

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

SURVIVORSHIP AFFIDAVIT

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2000 SEP 26 PM 2:37

STATE OF INDIANA)

)SS:

MORRIS W. CARTER
RECORDER

COUNTY OF LAKE)

Jacqueline R. Stuck, being first duly sworn upon oath, deposes and says:

1. That Affiant resides at 600 Morningside Drive, Crown Point, Lake County, Indiana 46307.

That Affiant's spouse, **Ray E. Stuck**, died on April 19, 2000, as more fully evidenced by a certified copy of his Certificate of Death, attached hereto as Exhibit A, leaving a Last Will and Testament, dated February 25, 1983, which is attached hereto as Exhibit B. Said Will has not been admitted to probate and no administration of the estate of **Ray E. Stuck** is contemplated by anyone to the knowledge and belief of Affiant.

3. That Affiant and Decedent were duly and legally married at the time they acquired title as tenants by the entireties to the following described real estate:

Lot 36 in Briar Estates, in the City of Crown Point, as per plat thereof, recorded in Plat Book 64 page 41, in the Office of the Recorder of Lake County, Indiana.

Tax Key # 23-09-458-36

Common Address: 600 Morningside Drive
Crown Point, IN 46307

4. That the marital relationship which existed between Affiant and Decedent at the time they acquired title to the aforescribed real estate remained in effect and unbroken until the date of Decedent's death.

FILED

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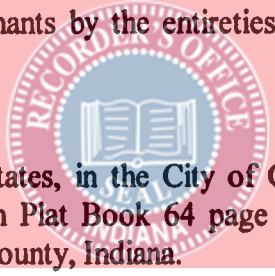
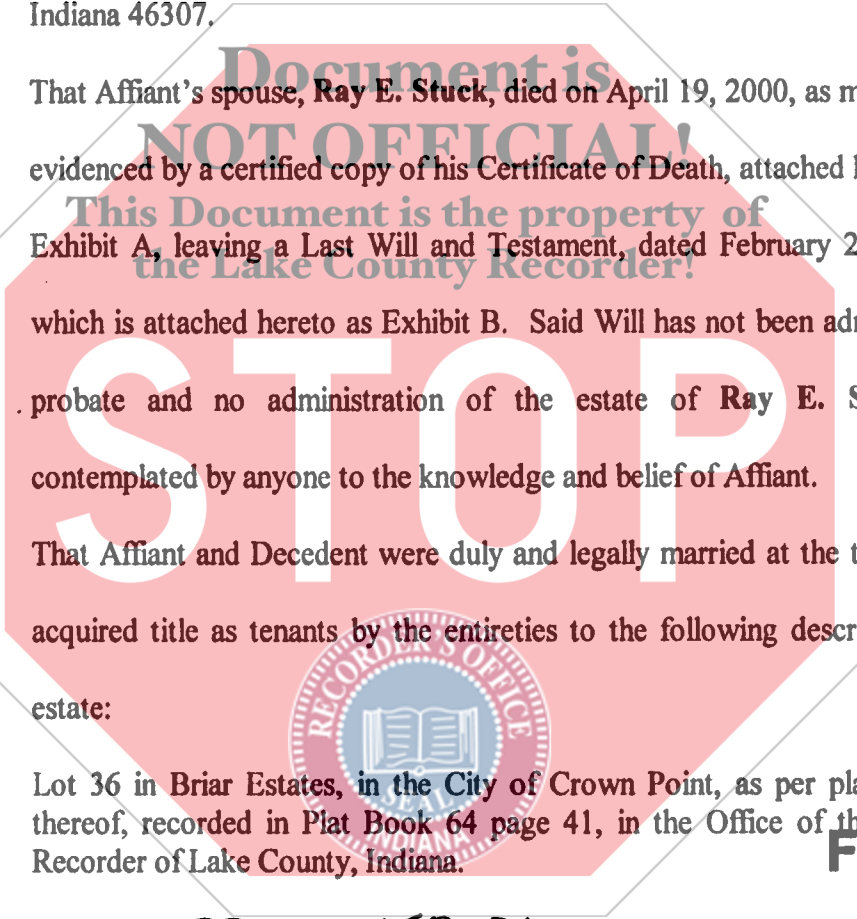
**PETER BENJAMIN
LAKE COUNTY AUDITOR**

