

3

STATE OF INDIANA) IN RE:
) SS:
COUNTY OF LAKE) CHESTER A. HIESTAND, SR. Deceased

~~2002 050583~~ **SMALL ESTATE AFFIDAVIT** 9:17

David O. Hiestand, being first duly sworn upon oath states:

1. I am an adult resident of Lake County, Indiana, and have personal knowledge of all facts states herein.

2. The above-named decedent, Chester A. Hiestand, Sr., died Intestate on the 19th day of December, 1999 while domiciled in Lake County, Indiana as evidenced by the certificate of death attached as Exhibit "A." Chester A. Hiestand, Sr. was survived by his wife Mary C. Hiestand.

3. More than forty-five (45) days have elapsed since the death of the decedent.

4. There is no application or petition for the appointment of a Personal Representative for said decedent pending or granted in any jurisdiction.

5. The following named persons were heirs of the decedent:

Mary C. Hiestand
304 N. Cavender Street
Hobart, IN 46342

6. The value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Twenty Five Thousand Dollars (\$ 25,000.00) less the cost and expenses of administration and reasonable expenses as provided by I.C. 29-1-8-3.

7. The following is a full description of all the personal property belonging to the decedent, together with the estimated value thereof according to the best knowledge and information of the affiant herein.

Personal and Household Effects: \$ 500.00

Ford Motor Common Stock
16 Shares: \$ to be determined

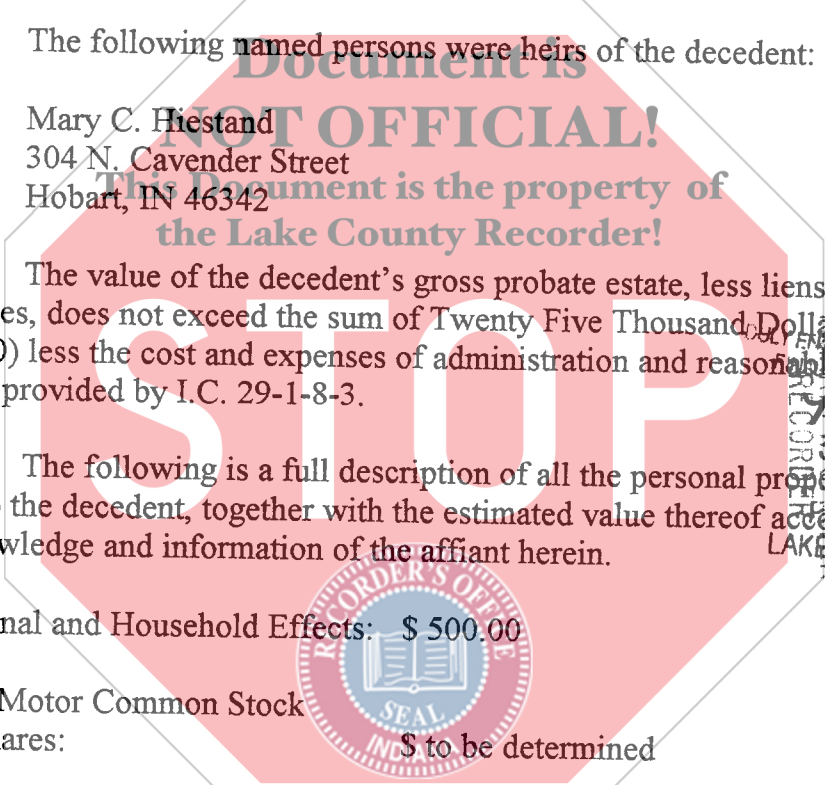
8. The following lists of persons, firms or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant.

None

Smith + De Bonis
9696 Gordon Dr.
Highland, IN 46322

2406-A 4.00
M.V.
14142

2002 050583



2002 FILED FOR ESTATE SUBJECT TO ACCEPTANCE FOR TRANSFER
MAY 31 2002
JAMES BENJAMIN
LAKE COUNTY AUDITOR

9. By reason of the above-stated matters, the affiant requests that the above-enumerated personal property of the decedent, Chester A. Hiestand, Sr., be transferred to affiant pursuant to laws of intestate succession as provided in Indiana Code in accordance with provisions of I.C. 29-1-8-1 and I.C. 29-1-8-2.

10. The gross value of the estate of the decedent Chester A. Hiestand, Sr., as determined for the purposes of Federal Estate taxes was less than the value required for filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to federal tax.

11. Affiant David O. Hiestand was appointed co-executor of the estate of Mary C. Hiestand, Deceased, former surviving spouse of Chester A. Hiestand, Sr. along with co-executor Chester A. Hiestand, Jr. Probate proceedings are pending for the estate of Mary C. Hiestand before the Lake Superior Court, East Chicago, Indiana estate number 45D02-0204-EU-00017.

WHEREFORE, I hereby request that any person or organization presently in possession of any of the above-enumerated personal property, transfer same to me pursuant to the Indiana Code. Distribution of said property of the affiant herein, shall release said person or organization from any liability with regard to the proper application and disbursement of said personal property.

I hereby charge myself with the responsibility of proper disbursement of funds according to the provisions of the Indiana Code, and hereby agree to hold harmless said persons or corporations from any liability with regard to the transfer of said personal property.

Further affiant sayeth not.

In witness whereof this 21st day of MAY, 2002.

