

Basic will for single person

4

Last Will and Testament

OF

Henry E. Starczewski

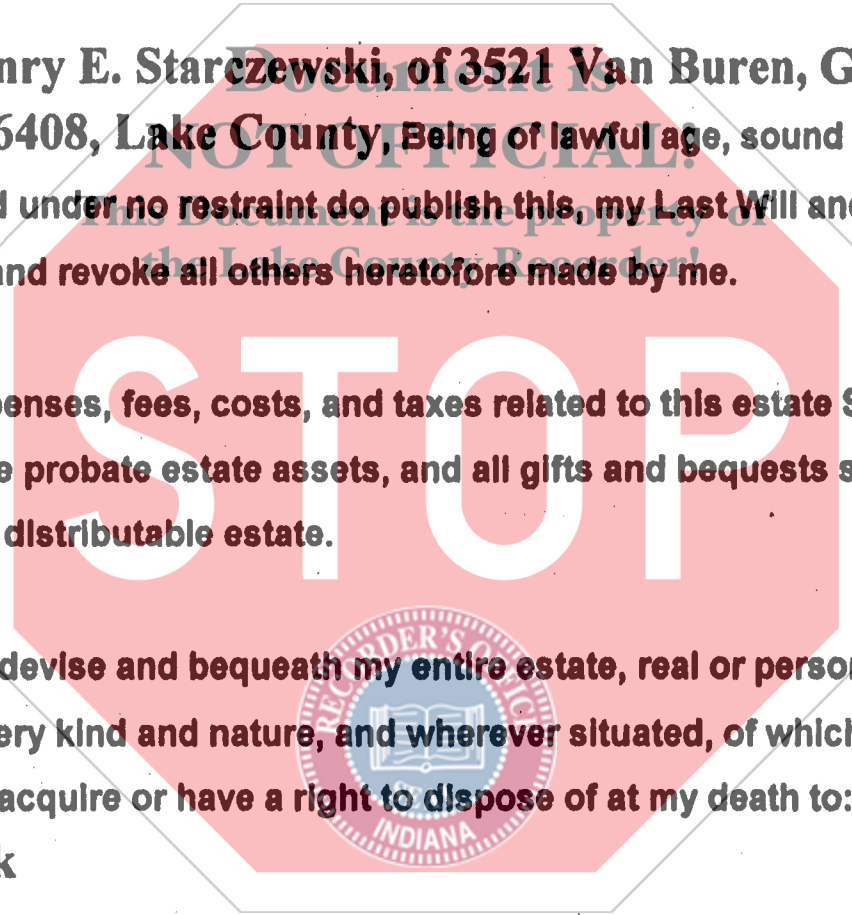
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I, **Henry E. Starczewski**, of **3521 Van Buren, Gary, Indiana 46408, Lake County**, Being of lawful age, sound mind and memory, and under no restraint do publish this, my Last Will and Testament, and revoke all others heretofore made by me.

All expenses, fees, costs, and taxes related to this estate Shall be paid from the probate estate assets, and all gifts and bequests shall be paid from the net distributable estate.

I give, devise and bequeath my entire estate, real or personal, or mixed, of every kind and nature, and wherever situated, of which I may own or hereafter acquire or have a right to dispose of at my death to: **James M. Luczak**

In the event that **James M. Luczak** does not survive me, then I give, devise and bequeath that share of the estate, real and personal, to **Rose Luczak**.



STATE OF INDIANA
LAKE COUNTY
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MORTIS W. COTTEN
RECORDER

1600
C.S.

I have intentionally made no provision in this Last Will and Testament for any and all of my heirs who are not specifically mentioned herein, and I hereby generally and specifically disinherit each, any and all persons whomsoever claiming to be or who may be lawfully determined to be heirs at law, except as otherwise mentioned herein

I, Henry E. Starczewski nominate and appoint, James M. Luczak of 7479 Fairlane Ave, Brooksville, FL 34613, to be the Personal Representative of this my Last Will and Testament, granting unto him full power and authority to sell and convey any or all of my estate, real, and personal, or mixed, upon such terms and prices as he may deem proper, without obtaining any prior order of the court therefore. I also grant him the power and authority in the settlement of my estate, to compromise, adjust, and settle any and all debts and liabilities due to or from my estate, for such sums, and upon such terms and conditions as he shall deem best.

In the event that the Personal Representative, James M. Luczak of 7479 Fairlane Ave, Brooksville, FL 34613 shall for any reason decline to serve, or fail to qualify for any reason or having qualified and been appointed, fail to complete the administration of my estate, then I nominate Rose Luczak of 7479 Fairlane Ave, Brooksville, FL 34613 of to be the alternate or successor Personal Representative. I direct that no bond or surety shall be required of any Personal Representative named herein.

WITNESS WHEREOF, I have hereunto subscribed my name, and
acknowledge and publish this Instrument as my LAST WILL and
TESTAMENT, In the presence of the undersigned Witnesses:

We hereby certify that the above named **Henry E. Starczewski**
subscribed his name thereto **this day in our presence**, and to us declared
the same to be his **Last Will and Testament**, and that we subscribed our
names hereto as witnesses, at his request, and in his presence, and at the
time of this signing, that he was of sound and disposing mind and not
under any restraint, to the best of our knowledge and belief.

WITNESS our hand and signature in Lake COUNTY, Indiana

On this 25 day of August, 2000

GRANTOR:

Witness: _____

Name,



Henry E. Starczewski

Henry E. Starczewski

3521 Van Buren

Witness: _____

Name,

Gary, Indiana 46408



STATE OF INDIANA
COUNTY OF Lake

Henry E. Starczewski
Henry E. Starczewski

I, Henry E. Starczewski and we, the above signed witnesses, whose names are signed to the foregoing instrument, having been sworn, declared to the undersigned officer that, Henry E. Starczewski signed the instrument as his Last Will, that his signed voluntarily, and that each of the WITNESSES and in the presence of each other and in the presence of Henry E. Starczewski signed this Will as a witnesses.

SUBSCRIBED and SWORN TO Before me by:
Henry E. Starczewski and by the above signed Witnesses.

Dated and signed on this

25th day of August, 2008



Signature: [Signature]

Print Name: LYNNE M'CREA

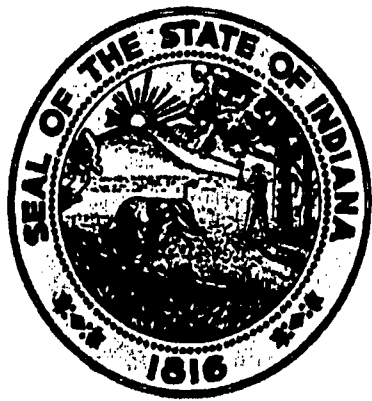
NOTARY PUBLIC, STATE of INDIANA

My commission expires, 5-6-2008

Identification provided

() Drivers License

() Identity Card



Official Stamp

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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2000 AUG 25 PM 2:39

MORRIS W. CARTER
RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name HENRY STARCZEWSKI

Address 3521 VAN BUREN

City St Zip GARY IN 46408

Telephone 219-980-7721

Signature Printed HENRY E. STARCZEWSKI

Signature Written Henry E. Starczewski

Date of Signature Aug 25 00

Check Number CASH

Check Amount CASH \$133.00

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials AC