

Chicago Title Insurance Company

CTIC 620003549

TAX UNIT NO: 20

TAX KEY NOS.:

13-122-21

13-122-12

SURVIVORSHIP AFFIDAVIT

STATE OF FLORIDA

COUNTY OF *MONROE*

} s.s.

2000

On this 28th Day of August, 2000, before me personally appeared PAMELA REDDY
(insert date)

2000 07 28 20

Document is NOT OFFICIAL!

This Document is the property of Chicago Title Insurance Company

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is the daughter of GEORGE NELSON HARTLEY and ELTHIA I. HARTLEY;
(state interest of affiant in the above premises as "owner", son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
GEORGE NELSON HARTLEY a/k/a GEORGE N. HARTLEY and ELTHIA I. HARTLEY a/k/a INEZ BERG HARTLEY
and

4. Said ELTHIA I. HARTLEY a/k/a INEZ BERG HARTLEY
(fill in name of co-tenant who died)

died on May 31, 1997

leaving a will; a copy of which is attached
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is: as shown on the legal description
Rider which Rider is attached to and made a part of this affidavit.

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

FILED

OCT 17 2000

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

REGISTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

OCT 17 2000

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

01347

26-
em
1346
cr

Chicago Title Insurance Company

- 6.1 ELTHIA I. HARTLEY is the legal name of the Affiant's mother who also went by the name of "INEZ BERG HARTLEY, "INEZ" being her middle name and "BERG" being her maiden name.
- 6.2 GEORGE NELSON HARTLEY and ELTHIA I. HARLEY were married to each other at the time they took title to the foregoing real estate.
7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

(If answer is "Yes," identify the divorce proceedings:

.....);

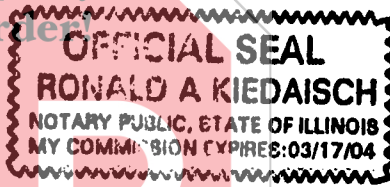
8. Affiant's relationship to the deceased was daughter

Signature: *Pamela Reddy*
 PAMELA REDDY
 Address: P.O. Box 587
 Key Largo, Florida 33037

Subscribed and sworn to before me by the affiant

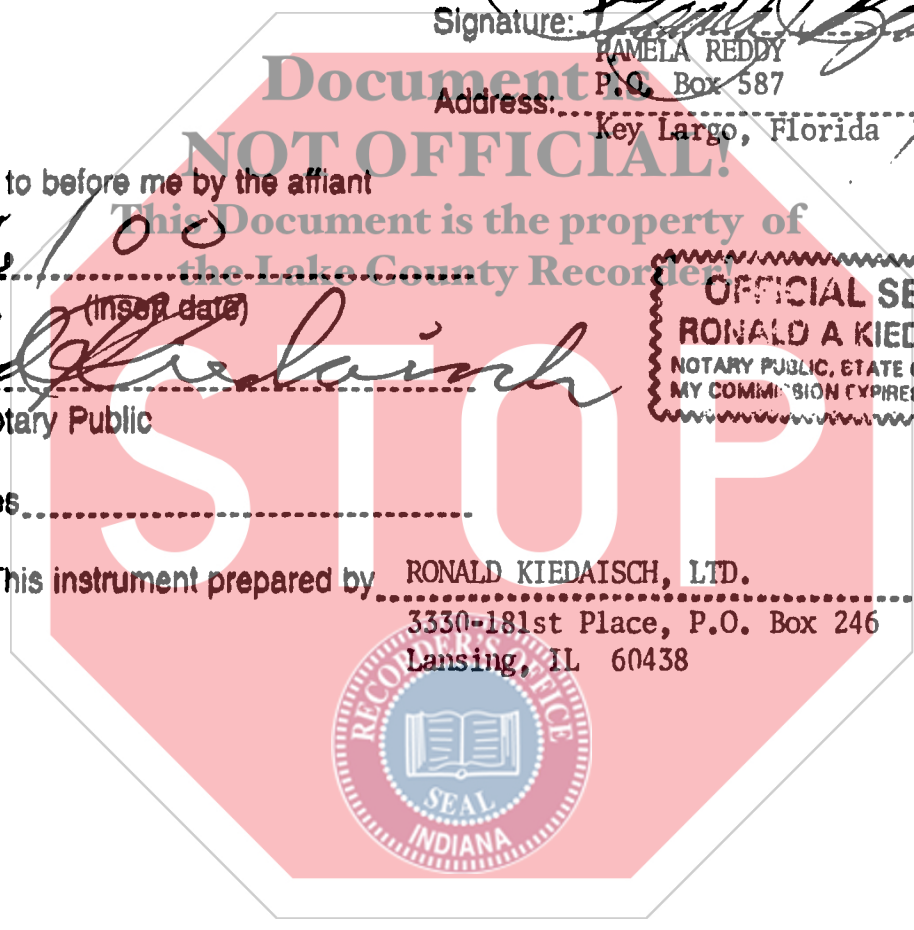
this 10/6/00
 (insert date)

