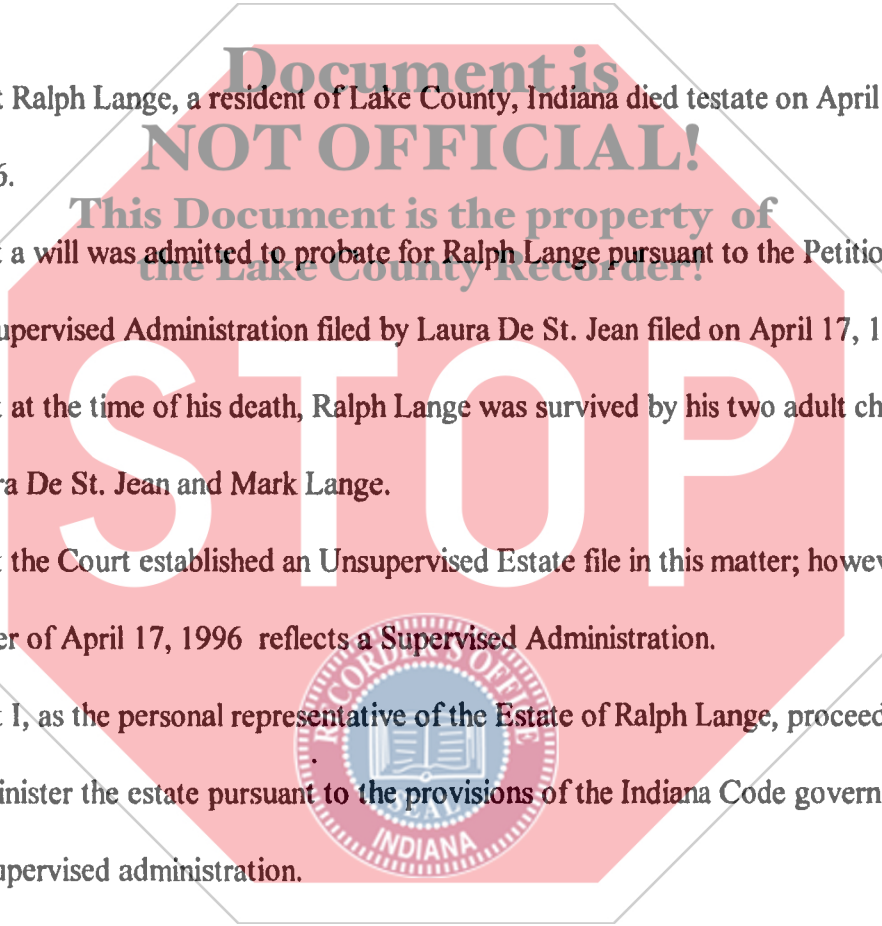
NOTES W/ CERT
RECORDER

AFFIDAVIT OF HEIRSHIP

Comes now LAURA DE ST. JEAN, and after being first duly sworn upon her oath, states

as follows:

1. That Ralph Lange, a resident of Lake County, Indiana died testate on April 9, 1996.
2. That a will was admitted to probate for Ralph Lange pursuant to the Petition for Unsupervised Administration filed by Laura De St. Jean filed on April 17, 1996.
3. That at the time of his death, Ralph Lange was survived by his two adult children, Laura De St. Jean and Mark Lange.
4. That the Court established an Unsupervised Estate file in this matter; however its Order of April 17, 1996 reflects a Supervised Administration.
5. That I, as the personal representative of the Estate of Ralph Lange, proceeded to administer the estate pursuant to the provisions of the Indiana Code governing unsupervised administration.
6. That notice concerning the estate was published and the Estate proceeded pursuant to the laws governing unsupervised estates. Final debts, expenses, and taxes relating to the Estate were all handled and paid pursuant to the procedures regarding unsupervised estates.



