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2003 JUL -3 AM 8:43

FORNOLD W. CARTER
RECORDER

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

**IN THE MATTER OF THE ESTATE OF ANNA KENDA a/k/a ANNA KINDA
Deceased - DOD: 3-8-84**

AFFIDAVIT TO CORRECT ERROR AND HEIRSHIP

Comes now JOHN SOROTA, being duly sworn upon his oath and states as follows:

That he is the nephew of Anna, Julia, Sophie and Susan Kenda and was the court appointed Executor of the Estate of Julia I. Kenda, which estate is now closed.

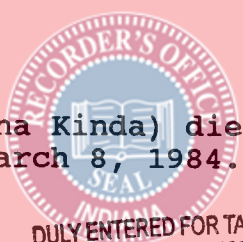
That this Affidavit is made to correct an error that was made in 1984 upon the death of Anna Kenda. At the time of Anna's death, she and her three sisters, Julia, Sophie and Susan were all owners, as tenants in common (each as to an undivided one-fourth (1/4th) interest), pursuant to Warranty Deed dated May 12, 1961, recorded on May 17, 1961 as Document # 329631, of the following described real estate:

Lot 31 in Block 7, in Robertsdale Park Subdivision, as per plat thereof, recorded in Plat Book 11, page 1, in the Office of the Recorder of Lake County, Indiana

a/k/a 1514 Amy Ave., Whiting, IN 46394

Key # 35-312-34

That Anna Kenda (a/k/a Anna Kinda) died intestate, a resident of Lake County, Indiana on March 8, 1984.



DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUL 1 2003

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STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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15.00
LP
OK
28393

That to the best of Affiant's knowledge, said ANNA KENDA (a/k/a Anna Kinda) left surviving her the following heirs at law:

Sophie Kenda - Sister) All living at:
Julia Kenda - Sister) 1514 Amy Ave.
Susan Kenda - Sister) Whiting, IN 46394

and: JOHN KENDA - Brother
13301 Avenue L
Chicago, IL 60633

Said decedent left no other child or children nor descendants of any predeceased child or children, and that the survivors are competent adults.

As clarification, ownership therefore should have passed as follows:

| | Previously Owned: | Anna's share Inherited: | <u>NOW</u> |
|-----------------------|-------------------|-------------------------|------------|
| Sophie Kenda - Sister | 25% | 1/16th | 5/16ths |
| Julia Kenda - Sister | 25% | 1/16th | 5/16ths |
| Susan Kenda - Sister | 25% | 1/16th | 5/16ths |
| John Kenda - Brother | -0- | 1/16th | 1/16th |

That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of correcting errors and establishing the heirship of ANNA KENDA (a/k/a Anna Kinda), deceased.

Further Affiant sayeth not.