Ronald Kiedaisch
 Notary Public



My Commission Expires

This instrument prepared by RONALD KIEDAISCH, LTD.
 3330-181st Place, P.O. Box 246
 Lansing, IL 60438



LEGAL DESCRIPTION RIDER

The land referred to in this Commitment is described as follows:

Parcel 1: Part of the West half of the Northeast Quarter of Section 15, Township 35 North, Range 9 West of the Second Principal Meridian, commencing at the Northwest corner of the Northeast Quarter of said Section 15; thence South 89 degrees 47 minutes 45 seconds East of the North line of said Section 15, a distance of 984.70 feet; thence South 19 degrees 14 minutes 32 seconds West 84.13 feet to the point of beginning of this described parcel and the center line of Joliet Street; thence continuing South 19 degrees 14 minutes 32 seconds West, 319.17 feet; thence South 62 degrees 04 minutes 28 seconds East, 240.10 feet; thence South 01 degree 25 minutes 02 seconds West, 282.80 feet; thence South 88 degrees 33 minutes 33 seconds West, 438.21 feet more or less to the West line of the Northeast Quarter of said Section 15; thence North along said West line 368.26 feet; thence North 88 degrees 37 minutes 46 seconds East, 200.00 feet; thence North 01 degree 22 minutes 14 seconds West, 317.45 feet more or less to the center line of Joliet Street; thence North 83 degrees 38 minutes 36 seconds East along said center line, 155.52 feet more or less to the point of beginning, in Lake County, Indiana.

Parcel 2: Part of the Northwest Quarter of the Northeast Quarter of Section 15, Township 35 North, Range 9, West of the Second Principal Meridian, described as commencing at a point in the Old Lincoln Highway (State Road #330) on the West line of the Northwest Quarter, Section 15, and 120 feet South of the Northwest corner of said Section 15, thence South along said West line 300 feet, thence East at right angles to said West line 200 feet, thence North 319.16 feet to the center of said highway, thence Southwesterly along said highway 200.22 feet to the place of beginning, in Lake County, Indiana.



LAST WILL AND TESTAMENT

OF

ELTHIA INEZ HARTLEY

50-517
I, Elthia Inez Hartley domiciled in Schererville, Lake County, Indiana, declare this document to be my Will and revoke all Wills and Codicils to Wills previously made by me.

Document is
NOT OFFICIAL!

ARTICLE ONE

All death taxes (estate, inheritance and succession taxes) imposed by reason of my death, whether as to property passing under this Will or otherwise, shall be paid out of my residuary estate, without reimbursement from any person.

ARTICLE TWO

I give all of the property of my estate to my beloved husband, GEORGE NELSON HARTLEY, if he survives me for a period of forty-five (45) days.

ARTICLE THREE

If my husband does not survive me for a period of forty-five (45) days, I give all of the rest, residue and remainder of my estate to my children PAMELA JEAN REDDY, PATRICIA ANN STITES and CYNTHIA LYNN HARTLEY in equal shares. If any child of mine precedes me in death, I give the share that she would have received to her issue per stirpes.

2021.
ARTICLE FOUR

I appoint my husband, GEORGE NELSON HARTLEY, Executor of this Will. In the event my said husband declines or is unable to serve in such capacity, I appoint, as alternative, PAMELA JEAN REDDY. I direct that my personal representative be permitted to serve without necessity of posting bond.