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 SEP 26 AM 9:12

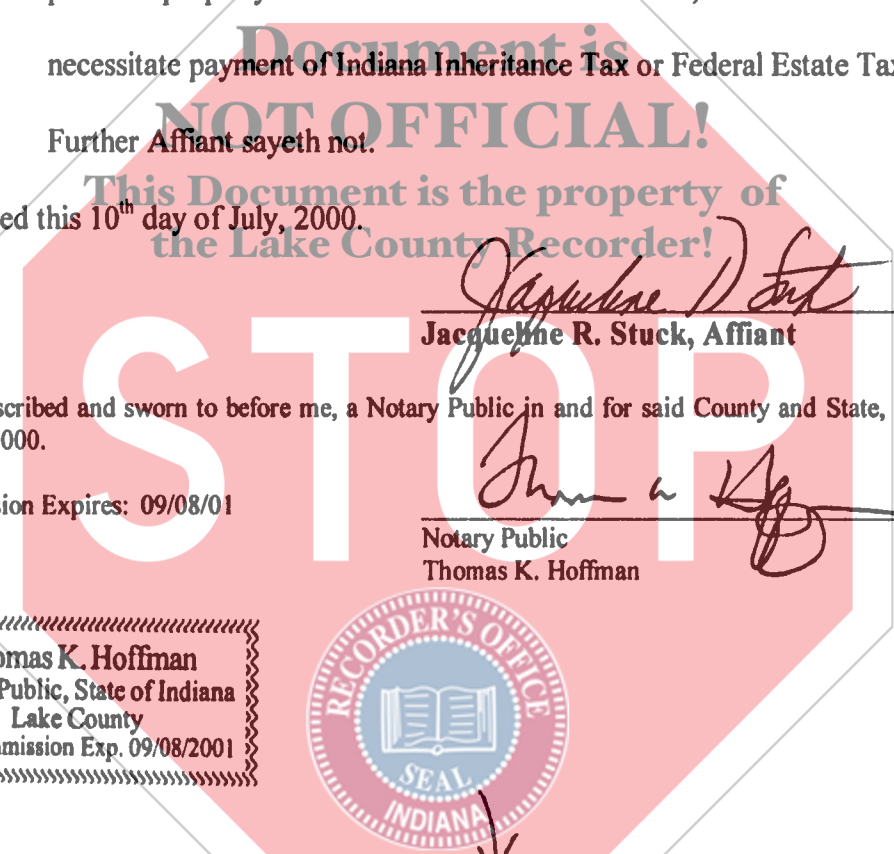
MORRIS W. CARTER
RECORDER



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5. That all funeral expenses in connection with the death of said Decedent have been paid in full.
6. That all of the assets of said Decedent which would be includable for Indiana Inheritance Tax or Federal Estate Tax purposes, including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property and insurance on Decedent's life, were not sufficient to necessitate payment of Indiana Inheritance Tax or Federal Estate Tax.
7. Further Affiant sayeth not.

Dated this 10th day of July, 2000.



Jacqueline R. Stuck

 Jacqueline R. Stuck, Affiant

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 10th day of July, 2000.

My Commission Expires: 09/08/01

Thomas K. Hoffman

 Notary Public
 Thomas K. Hoffman

Thomas K. Hoffman
 Notary Public, State of Indiana
 Lake County
 My Commission Exp. 09/08/2001



THIS INSTRUMENT PREPARED BY: THOMAS K. HOFFMAN #7731-45
 One Professional Center, Suite 308
 Crown Point, IN 46307