HOLD FOR FIRST AMERICAN TITLE
SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

F32048

JUN 21 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

01567

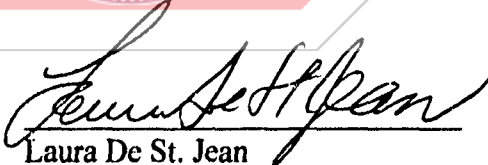
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7. That at his death, Ralph Lange owned real property located in Griffith, Lake County, Indiana, described as follows:

The North 32.5 feet of Lot 25, and the South 17.5 feet of Lot 26, in Block 6, in Industrial Center Subdivision, in the Town of Griffith, as per plat thereof recorded in Plat Book 17, page 13, in the Office of the Recorder of Lake County, Indiana.
(Commonly known as 722 N. Rensselaer, Griffith, Indiana)

8. That on May 22, 1996, Region Realty Company appraised the above referenced real estate and determined a fair market value of Eighty-Four Thousand (\$84,000.00) Dollars. A copy of the letter indicating the appraisal value is attached hereto as Exhibit "A".
9. That as part of a partial distribution, the Estate deeded its real property to me on October 10, 1997. The Quit Claim deed was recorded as document 97069822 on October 15, 1997.
10. That the other heir and beneficiary of Ralph Lange, Mark Lange, died on March 11, 1998, as evidenced by the death certificate attached hereto as Exhibit "B".
11. That Mark Lange died a single individual, without children, and I am his sole heir.

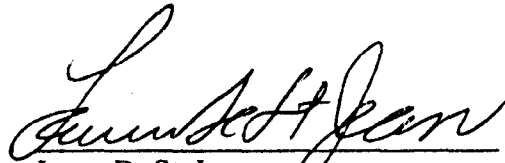
Further Affiant says not.


Laura De St. Jean

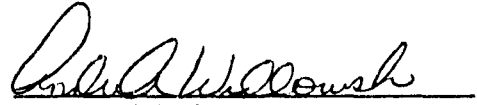
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Laura De St. Jean, being first duly sworn upon her oath, deposes and says that she has read the foregoing Affidavit and that the facts and things stated therein are true and correct to the best of

her knowledge and belief.


Laura De St. Jean

Subscribed and sworn to before me this _____ day of June, 2000.


Notary Public ANDREA A. WIDOWSKI

My Commission Expires:

9-17-2001

County of Residence:

LAKE



EXHIBIT "A"

R



2001 US 41, Suite "G"
Scherville, Indiana 46375
(219) 865-9911

May 22, 1996

The The Estate of Ralph Lange
723 N. Lafayette
Griffith, IN 46319

Dear Estate Heirs;

Pursuant to your request, I have prepared a limited summary Uniform Residential Appraisal Report for the property commonly known as:

722 N. RENNELAER, GRIFFITH, IN 46319

The purpose of this appraisal is to estimate the market value of the property in fee simple.

I have personally inspected the subject property, considered all necessary data, and supportive my value conclusion.

As a result of the investigation and analysis of the information, I estimate the market value of the property, as of this date, to be:

EIGHTY FOUR THOUSAND DOLLARS (\$84,000.)

This report is subject to the assumptions, limiting conditions and certification as defined in this report.

Respectfully submitted,

James M. Gasvoda
Appraiser #CR69201089

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

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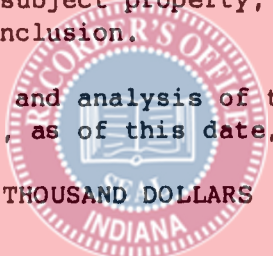


EXHIBIT "B"

