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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2003.071649
Chicago Title Insurance Company

2003 JUL 10 10:00 AM
MORRIS... REC...

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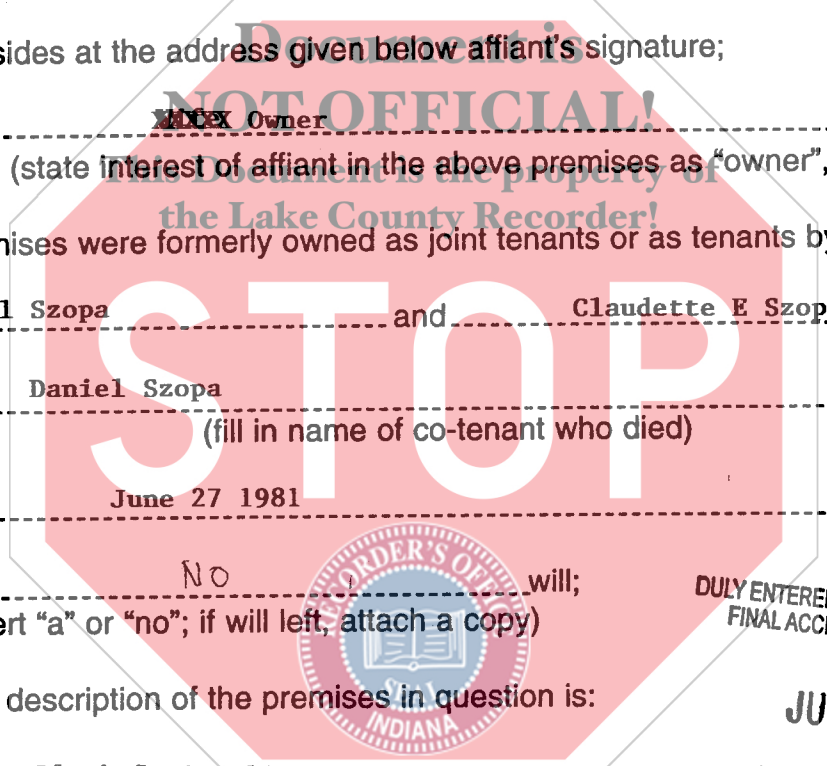
SURVIVORSHIP AFFIDAVIT

620034787

On this 15th day of July 2003 before me personally appeared _____
(insert date)
Claudette E Szopa

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 SOLE Owner _____;
(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
Daniel Szopa and Claudette E Szopa _____;
4. Said Daniel Szopa _____
(fill in name of co-tenant who died)
died on June 27 1981 _____
leaving No _____ will;
(insert "a" or "no"; if will left, attach a copy)



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUL 17 2003

5. The legal description of the premises in question is:
Lot 10, in Block 5, in Cline Gardens Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 31 page 71, in the Office of the Recorder of Lake County Indiana.
6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____.

The taxes due are paid or unpaid.

CHICAGO TITLE INSURANCE COMPANY

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13.-
CT DG

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

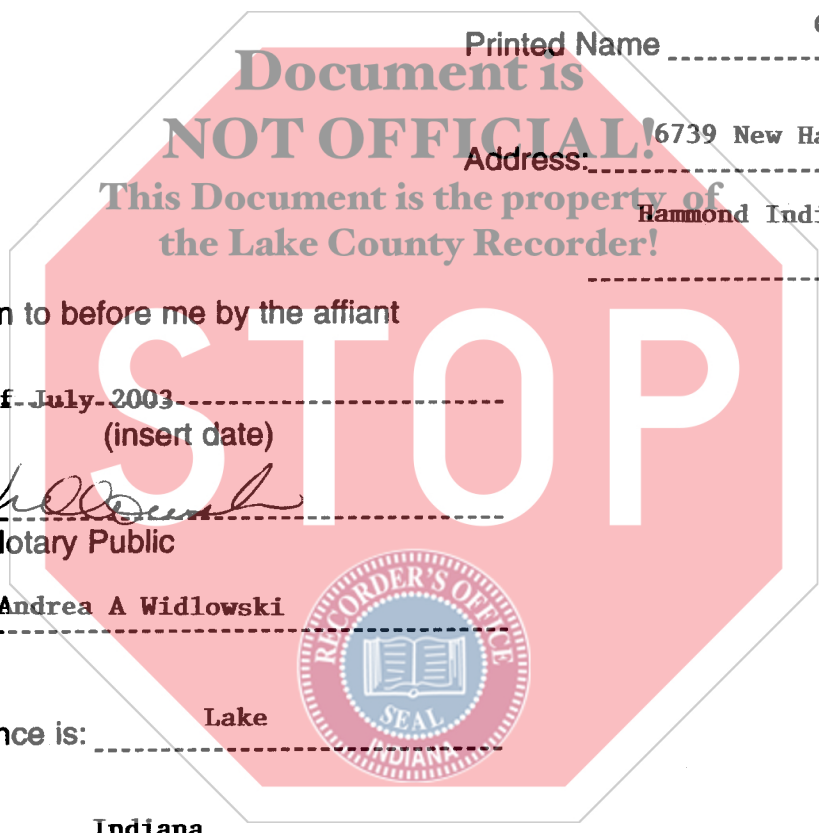
(If answer is "Yes," identify the divorce proceedings:

8. Affiant's relationship to the deceased was Wife

Signature: *Claudette E Szopa*

Printed Name Claudette E Szopa

Address: 6739 New Hampshire Avenue
Hammond Indiana 46323



Subscribed and sworn to before me by the affiant

this 15th day of July 2003
(insert date)

Andrea A Widlowski
Notary Public

Printed Name Andrea A Widlowski

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 9-17-09

This instrument prepared by Claudette E Szopa

CITY OF EAST CHICAGO, INDIANA
DEPARTMENT OF HEALTH
CITY HALL

Local Record of Death

THIS IS TO CERTIFY, DANIEL SZODA died

That our records show EAST CHICAGO, INDIANA

JUNE -27- 1981 ST. CATHERINE HOSPITAL, EAST CHICAGO, INDIANA
MONTH DAY YEAR PLACE STREET, HOSPITAL

Age at Death 47 Sex MALE Married XX Widowed
Years Months Days

Birth Date JANUARY -3- 1934 Color WHITE Single Divorced
Month Day Year

Primary cause of death given was CARCINOMATOSIS, ADENO CARCINOMA OF COLON.

Signed by SALMAN GAILANI, M.D., EAST CHICAGO, INDIANA
Physician Address

Place of burial or removal CALUMET PARK, MERRILLVILLE, INDIANA
Name of Cemetery

Date of burial 7-1-1981 Funeral Director VIRGIL HUBER, HAMMOND, INDIANA
Address

Signed *[Signature]* Sec'y

at East Chicago, Indiana JAN. 31, 1984 Date

Filed 6-30-1981

Recorded locally in Book No. 1981 Page No. 65 Registered No. 324

