

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2003 JUL 21 10 57 AM

MORRIS W. GARDNER
RECORDER

b H-620030608 vs 2003 075073

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

HEIRSHIP AFFIDAVIT

Chicago Title Insurance Company

On this 29th day of March, 2003, before me personally appeared Marlene Thorek, who being duly sworn on oath did say that:

1. Affiant presently resides at 4932 Beech Avenue, Hammond, Indiana 46327.
2. That Affiant is the surviving daughter of Frances V. Rybinski who died on October 4, 2002, resident of Lake County, Indiana. A true copy of the death certificate of Frances V. Rybinski is attached hereto.

3. That at the time of her death, the following described premises commonly known as 4923 Beech Avenue, Hammond, Indiana 46327, was owned in fee simple by Frances V. Rybinski:

Lot 28, in Block 6, in LaSalle Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 14 page 28, in the Office of the Recorder of Lake County, Indiana.

Key # 26-34-268-28

4. That the decedent was survived by her two adult children, the Affiant, Marlene Thorek, and her brother, Daniel Rybinski, who resides at 4818 Chestnut, Hammond, Indiana.

5. That Marlene Thorek and Daniel Rybinski are the sole residuary devisees pursuant to the terms of the Last Will and Testament of Frances Rybinski dated October 8, 2001. A true copy of said Last Will and Testament is attached hereto.

6. That pursuant to the Indiana statutes concerning intestate succession, Marlene Thorek and Daniel Rybinski are the sole heirs of Frances Rybinski.

DULY ENTERED FOR TAXATION SUBJECT TO
SINGLE ACCEPTANCE FOR TRANSFER

JUL 18 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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7. That the gross value of the decedent's estate is less than the sum of \$60,000.00 and consequently, with available Class A exemptions, the estate would not be subject to an Indiana Inheritance Tax.

8. That the gross value of the decedent's estate is less than the value required for the filing of a Federal Estate Tax Return and the estate is not subject to the Federal Estate Tax.

9. That the decedent died leaving no known debts and the Affiant is unaware of any outstanding claims against the decedent.

10. That to the best of Affiant's knowledge, there is no petition filed or pending in this State for the appointment of a personal representative nor is any such application or petition contemplated.

Marlene Thorek

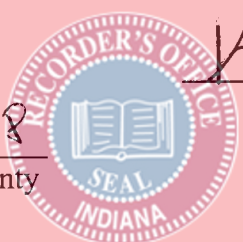
Marlene Thorek

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 29TH day of March, 2003, personally appeared Marlene Thorek and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 12.13.08
Resident of Lake County



Robert A. ...

, Notary Public

This instrument prepared by: William I. Fine, Attorney at Law, 2833 Lincoln Street, Suite F, Highland, Indiana 46322

Last Will and Testament

OF

FRANCES RYBINSKI

I, FRANCES RYBINSKI, a resident of Hammond, Indiana, being of sound and disposing mind and memory, do hereby make publish and declare this to be my Last Will and Testament, hereby revoking all former Wills and Codicils by me at any time made.

ARTICLE ONE

I order and direct that my Executrix hereinafter named shall pay out of the principal of my estate all of my just debts and funeral expenses, and any and all inheritance, transfer, and succession taxes, which may be imposed or assessed during the period of administration on my property or estate, or on the transmission thereof by my death, or on any bequest, devise or interest hereunder.

ARTICLE TWO

I hereby specifically give, devise and bequeath the following:

1. Any automobile that I may own at the time of my death to my beloved daughter, MARLENE THOREK, and her heirs per stirpes.

ARTICLE THREE

All of the rest, residue and remainder of my estate, real, personal and mixed, of every kind and description whatsoever and wheresoever situated of which I may die seized or possessed, or in which I may have any interest at the time of my death, or to which I may be entitled at the time of my death, I give, bequeath and devise to my beloved children, MARLENE THOREK and DANIEL RYBINSKI, in equal parts, share and share alike, or to their living descendants, per stirpes.