VS 4 ME REV 1/90

STATE OF CONNECTICUT DEPT. OF HEALTH SERVICES		CERTIFICATE OF DEATH OFFICE OF THE CHIEF MEDICAL EXAMINER				STATE FILE NUMBER
1 DECEASED NAME FIRST Mark		MIDDLE A.		LAST Lange		2 SEX M
3 DATE OF BIRTH (Month, Day, Year) 12/19/1955		4 AGE - Last Birthday 42	5 UNDER 1 YEAR a. 42	6 UNDER 1 DAY b. 42	7 RACE - White, Black, American Indian, Other (Specify) White	8 DATE OF DEATH (Month, Day, Year) 03-11-98
9 COUNTY OF DEATH Middlesex		10 TOWN OF DEATH Essex		11 PLACE OF DEATH (Check One) Hospital: Middlesex Med. Ctr. Shoreline <input type="checkbox"/> DOA <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		12 OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Other) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13 CITY & STATE OF BIRTH (COUNTRY IF NOT U.S.) Chicago, Ill.		14 CITIZEN OF (Country) USA		15 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/>		16 LAST SPOUSE (If wife, give maiden name) -----
17 SOCIAL SECURITY NUMBER 312-53-3409		18 USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Underwater Welder		19 KIND OF BUSINESS OR INDUSTRY Welding		
20 RESIDENCE STATE Conn.		21 COUNTY New London		22 TOWN Salem		23 NUMBER AND STREET 113 Horsepond Rd. Apt. F
24 WAS DECEASED A VETERAN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		25 IF YES GIVE WAR USMC		26 EDUCATION (Specify Highest Grade Completed): Primary/Secondary _____ College _____ 1-4 _____ 5+ _____		
27 FATHER - NAME FIRST Ralph Lange		MIDDLE Lange		LAST Lange		28 MOTHER FIRST Thelma Shaw
29 INFORMANT - NAME Laura De St. Jean		30 MAILING ADDRESS 722 N. Rensselaer, Griffith, In.		31 RELATIONSHIP TO DECEASED Sister		
PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pending further studies.						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.						
(b) _____						
(c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (I)						32 AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
33 ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (Specify)						34 INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO
35 DATE OF INJURY (Month, Day, Yr.)		36 HOUR		37 HOW INJURY OCCURRED (Enter Nature of Injury Part I or Part II, Item 30)		
38 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify)		39 LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
40 NURSE PRONOUNCEMENT TYPE OR PRINT NAME		41 DEGREE		42 SIGNATURE		
43 CERTIFICATION-MEDICAL EXAMINER: In my opinion on the date and due to the causes stated, death resulted or, deceased was found dead on or about 43		44 MONTH DAY YEAR 03 11 98		45 TIME 10:35 P.M.		
46 CERTIFIER - NAME (Type or Print) Ira J. Kanfer, M.D.		47 SIGNATURE		48 TITLE Associate Medical Examiner		
49 MAILING ADDRESS - CERTIFIER (STREET OR R.F.D. NO.) Office of the Chief Medical Examiner 11 Shuttle Road, Farmington, CT 06032		50 CITY OR TOWN Farmington		51 STATE CT		
52 BURIAL, CREMATION, REMOVAL		53 CEMETERY OR CREMATORY - NAME Chapel Lawn Mem. Garden, Schererville, Indiana		54 LOCATION (CITY OR TOWN) Indiana		
55 DATE (MONTH, DAY, YEAR) 3/16/98		56 FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) DuPont Funeral Home, Inc., 25 Bellevue Ave. Bristol		57 LICENSE NUMBER 1922		
58 FUNERAL DIRECTOR OR EMBALMER SIGNATURE		59 NAME OF EMBALMER (IF BODY WAS EMBALMED) Robert D. DuPont		60 LICENSE NUMBER 1922		
61 THIS CERTIFICATE RECEIVED FOR RECORD ON March 18, 1998		62 BY Betty J. Gaudenzi		63 REGISTRAR		

1. PRINT LEGIBLY with black ink.

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION.



2. MEDICAL EXAMINER: Fill in all shaded items only, then detach all copies. Give original (White) copy to funeral director who takes charge of body. Send yellow copy to Office of the Chief Medical Examiner with Report. Keep pink copy for your records.

3. FUNERAL DIRECTOR: After completing all unshaded items, send this certificate to the registrar of vital statistics in the town where death occurred.

4. REGISTRAR OF VITAL STATISTICS: Do not accept certificate unless Medical Examiner's Case No. has been inserted.

I CERTIFY THAT THIS IS A TRUE COPY OF THE CERTIFICATE RECEIVED FOR RECORD.

ATTEST: Betty J. Gaudenzi
REGISTRAR, TOWN OF ESSEX.