JOHN SOROTA, Affiant

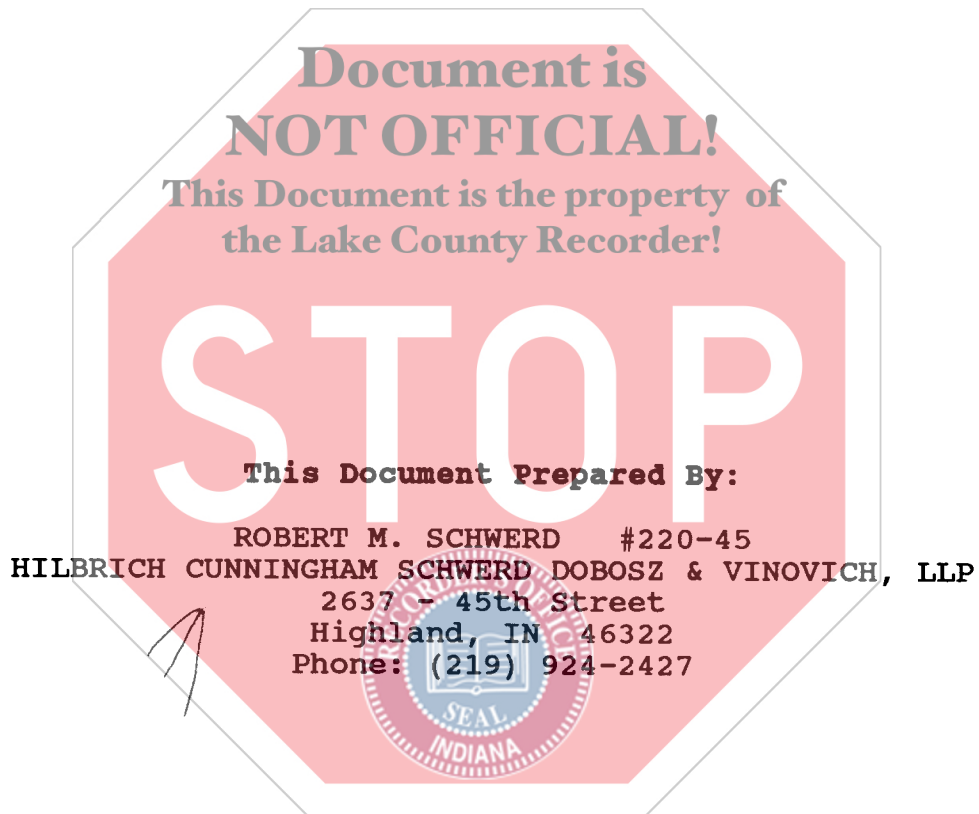
(Notary Block for Error & Heirship Affidavit
filed by John Sorota)

Subscribed and sworn to before me, a Notary Public, in and
for said County and State, personally appeared JOHN SOROTA, this
24TH day of *June*, 2003.


KATHRYN M. MURPHY
Notary Public

My Commission Expires: 4-27-2008

County of Residence: Lake



TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

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

APR 24 2002 *[Signature]*

EMBALMER'S NAME Martin Gabor LICENSE No. 4074
 FUNERAL DIRECTOR'S SIGNATURE Irene Baran LICENSE No. 702
 FUNERAL HOME No. 726

Local No. 212

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| 1 DECEASED-NAME ANNA MARIE KENDA (or kinda) | | MOTHER | | FATHER | | DATE OF DEATH | |
| 2 RACE - 19 White | | 3 AGE - 76 | | 4 SEX - F | | 5 DATE OF BIRTH - 03/05/1908 | |
| 6 CITY, TOWN OR LOCATION OF DEATH Hammond | | 7 HOSPITAL OR OTHER INSTITUTION 1514 Amy Avenue | | 8 COUNTY - Lake | | 9 STATE - Indiana | |
| 10 SOCIAL SECURITY NUMBER 324-01-5410 | | 11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED | | 12 SURVIVING SPOUSE | | 13 KIND OF BUSINESS OR INDUSTRY | |
| 14 USUAL RESIDENCE WHEN DECEASED OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Indiana | | 15 REL. OCCUPATION Binder Worker (Retired) | | 16 CITY, TOWN OR LOCATION Hammond (Whiting P.O.) | | 17 IS RESIDENCE ON A RANCH? NO | |
| 18 FATHER-NAME Andrew | | 19 MOTHER-MAIDEN NAME Susan | | 20 MARRIAGE ADDRESS 1514 Amy Avenue, Whiting, Indiana 46394 | | 21 MARRIAGE DATE | |
| 22 MARRIAGE ADDRESS - WHITING 2075 Indianapolis Blvd., Whiting, Indiana 46394 | | 23 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> | | 24 DATE RECEIVED MAR 19 1984 | | 25 HOURS OF DEATH 11:15 A.M. | |
| 26 MARRIAGE ADDRESS - WHITING 2075 Indianapolis Blvd., Whiting, Indiana 46394 | | 27 MARRIAGE ADDRESS - WHITING 2075 Indianapolis Blvd., Whiting, Indiana 46394 | | 28 MARRIAGE ADDRESS - WHITING 2075 Indianapolis Blvd., Whiting, Indiana 46394 | | 29 MARRIAGE ADDRESS - WHITING 2075 Indianapolis Blvd., Whiting, Indiana 46394 | |
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SBH 06-003 State Form 35430
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