ARTICLE FOUR

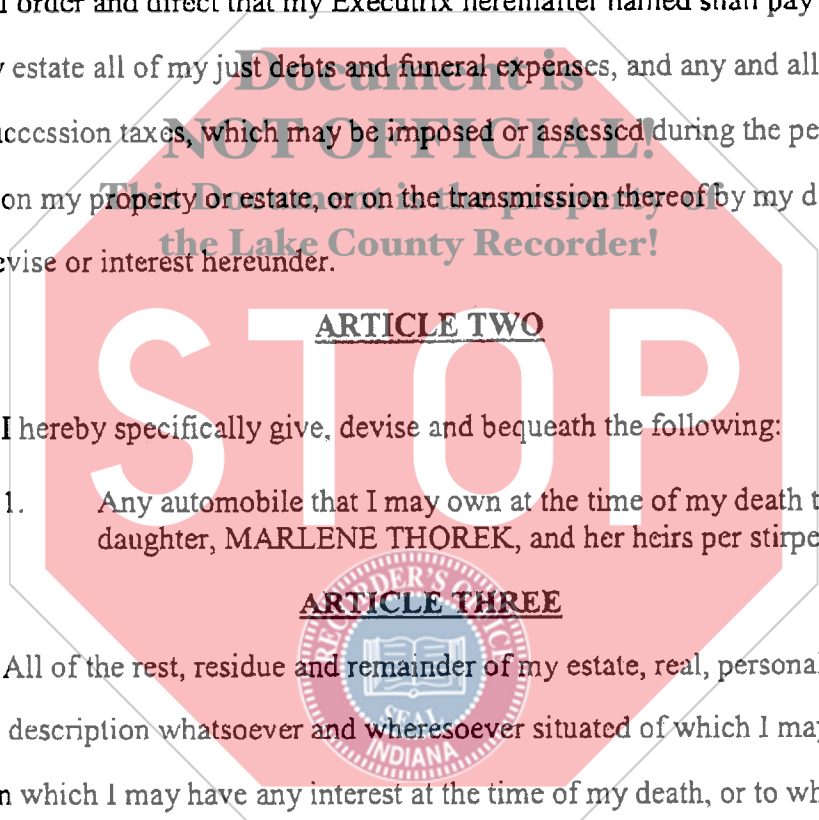
I hereby nominate, constitute and appoint my beloved daughter, MARLENE THOREK, as Executrix of this, my Last Will and Testament, and I direct that no surety shall be required on her bond as such Executrix. In the event of her death, incapacity, resignation, refusal or inability to act as Executrix, then I nominate, constitute and appoint my beloved son, DANIEL THOREK, as Executor or Successor Executor, as the case may be, and I direct that no surety shall be required on his bond.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUL 18 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