ARTICLE FIVE

In addition to any and all powers now or hereafter conferred upon them by law, I grant the following powers to my said Executor and his successors:

- (a) To compromise, settle and adjust any and all claims, charges, debts, or demands against or in favor of my estate.
- (b) To sell any and all of the property of my estate at public or private sale, without notice, bond or other formality and upon such terms and condition as they shall deem in the best interest of my estate.
- (c) To retain any property in the form which such property was held at my death and to dispose of the same by sale, exchange, abandonment or otherwise and as when they shall deem advisable.
- (d) To invest and reinvest in any property without regard to the proportion such or similar property may bear to my total estate.
- (e) To register, in their own names, in my name or in the name of my estate or trust created hereby; to vote or refrain from voting; to execute deeds assignment, proxies, subscriptions or options; and to exercise all other rights and privileges relative to stock, bonds, notes, mortgages and other assets.
- (f) To employ and compensate in a reasonable amount attorneys, accountants, brokers, realtors, and other advisors and agents deemed necessary for the proper administration of my estate and trusts created hereby.

(g) To insure against loss any of the property of my estate.

(h) To borrow from such sources, including themselves for such time and upon the terms and conditions as they shall deem best, with or without security, for the purpose of paying debts, taxes, or other charges against my estate or any portion thereof.

(i) To make distribution in cash, in kind or partly in cash and partly in kind to the ultimate beneficiaries entitled thereto.

(j) To engage in informal administration with the written consent of all beneficiaries.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this, My Last Will and Testament, consisting of five (5) typewritten pages, and for the purpose of identification, I have initialed each preceding page on the margin thereof, all in the presence of the persons witnessing my execution hereof, on this 19 day of January, 1990, in Highland, Indiana.

