

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO.
8. Affiant's relationship to the deceased was SPOUSE.

Signature: Frank Halal
FRANK HALAL

Address: 7250 MAGOUN AVENUE
HAMMOND, IN 46324

Subscribed and sworn to before me by the affiant this 3rd day of May, 2002.

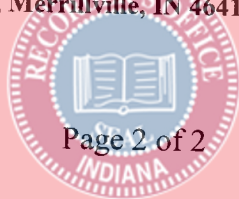
My Commission Expires

12/14/09

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

Angela M. Deuntz
Notary Public

This instrument prepared by:
LOUIS M. CASALE, Casale, Woodward & Buls, LLP,
9223 Broadway, Suite A, Merrillville, IN 46410, Telephone: 219/736-9990



Last Will and Testament of

ROSE HALAL

KNOW ALL MEN BY THESE PRESENTS:

I, ROSE HALAL, a resident of Lake County, Indiana, being of sound and disposing mind and memory, hereby make, publish and declare this instrument to be my Last Will and Testament, hereby revoking all former Wills and Codicils heretofore made by me.

ARTICLE I

I direct that all of my legal obligations and funeral expenses be first paid out of my estate as soon as it is conveniently possible.

ARTICLE II

I devise and bequeath to my beloved husband, FRANK HALAL, all of my real, personal and mixed property of every kind and description, wherever the same may be located, which I now own and may hereinafter possess, provided he survives me.

ARTICLE III

If my said husband, FRANK HALAL, fails to survive me, then in that event, all of my said property is hereby given in equal shares, share and share alike, to my children. I presently have two (2) children: FRANK J. HALAL and JOSEPH H. HALAL. In the event that either of my children should fail to survive me, then the share that would have gone to such predeceased child shall go to my surviving child.

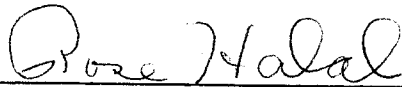
ARTICLE IV

If any beneficiary under this Will shall die within thirty (30) days of the date of my death, such beneficiary for the purposes of this Will, shall be deemed to have predeceased me.

ARTICLE V

I hereby nominate and appoint my husband, FRANK HALAL, to act as Executor of this my Last Will and Testament. In the event that he does not serve for any reason, I then nominate and appoint my son, FRANK J. HALAL, as Successor Executor of this my Last Will and Testament. I hereby further direct that any of said nominees be permitted to serve without the necessity of posting a bond. I empower my personal representatives in that capacity to sell, lease, or mortgage any property, real or personal, either publicly or privately, (including to themselves) without an Order of the Court and without notice to anyone upon such terms and conditions as shall seem best to said personal representatives and without liability on the part of any purchaser, tenant or mortgagee to see to the application of the consideration; to permit any of the beneficiaries named herein to enjoy the use in kind during the probate of this Will of any tangible personal property without liability on the part of said personal representatives for any injury to, consumption of or loss of any such property so used; and to settle, compromise or pay any claim, including taxes asserted in favor of or against me or my estate. The beneficiaries or personal representatives, as the case may be, shall not be liable for any unintentional, non-negligent injury to, consumption of, or loss of any property used as provided herein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 3rd day of February, 1989, at Hammond, Lake County, Indiana.



ROSE HALAL, Testatrix

The foregoing instrument was signed and published by said Testatrix as her Last Will and Testament, in the presence of us, who at her presence, and in the presence of each other, have hereunto subscribed our names as witnesses. We each certify

that at the time of the execution of this Will, the Testatrix was mentally competent and acting voluntarily.

DATED this 3rd day of February, 1989, at Hammond, Lake County, Indiana.

WITNESSES:

William A. O'Rourke

Judy A. Portz

ADDRESSES:

5231 Hohman Avenue, Suite 501
Hammond, Indiana 46320

5231 Hohman Avenue, Suite 501
Hammond, Indiana 46320

UNDER THE PENALTIES FOR PERJURY, WE, ROSE HALAL, WILLIAM A. O'ROURKE, and JUDY A. PORTZ, Testatrix and witnesses respectively whose names are signed to the attached or foregoing instrument declare:

1. That the Testatrix executed the instrument as her Will;
2. That in the presence of all witnesses she signed or acknowledged her signature;
3. That she executed the Will as her free and voluntary act for the purposes expressed in it;
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 to the best of their knowledge, the Testatrix was at the time eighteen (18) or more years of age.

DATED this 3rd day of February, 1989 at Hammond, Lake County, Indiana.

Rose Halal
ROSE HALAL, Testatrix

William A. O'Rourke
Witness

Judy A. Portz
Witness

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

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

Local No. 785

Oct. 17, 2001 Date Issued
Franklin J. Sremuda, M.D. Hammond Health Commission

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Rose Halal		2 SEX Female	3a TIME OF DEATH 9:34 P M	3b DATE OF DEATH (Month, Day, Yr) October 15, 2001
4 *SOCIAL SECURITY NUMBER 310-22-2596	5a AGE—Last Birthday (Years) 78	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) October 23, 1922
7 BIRTHPLACE (City and State or Foreign Country) Chicago, IL	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	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 checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
9b FACILITY NAME (If not institution, give street and number) 7250 Magoun Ave.,		9c CITY, TOWN, OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Frank Halal	12a DECEASED'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 Hammond	13d STREET AND NUMBER 7250 Magoun Ave.,	
13e ZIP CODE 46324	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? 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+)			18 FATHER'S NAME (First, Middle, Last) Warren Armstrong	
19 MOTHER'S NAME (First, Middle, Maiden Surname) Cora Kwak			20a INFORMANT'S NAME (Type/Print) Frank Halal	
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7250 Magoun Ave., Hammond, IN 46324			20c Relationship Husband	
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) OCTOBER 18, 2001 CHAPEL LAWN CEMETERY		21c LOCATION—City or Town, State SCHERERVILLE, INDIANA
22a EMBALMER'S NAME Henry J. Blake		22b EMBALMER'S LICENSE NO. FD01019406	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Elaine B. LeFoy</i>		24b LICENSE NUMBER (of License) FD01000857	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home, Inc., FH19400005 6955 Southeastern Ave. Hammond, IN 4632	
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. <i>Cardio myopathy</i> DUE TO (OR AS A CONSEQUENCE OF)		Years
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. <i>Coronary Artery disease</i> DUE TO (OR AS A CONSEQUENCE OF)		Years
		c. <i>Arteriosclerosis</i> DUE TO (OR AS A CONSEQUENCE OF)		Years
		d.		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
<i>Chronic obstructive pulmonary disease</i>			27 WAS DECEDENT PREGNANT OR POSTPARTUM? NO	28a WAS AN AUTOPSY PERFORMED? NO
			28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 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>Alan Jones DO</i>			29c MEDICAL LICENSE NO. 02000640	29d DATE SIGNED (Month, Day, Year) October 17, 2001
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Alan Jones, DO, 929 Ridge Road, Munster, IN 46321				
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Sremuda M.D.</i>				32 DATE FILED (Month, Day, Year) October 17, 2001
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)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
		34d DESCRIBE HOW INJURY OCCURRED		
		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) 2337
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		