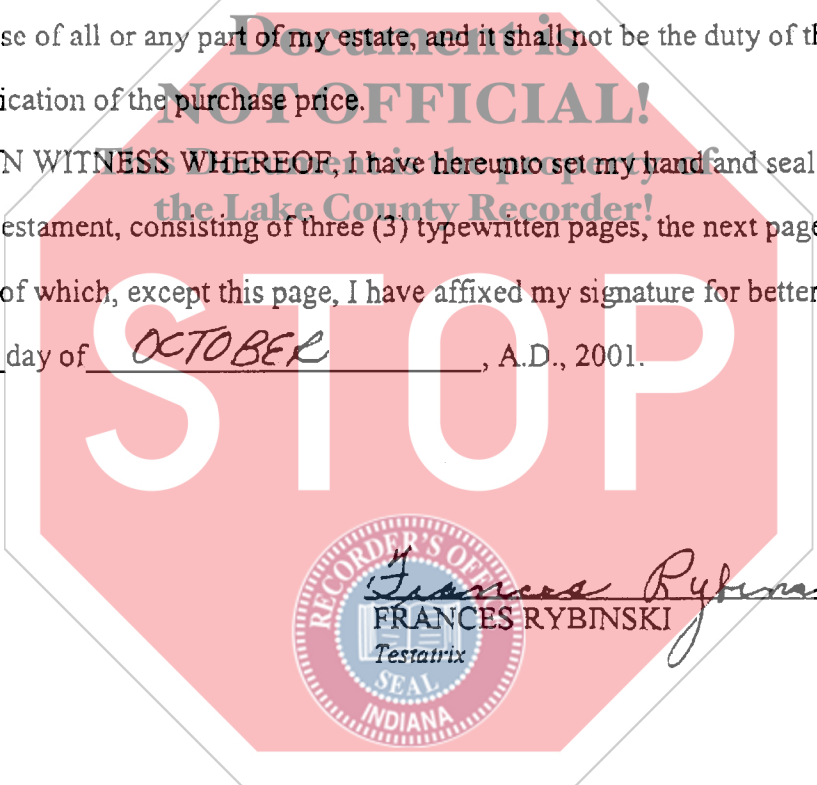
Frances Rybinski



ARTICLE FIVE

My Executrix or her Successor shall have full power to administer my estate and settle my affairs as may seem proper in order to carry out my intentions herein expressed. My Executrix or her Successor shall also have full power to compromise and compound any and all claims in favor of or against my estate, and to give full receipts and releases therefore, and to do whatever other acts in relation to my estate that may be deemed necessary or desirable. My Executrix or her Successor shall also have full power without the necessity of making application to any Court, to sell at public or private sale, convey, convert, transfer, mortgage, lease or otherwise dispose of all or any part of my estate, and it shall not be the duty of the purchaser to look to the application of the purchase price.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this, my Last Will and Testament, consisting of three (3) typewritten pages, the next page included, on the margin of each of which, except this page, I have affixed my signature for better identification this 8th day of OCTOBER, A.D., 2001.



Frances Rybinski
FRANCES RYBINSKI
Testatrix
SEAL
INDIANA

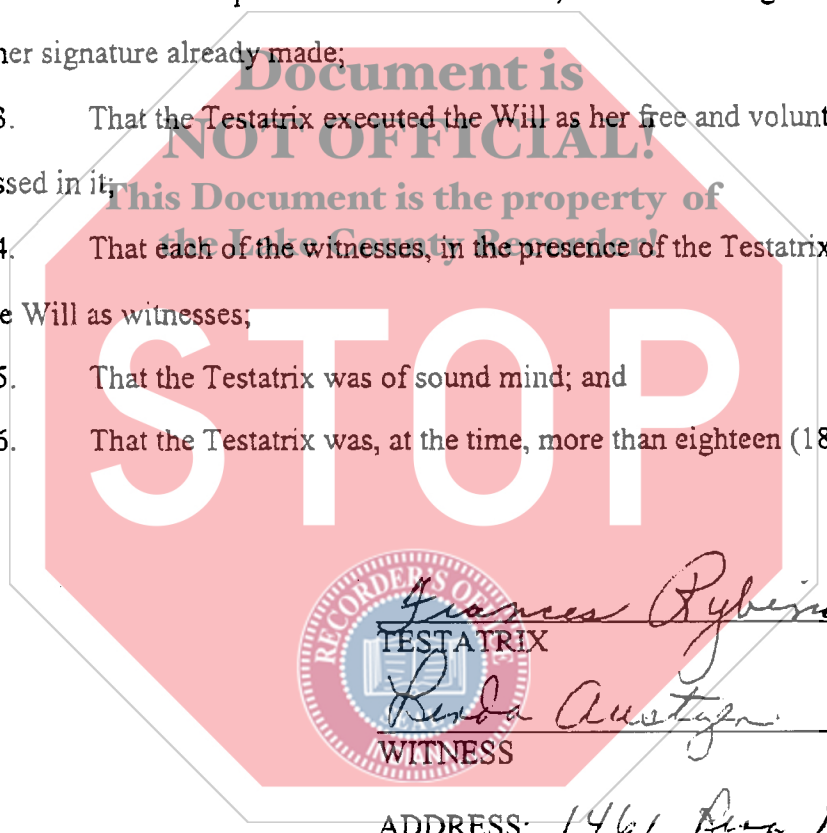
This instrument was, on the date thereof, signed and published by the Testatrix as her Last Will and Testament, and at her request and in her presence, and in the presence of each of us, have subscribed our names as witnesses. We hereby certify that at the time of the execution thereof, the Testatrix was of sound and disposing mind and memory.