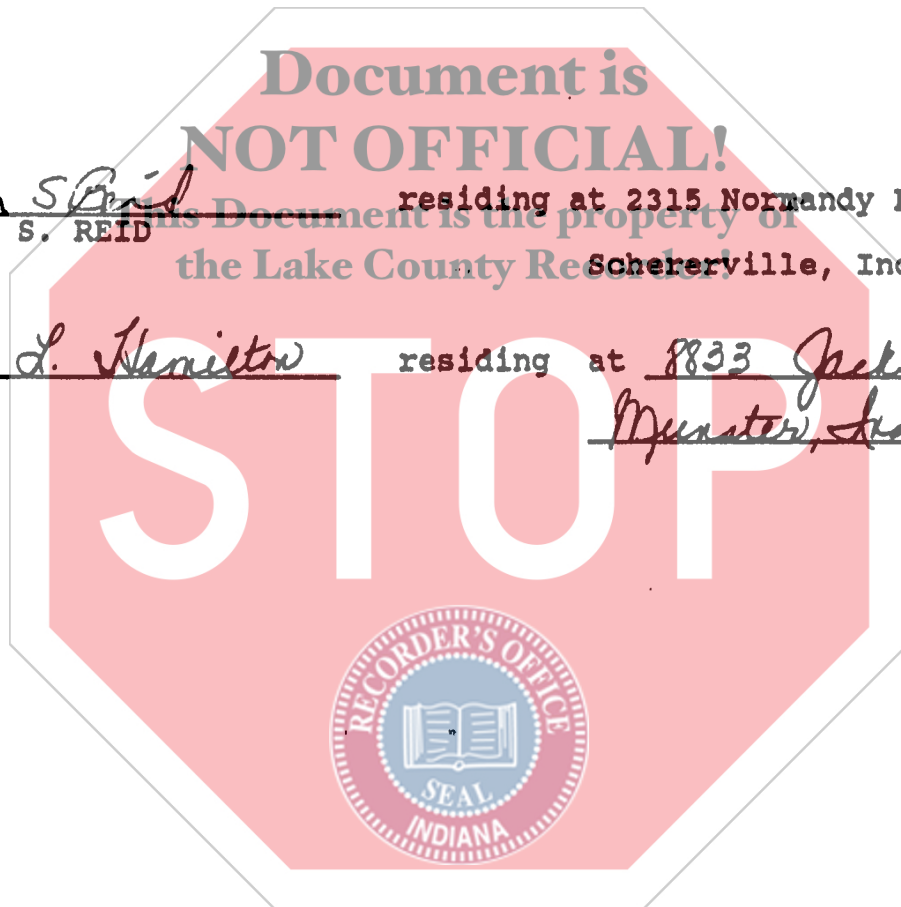


Elthia Inez Hartley
ELTHIA INEZ HARTLEY

The foregoing instrument consisting of five (5) typewritten pages, was signed, published and declared by Elthia Inez Hartley to be her Last Will and Testament in our presence and in the presence of each other have hereunto subscribed our names as witnesses, this 19 day of January, 1990, at Highland, Indiana.

Joseph S. Reid residing at 2315 Normandy Road,
JOSEPH S. REID Schererville, Indiana.

Debra L. Hamilton residing at 8833 Jackson Ct.
Munster, Indiana.



UNDER THE PENALTIES OF PERJURY, We, Elthia Inez Hartley,
Joseph S. Reid, and DEBRA L. HAMILTON, the Testatrix and
witnesses respectively whose names are signed to the foregoing
instrument declare:

1. That the Testatrix executed this instrument as
this her Will;
2. That in the presence of the witnesses, she signed
her name;
3. That she executed the Will as her free and
voluntary act for the purposes expressed therein;
4. That each of the witnesses, in the presence of the
Testatrix and of each other, signed the Will as
witnesses;
5. That the Testatrix was of sound mind, and
6. That the Testatrix was more than eighteen (18)
years of age and was not a member of the armed
forces or merchant marines.

DATED this 19 day of January, 1990.

Elthia Inez Hartley
ELTHIA INEZ HARTLEY

Joseph S. Reid
JOSEPH S. REID, Witness

Debra L. Hamilton
DEBRA L. HAMILTON, Witness

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue 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. 1183-97

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

18754
PE/PRINT
IN
PERMANENT
LACK INK

DECEDENT

MENTS

FORMANT

POSITION

USE OF
ATH

RTIFIER

ALTH
FICER

1 DECEASED—NAME (First, Middle, Last) Elthia Inez Hartley				2 SEX Female	3a TIME OF DEATH 5:55 P.M.	3b DATE OF DEATH (Month, Day, Yr) May 31, 1997
4 *SOCIAL SECURITY NUMBER 312-10-1664	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) September 30, 1916	7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA		8c PLACE OF DEATH (Check only one. See instructions) OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9a FACILITY NAME (If not institution, give street and number) 407 E. Joliet St.			9c CITY, TOWN OR LOCATION OF DEATH Schererville		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) George Hartley		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Own Home	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Schererville		13d STREET AND NUMBER 407 E. Joliet St.		
13e ZIP CODE 46375	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" 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) 12 College (1-4 or 5+) _____				18 FATHER'S NAME (First, Middle, Last) August Berg		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Emily Goddard				20a INFORMANT'S NAME (Type/Print) Dr. George N. Hartley		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 407 E. Joliet St., Schererville, In				20c Relationship Husband		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <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) June 4, 1997 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana		
22a EMBALMER'S NAME Lawrence Miller		22b EMBALMER'S LICENSE NO. FD01006015		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Lawrence Miller</i>		24b LICENSE NUMBER (of Licensee) FD01006015		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Gardens, Inc. 2828 Highway Ave. Highland, In FH83003035		
26 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. Metastatic Carcinoma of Undetermined Site Approximate Interval Between Onset and Death: 6 wks						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Carcinoma of Undetermined Site b. g. Undetermined Site c. _____ d. _____						
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				27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	28a WAS AN AUTOPTSY PERFORMED? (Yes or no) No	28b WERE AUTOPTSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
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) 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.						
29b SIGNATURE AND TITLE OF CERTIFIER <i>Alexander P. ... M.D.</i>				29c MEDICAL LICENSE NO. 01015522	29d DATE SIGNED (Month, Day, Year) 6/3/97	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 3641 RIDGE RD HIGHLAND, IN 46322						
31 HEALTH OFFICER'S SIGNATURE <i>Alexander P. ... M.D.</i>						
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d LOCATION (Street and Number or Rural Route Number, City or Town, State) OCT 02 2000	
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.				