20 cc's

* 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. 0974-00

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

35/802
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) RAY E. STUCK		2 SEX Male	3a TIME OF DEATH 12:20 A	3b DATE OF DEATH (Month Day Year) April 19, 2000	
4 *SOCIAL SECURITY NUMBER 488-46-5244	5a AGE—Last Birthday (Years) 53	3b UNDER 1 YEAR Months Days	3c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) August 26, 1946	
7 BIRTHPLACE (City and State or Foreign Country) Independence, Missouri	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? ---	9a 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 type="checkbox"/> Residence		
9b FACILITY NAME (If not institution give street and number) St. Anthony Medical Center		9c CITY TOWN OR LOCATION OF DEATH Crown Point	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Jacqueline R. Zielinski	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Resident Sales Manager	12b KIND OF BUSINESS/INDUSTRY US Steel		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Crown Point	13d STREET AND NUMBER 600 Morningside Drive		
13e ZIP CODE 46307	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input 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) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 4		18 FATHER'S NAME (First Middle Last) Richard J. Stuck			
19 MOTHER'S NAME (First Middle Maiden Surname) Ethyle Whitling			20a INFORMANT'S NAME (Type/Print) Jacqueline R. Stuck		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 600 Morningside Dr., Crown Point, IN 46307			20c Relationship Wife		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) April 24, 2000 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana	
22a EMBALMER'S NAME Amy L. DeMunck		22b EMBALMER'S LICENSE NO. FI29900059	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) 1009893	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #83002453 6360 Broadway, Merrillville, IN 46410		
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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. ACUTE MYOCARDIAL INFARCTION		ONE HOUR	
Conditions if any which gave rise to the immediate cause stating the underlying cause last		b. CORONARY ARTERY DISEASE		2 YEARS	
c. DUE TO (OR AS A CONSEQUENCE OF)		d. DUE TO (OR AS A CONSEQUENCE OF)			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I VENTRICULAR FIBRILLATION					
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 DETERMINATION OF CAUSE OF DEATH? (Yes or no) SEP 2 2000		
29a 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) 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) 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.		PETER BENJAMIN LAKE COUNTY AUDITOR			
29b SIGNATURE AND TYPE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. 27841	29d DATE SIGNED (Month Day Year) 4-26-2000		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Trent G. Orfanos M.D. 1201 S. Main Street, Crown Point, IN 46410 (219) 662-0077					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams M.D.</i>		THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL. DEATH ON FILE WITH LAKE COUNTY HEALTH DEPT. APR 24 2000			
33 MANNER OF DEATH <input 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) APR 24 2000	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED ALEXANDER S. WILLIAMS M.D. LAKE COUNTY HEALTH COMMISSIONER 01629
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

Last Will and Testament of

RAY E. STUCK

I, Ray E. Stuck, a resident and domiciliary of Lake County, Indiana, being of sound and disposing mind and memory, do make, publish and declare this my Last Will and Testament, hereby revoking any and all Wills and Codicils thereto by me heretofore made.

ARTICLE I

I direct that all of my just debts, funeral expenses, taxes and the costs of the administration of my estate be paid by my Executrix, as soon as same may be done commensurate with sound administration and conservation of my estate. The Executrix, in her sole discretion, may use any corpus and/or any income, derived from my estate during the period of administration, or so much as she sees fit, for the discharge of the obligations, expenses and taxes mentioned in this Article I. The provisions of this paragraph shall govern and control tax payments and the allocation thereof. My Executrix, in her sole discretion, may pay any and all transfer, estate, inheritance, legacy, succession and death taxes, whether imposed by reason of property, insurance, or successions passing under this Will, or by reason of life insurance, payable to a named beneficiary, or beneficiaries, or otherwise imposed by any source the Executrix may determine. My Executrix, in her sole discretion, shall determine whether or not such taxes shall be apportioned to the various bequests, legacies and devises, whether the same be absolute or in trust, hereinafter made or to the insured's proceeds or successions passing independent of this Will; and in the event that the Executrix does allocate and apportion any such tax to one or more recipients to determine, in her sole discretion, the method of apportionment and the amount payable by such recipient. My Executrix, in her sole discretion, may enforce or refrain from enforcing contribution or reimbursement to my estate for the amount of any

Page One of Four Pages

EXHIBIT B

R.E.S.

and all such taxes from named beneficiaries under policies of insurance upon my life or from recipients of property or successions passing either under or independent of this, my Will.

ARTICLE II

I hereby declare that I am the husband of Jacqueline R. Stuck and that we have two children born of our marriage, namely, Jennifer Lynn Stuck and Brian Jeffrey Stuck.