Linda Austgen
Gregory R. White

ACKNOWLEDGMENT AND VERIFICATION OF WILL

UNDER THE PENALTIES FOR PERJURY, we, FRANCES RYBINSKI, the Testatrix, and the undersigned witnesses respectively, whose names are signed to the attached or foregoing instrument dated the 8th day of October, 2001, and designated as the Last Will and Testament of FRANCES RYBINSKI:

1. That the Testatrix executed the instrument as her Last Will and Testament;
2. That in the presence of the witnesses, the Testatrix signed or acknowledged her signature already made;
3. That the Testatrix 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 the Testatrix was, at the time, more than eighteen (18) years of age.



Frances Rybinski

Frances Rybinski
TESTATRIX
Ronda Austgen
WITNESS

ADDRESS: 1461 Ring Road

Calumet City, IL 60409

Gregory R. Malisz
WITNESS

ADDRESS: 1461 Ring Road

Calumet City, Ill.

60409

* 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

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

Local No. 789

CERTIFICATE OF DEATH

State Date Issued Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) FRANCES V. RYBINSKI			2 SEX FEMALE		3a TIME OF DEATH 2:57 PM		3b DATE OF DEATH (Month, Day, Yr.) OCTOBER 4, 2002	
4 *SOCIAL SECURITY NUMBER 314-05-3967		5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) MARCH 15, 1919		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? N/A		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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) 4923 BEECH AVENUE				9c CITY, TOWN, OR LOCATION OF DEATH HAMMOND		9d COUNTY OF DEATH LAKE		
10 MARITAL STATUS (Specify) WIDOWED		11 SURVIVING SPOUSE (If wife, give maiden name) NONE		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 HAMMOND		13d STREET AND NUMBER 4923 BEECH AVENUE		
13e ZIP CODE 46327		13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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 DECEDENT'S EDUCATION (Specify only highest grade completed) 10
18 FATHER'S NAME (First, Middle, Last) BARNEY SWIDERSKI				19 MOTHER'S NAME (First, Middle, Maiden Surname) HELEN SZULC				
20a INFORMANT'S NAME (Type/Print) MARLENE THOREK			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4932 BEECH AVENUE, HAMMOND, IN 46327			20c Relationship DAUGHTER		
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 7, 2002 ST. MICHAEL CEMETERY			21c LOCATION—City or Town, State HAMMOND, INDIANA		
22a EMBALMER'S NAME KEITH D. ANTHONY			22b EMBALMER'S LICENSE NO. 01011911		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Keith D. Anthony</i>			24b LICENSE NUMBER (of Licensee) 01011911		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, IN 46327			
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. ACUTE MYOCARDIAL INFARCTION HOURS b. CORONARY ARTERY DISEASE YEARS c. ARTERIOSCLEROTIC BLOOD ARTERY DISEASE YEARS d. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I ESSENTIAL HYPERTENSION CONGESTIVE HEART FAILURE								
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO					28a WAS AN AUTOPSY PERFORMED? (Yes or no) 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>Paul Foreit D.O.</i>						29c MEDICAL LICENSE NO. 02000209		29d DATE SIGNED (Month, Day, Year) OCTOBER 9, 2002
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) C.E. FOREIT D.O. 3831 HOHMAN AVENUE, HAMMOND, INDIANA 46327								
31 HEALTH OFFICER'S SIGNATURE <i>Franklin D. Foreit M.D.</i>							32 DATE FILED (Month, Day, Year) October 9, 2002	
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)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					