David O. Hiestand
David O. Hiestand

SUBSCRIBED AND SWORN to before me a Notary Public, this 21st day of MAY, 2002

Jennifer L. Alami
NOTARY PUBLIC
INDIANA

Jennifer L. Alami
Name Printed

My Commission Expires: 3-6-09

County of Residence: LAKE

Return To: → This instrument was prepared by Anthony DeBonis, Jr., Esq.
SMITH & DeBONIS LLC 9696 Gordon Drive, Highland, IN 46322

INDIANA STATE BOARD OF HEALTH

Local No. 2568-90

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) CHESTER A. HIESTAND SR		2. SEX Male	3a. TIME OF DEATH 10:38A	3b. DATE OF DEATH (Month, Day, Yr.) December 19, 1990	
4. SOCIAL SECURITY NUMBER 307-01-5800	5a. AGE—Last Birthday (Years) 75	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) JUN 27, 1915	
7. BIRTHPLACE (City and State or Foreign Country) BROOK, INDIANA	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" 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. MARY MEDICAL CENTER		9c. CITY, TOWN, OR LOCATION OF DEATH HOBART	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) MARY SEARS	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MAINTENANCE	12b. KIND OF BUSINESS/INDUSTRY FORD MOTOR COMPANY		
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION HOBART	13d. STREET AND NUMBER 304 N. CAVENDER ST.		
13e. ZIP CODE 46342	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) 8 College (1-4 or 5+) 		18. FATHER'S NAME (First, Middle, Last) DAVID W. HIESTAND			
19. MOTHER'S NAME (First, Middle, Maiden Surname) ESTELLA DEWEY		20a. INFORMANT'S NAME (Type/Print) MARY HIESTAND			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 304 N. CAVENDER ST., HOBART, IN 46342		20c. Relationship Wife			
21a. 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)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) DEC 27, 1990 HANNA CEMETERY		21c. LOCATION—City or Town, State HANNA, INDIANA	
22a. EMBALMER'S NAME JAMES W. GHOLSTON		22b. EMBALMER'S LICENSE NO. FDO1004194	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licensee) FDO1006463	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME THE FUNERAL HOME 6800 W. COLDFRIDGE RD, HOBART, IN 46342		
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Subarachnoid Hemorrhage</i> b. <i>Complication of Head Injury</i> c. <i>Chronic Obstructive Lung Disease</i> d. <i>Neuronalitis Cerebri</i> Approximate Interval Between Onset and Death DEC 20, 1990					
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) N/A		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
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>Rodolfo Jao</i>		29c. MEDICAL LICENSE NO. 01026118	29d. DATE SIGNED (Month, Day, Year) 12-20-90		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) RODOLFO JAO MD, 1400 S. LAKE PARK AVE, STE 300, HOBART, INDIANA 46342					
31. HEALTH OFFICER'S SIGNATURE <i>Robert Mathre D.O.</i>			32. DATE FILED (Month, Day, Year) DEC 21, 90		
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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) JAN 18 1991
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) LAKE COUNTY			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

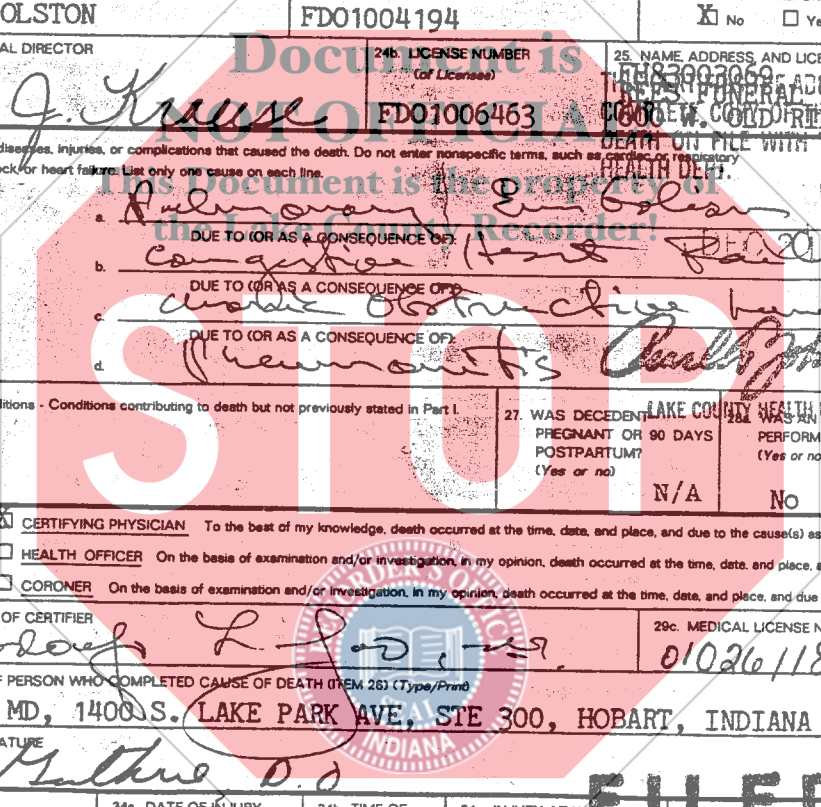
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

Key # 17-14-11 Chicago Road Sub L11 B13



FILED

EXHIBIT A