ARTICLE III

I hereby give, devise and bequeath absolutely and in fee simple all of the rest and residue of my property, be it real, personal and/or mixed, of every nature, kind and description whatsoever and wheresoever the same may be situated, which I may own, or in which I may have an interest to, or to which I shall have the right to dispose of at the time of my demise, unto my beloved wife, Jacqueline R. Stuck.

In the event that my beloved wife, Jacqueline R. Stuck, should predecease me, then I give, devise and bequeath all the rest, residue and remainder of my estate, be it real, personal, and/or mixed of every kind and nature, and wheresoever the same may be situated, which I may own or in which I may have an interest to, or to which I shall have the right to dispose of upon my demise, unto my beloved children, equally, share and share alike, provided that if any of my children predecease me then his or her share shall be distributed per stirpes to his or her surviving issue, if any. Should there be no surviving issue, then that child's share shall be divided equally among my remaining children.

Should any of my children who take under this Will be a minor as of the date any part of my estate is to be distributed to that child, then I direct that any and all items of cash to be distributed to that child be placed in a savings and loan or banking institution in an interest bearing savings account where the money so deposited and the interest earned thereon shall be accumulated until said minor attains his/her majority under the laws of the State of Indiana, at which time the bank shall then distribute to said child, upon written request, the monies held by said institution. However, the guardian

PH
Jan

RS

of said minor may from time to time withdraw funds for the direct benefit of said minor without any accounting to or liability to the institution for allowing said withdrawal.

ARTICLE IV

If my wife does not survive me or dies after my death without making provision for the care and custody of the person and estate of our minor children I nominate and appoint Helen G. Zielinski of Lake County, Indiana, as guardian of such minor children. In the event Helen G. Zielinski is unwilling or unable to serve as guardian then I nominate and appoint David Batusic and Helen Batusic of Lake County, Indiana as alternate guardians. Security or bond of any such guardian or alternate guardians is hereby waived.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

I hereby nominate and appoint my beloved wife, Jacqueline R. Stuck, County of Lake, State of Indiana, as Executrix of this, my Last Will and Testament. If she does not so act as Executrix then I appoint Helen G. Zielinski, County of Lake, State of Indiana, as Alternate Executrix. I request that no bond be required of Jacqueline R. Stuck as Executrix or Helen G. Zielinski, as Alternate Executrix.

In testimony of which I, Ray E. Stuck, now sign this Will, in the presence of the witnesses whose names appear below, and request that they witness my signature and attest to the execution of this Will, consisting of four (4) pages, all of which is done this 25TH day of February, 1983, in the City of Merrillville, County of Lake, State of Indiana.

Ray E Stuck
RAY E. STUCK

Ray E. Stuck, in our presence, signed this instrument. Before he signed it he declared to us it was his Last Will and requested that we act as witnesses to its execution. We now, in his presence and in the presence of each other, sign below as witnesses, all of which is done this 25th day of February, 1983, in the City of Merrillville, County of Lake, State of Indiana.

[Signature]
Witness

8396 W. W. Merrillville, IN 46410
Address

Jay A Charon 4000 Hemlock Dr Valparaiso, IN
Witness Address

David J Hanson 211 Shortridge Rd Valparaiso, IN
Witness Address

PROOF OF WILL

Under penalties of perjury, Ray E. Stuck, Testator, and

Allen B. Jordan, Jay A Charon and
David J Hanson, witnesses, whose names are signed to the
foregoing instrument declare:

1. That Ray E. Stuck, Testator executed said instrument as his Will.
2. That he signed his signature in the presence of all witnesses.
3. That he executed his Will as his free and voluntary act for the purposes therein expressed.
4. That each of the witnesses, in the presence of the Testator and of each other, signed the Will as witnesses.
5. That the Testator was of sound mind.
6. That at the time of so signing the Testator was more than eighteen (18) years of age.

Dated: February 25, 1983.

Ray E Stuck
RAY E. STUCK

Allen B Jordan
Witness

Jay A Charon
Witness

David J Hanson
Witness

Prepared by:

ROBERT P. KENNEDY of:

SPANGLER, JENNINGS, SPANGLER & DOUGHERTY, P.C.
8396 Mississippi Street
Merrillville, Indiana 46410
Telephone: (219) 769-2323

DH