

Hilbrich, Lunningham & Schwend
Attorneys at Law
2637-75th Street
Highland, IN 46322

200 11:51

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

AFFIDAVIT AS TO
JOINT TENANCY WITH RIGHT OF SURVIVORSHIP

NOT OFFICIAL!

REGINALD PUDLOW, being first duly sworn upon oath, deposes and says:

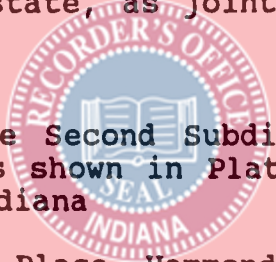
That he is an adult and the Son and heir of MARY R. PUDLOW, who died testate on April 28, 2000 a resident of Lake, County, Indiana (a copy of her Death Certificate is attached hereto). The decedent's Will having been filed of record in the Lake Superior Court #2 sitting at East Chicago, Indiana under Estate Docket Number 45 DO2 000 ES in the office of the Clerk of Lake County, Indiana.

That he and his Mother, Mary R. Pudlow, held title to the following described real estate, as joint tenants with right of survivorship, to wit:

Lot 10, Rose Claire Second Subdivision, in the City of Hammond, as shown in Plat Book 43, page 32, Lake County, Indiana

a/k/a 3531 - 174th Place, Hammond, IN

Key # 35-416-10



FILED

June 28 2000

PETER BENJAMIN
LAKE COUNTY RECORDER

Affiant further states that he knows of his the value of the gross estate of the above decedent, at the time of her death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

\$ 13.00 RS.

24225

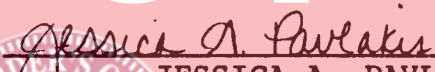
01995

Affiant further states that all outstanding debts and obligations of the decedent, including funeral expenses and expense of last illness have been fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing ownership of said real estate held jointly by Mary R. Pudlow (deceased) and Reginald Pudlow, the affiant herein.


REGINALD PUDLOW
Affiant

Subscribed and sworn to before me, a Notary Public residing in Lake County, Indiana, on this 9th day of June, 2000.


JESSICA A. PAVLAKIS
Notary Public

My Commission Expires: 9-13-01

My County of Residence: Lake

This Instrument Prepared By:

WILLIAM J. CUNNINGHAM
HILBRICH, CUNNINGHAM & SCHWERT
2637 - 45th Street
Highland, IN 46322
Phone: (219) 924-2427

NOTE: Disclosure of the source of our responsibilities there will be no penalty for

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

MAY 8, 2000
Date Issued

Frank J. Premuda
Hammond Health Commissioner

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

PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED-NAME (First Middle Last) Mary Regina Pudlow		2 SEX Female	3a TIME OF DEATH 1:00PM	3b DATE OF DEATH (Month Day Yr) April 28, 2000
4 SOCIAL SECURITY NUMBER 313-20-8557	5a AGE - Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) October 3, 1925
7a WAS DECEDENT A U.S. VETERAN? No	7b YEAR LAST SERVED IN U.S. ARMED FORCES N/A	7c PLACE OF DEATH (Check only one See Instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
8a FACILITY NAME (If not institution, give street and number) 3531 174th Place		8b CITY TOWN OR LOCATION OF DEATH Hammond	8c COUNTY OF DEATH Lake	
9a MARRITAL STATUS (Specify) Divorced	9b SURVIVING SPOUSE (If wife, give maiden name) None	9c DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Nurses Aide	9d KIND OF BUSINESS INDUSTRY Medical	
10a RESIDENCE - STATE Indiana	10b COUNTY Lake	10c CITY TOWN OR LOCATION Hammond	10d STREET AND NUMBER 3531 174th Place	
11a ZIP CODE 46323	11b INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	11c CITIZEN OF WHAT COUNTRY? USA	11d WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	11e RACE - American Indian, Black, White, etc. (Specify) White
12 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		13 DECEASED'S EDUCATION (Specify only highest grade completed) 10		
14 FATHER'S NAME (First Middle, Last) Walter Tynck		15 MOTHER'S NAME (First Middle, Maiden Surname) Mary Unknown		
16a INFORMANT'S NAME (Type/Print) Reginald Pudlow		16b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3531 174th Place, Hammond, IN 46323		16c Relationship Son
17a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		17b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) May 1, 2000 Holy Cross Cemetery		17c LOCATION - City or Town State Calumet City, Illinois
18a EMBALMER'S NAME George J. Johnson		18b EMBALMER'S LICENSE NO. FDE8900006		18c WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
19a SIGNATURE OF FUNERAL DIRECTOR <i>George J. Johnson</i>		19b LICENSE NUMBER (of Licenses) FDE8900006		19c NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME F1119900009 Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323
20 PART I Enter the disease, 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.				20b Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) GLIOBLASTOMA MULTIFORME				
Conditions if any which gave rise to the immediate cause stating the underlying cause last				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
21 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		22 WAS AN AUTOPSY PERFORMED? (Yes or no) No		23 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
24 CERTIFIER (Check only one) <input checked="" 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 type="checkbox"/> 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.				
25a SIGNATURE AND TITLE OF CERTIFIER <i>Steven A. Corse</i>			25b MEDICAL LICENSE NO. 02000686	25c DATE SIGNED (Month Day Year) 5-1-00
26 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Steven A. Corse D.O., 3100 - 45th Avenue, Highland, IN 46322 (mny)				
27 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Premuda M.D.</i>				28 DATE FILED (Month Day Year) May 2, 2000
29 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		29a DATE OF INJURY (Month Day Year)	29b TIME OF INJURY	29c INJURY AT WORK? (Yes or no)
30 PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		30a LOCATION (Street and Number or Rural Route Number, City or Town, State)		
31 DATE PRONOUNCED DEAD (Month, Day Year)		31b MOTOR VEHICLE ACCIDENT? (Yes or no). If yes specify driver, passenger, pedestrian, etc.		