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Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

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STATE OF Indiana

COUNTY OF Lake

} S.S.

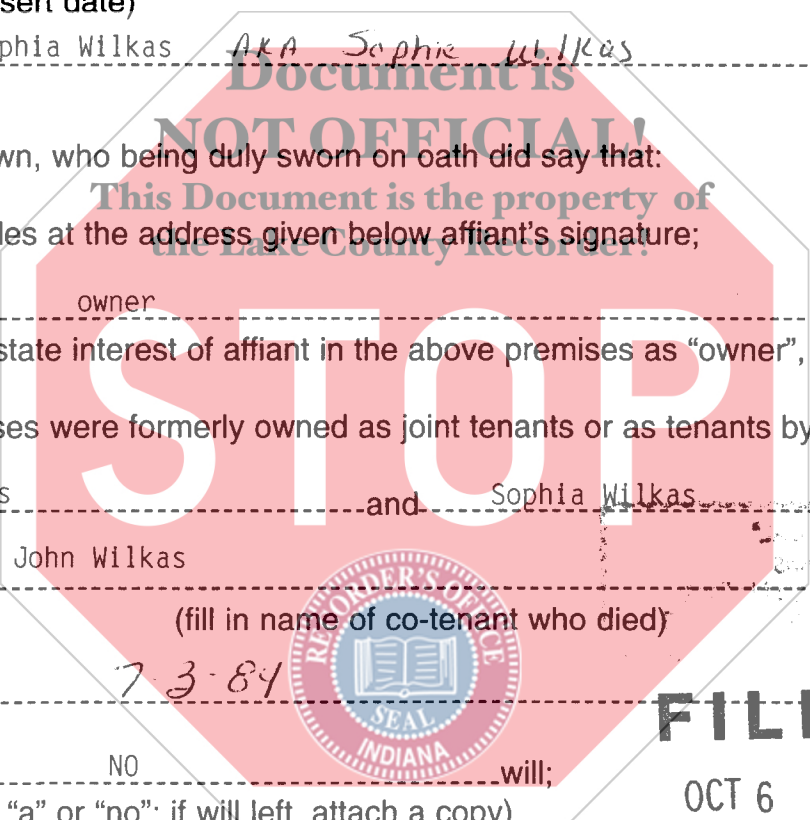
On this 2nd day of October, 2003 before me personally appeared _____
(insert date)

Sophia Wilkas AKA Sophie Wilkas

to me personally known, who being duly sworn on oath did say that:

CHICAGO TITLE INSURANCE COMPANY

- Affiant resides at the address given below affiant's signature;
- Affiant is owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.);
- Said premises were formerly owned as joint tenants or as tenants by the entireties by John Wilkas and Sophia Wilkas;
- Said John Wilkas
(fill in name of co-tenant who died)
died on 7-3-84
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)



FILED

OCT 6 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

5. The legal description of the premises in question is: Lot 170 in Pon and Co's Wildwood Shores, as per plat thereof, recorded in Plat Book 26 page 38, in the Office of the Recorder of Lake County, Indiana

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

000458

Handwritten initials/signature

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: Sophia Wilkas
Sophia Wilkas AKA Sophie

Address: Wilkas

Subscribed and sworn to before me by the affiant

this 2nd Day of October, 2003

(Insert date)

Debra Lewis

Notary Public

My Commission Expires

This instrument prepared by Sophia Wilkas

OFFICIAL SEAL
Debra Lewis
Notary Public, State of Indiana
My Commission Expires 9-9-2006



ALMER'S NAME JAMES M. LOVE LICENSE No. 90

GENERAL DIRECTOR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S LICENSE No. 2258 FUNERAL HOME No. 427

Local No. 1280-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

000459

DECEASED TYPE OR SPIRIT: White PERMANENT RESIDENCE: White SEX: Male RACE: White HEIGHT: 74 WEIGHT: 160 HAIR: Gray EYES: Blue BIRTH DATE: 7-3-84 BIRTH PLACE: Lake DECEASED DATE: 7-10-84 DECEASED PLACE: St. Anthony Medical Center

1. DECEASED NAME: John 2. SEX: Male 3. DATE OF BIRTH: 7-3-84 4. RACE: White 5. HEIGHT: 74 6. WEIGHT: 160 7. HAIR: Gray 8. EYES: Blue 9. BIRTH PLACE: Lake 10. DECEASED DATE: 7-10-84 11. DECEASED PLACE: St. Anthony Medical Center

12. RESIDENT STATE: Illinois 13. COUNTY: Kankakee 14. CITY/TOWN OF RESIDENCE: Retired 15. IS RESIDENT IN A NURSING HOME: NO 16. USUAL RESIDENT WHEN DECEASED: Retired 17. TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 18. STREET AND NUMBER: R.R.#1 Box 527 19. INSURE CITY LIMITS: NO

19. IS DECEASED OF SPANISH ORIGIN: NO 20. FATHER'S NAME: Joseph 21. MOTHER'S MAIDEN NAME: Caroline 22. FATHER'S RELATIONSHIP: Wilkas 23. MOTHER'S RELATIONSHIP: Wilkas 24. FATHER'S BIRTH DATE: 7-1-84 25. MOTHER'S BIRTH DATE: 7-6-84 26. FATHER'S BIRTH PLACE: Illinois 27. MOTHER'S BIRTH PLACE: Illinois

28. DECEASED'S RELATIONSHIP: Mrs. Sophie Wilkas, wife 29. DECEASED'S BIRTH DATE: 7-1-84 30. DECEASED'S BIRTH PLACE: Illinois 31. DECEASED'S USUAL RESIDENCE: Retired 32. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 33. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 34. DECEASED'S INSURE CITY LIMITS: NO

35. DECEASED'S USUAL RESIDENCE WHEN DECEASED: Retired 36. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 37. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 38. DECEASED'S INSURE CITY LIMITS: NO 39. DECEASED'S USUAL RESIDENCE WHEN DECEASED: Retired 40. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 41. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 42. DECEASED'S INSURE CITY LIMITS: NO

43. DECEASED'S USUAL RESIDENCE WHEN DECEASED: Retired 44. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 45. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 46. DECEASED'S INSURE CITY LIMITS: NO 47. DECEASED'S USUAL RESIDENCE WHEN DECEASED: Retired 48. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 49. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 50. DECEASED'S INSURE CITY LIMITS: NO

51. DECEASED'S USUAL RESIDENCE WHEN DECEASED: Retired 52. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 53. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 54. DECEASED'S INSURE CITY LIMITS: NO 55. DECEASED'S USUAL RESIDENCE WHEN DECEASED: Retired 56. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 57. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 58. DECEASED'S INSURE CITY LIMITS: NO

59. DECEASED'S USUAL RESIDENCE WHEN DECEASED: Retired 60. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 61. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 62. DECEASED'S INSURE CITY LIMITS: NO 63. DECEASED'S USUAL RESIDENCE WHEN DECEASED: Retired 64. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 65. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 66. DECEASED'S INSURE CITY LIMITS: NO

67. DECEASED'S USUAL RESIDENCE WHEN DECEASED: Retired 68. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 69. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 70. DECEASED'S INSURE CITY LIMITS: NO 71. DECEASED'S USUAL RESIDENCE WHEN DECEASED: Retired 72. DECEASED'S TYPE OF BUSINESS OR INDUSTRY: Fishing Resort 73. DECEASED'S STREET AND NUMBER: R.R.#1 Box 527 74. DECEASED'S INSURE CITY LIMITS: NO