

SURVIVORSHIP AFFIDAVIT

Florida

STATE OF ~~KENTUCKY~~)

COUNTY OF Okeechobee)^{SS}

Re: Carlton Nippert, Deceased September 29, 2002
Legal: Lot 27, Block 2, in Mid-Village Addition, an Addition
To the City of Gary, as per plat thereof, in Plat Book 28,
Page 3, in the Office of the Recorder of Lake County, Indiana
Commonly known as: 5619 West 24th Avenue, Gary, Indiana
Tax Unit 41 Key Number 49-468-27

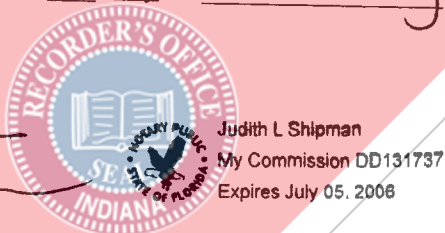
On this 27th day of January, 2004 before me personally appeared Melodye B. Nippert, to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature:
2. Affiant is Heir/ Wife of decedent, former owner of record.
3. Said premises were formerly owned by Carlton Nippert.
4. Said Carlton Nippert, Deceased September 29, 2002, domiciled, intestate, a resident of Greenup County, Worthington, Kentucky.
5. The total value of the taxable estate of said deceased including, tenancies by entireties individual ownerships of both real and personal property, and insurance does not exceed the sum of \$25,000.00, and to the best of Affiant's knowledge there is no Inheritance Tax Liability by reason of the death of said decedent.
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO
7. Affiant's relationship to the deceased was Wife.

Signature Melodye B. Nippert
Melodye B. Nippert
808 Collins Street
Worthington, Kentucky

Subscribed and sworn to before me by the Affiant this 27th day of January 2004

My Commission Expires:
Judith L. Shipman
Judith L. Shipman



Signature(Notary)

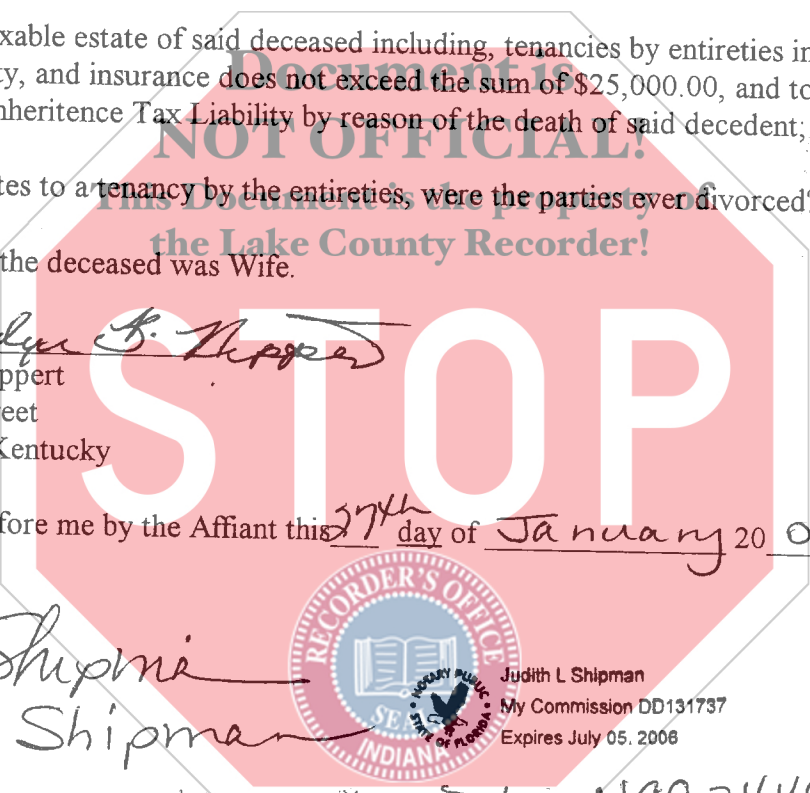
Printed (Notary)
Resident of _____ County, Kentucky

Kentucky DL N99244904

FILED

FEB 10 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Hold for MTC
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14-JG
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RECORDED FOR RECORD
LAKE COUNTY INDIANA
FEB 10 11 AM '04

STATE OF ~~KENTUCKY~~)
COUNTY OF ~~Okeechobee~~)

In Re: Carlton Nippert, Deceased September 29, 2002

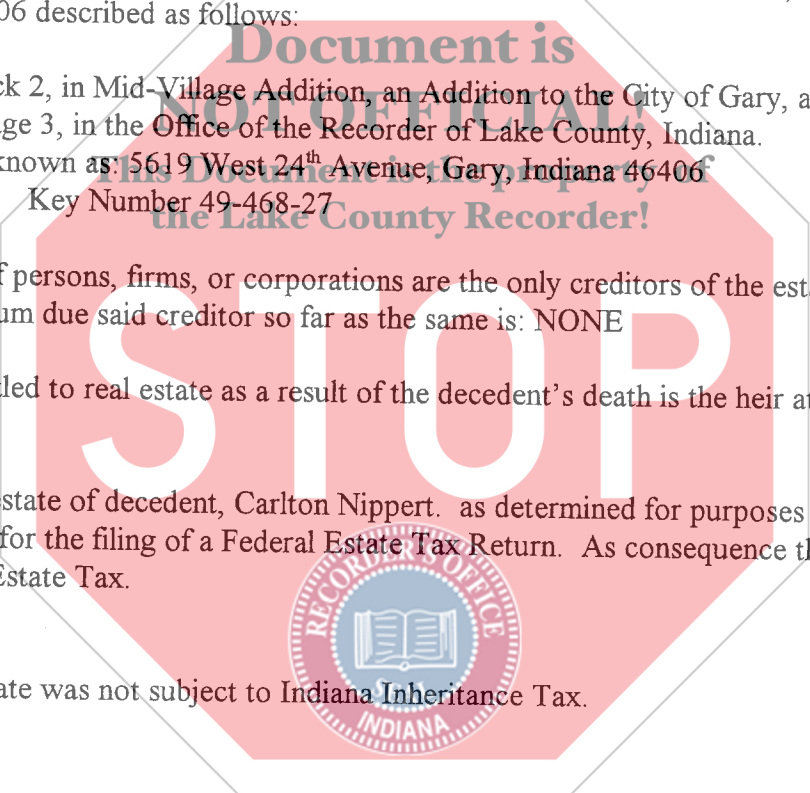
SS :

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4. That the following named person is heir at Law of decedent: Melodye B. Nippert, wife, 808 Collins Street, Worthington, Kentucky.
5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.

6. That the decedent's assets is a parcel or real estate which was owned by the decedent , located at 5619 West 24th Avenue, Gary, Indiana 46406 described as follows:

Lot 27, Block 2, in Mid-Village Addition, an Addition to the City of Gary, as per plat thereof, in Plat Book 28, Page 3, in the Office of the Recorder of Lake County, Indiana.
 Commonly known as: 5619 West 24th Avenue, Gary, Indiana 46406
 Tax Unit 41 Key Number 49-468-27



7. That the following list 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: NONE
8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.
9. That the gross value of estate of decedent, Carlton Nippert. as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As consequence thereof, the decedent's estate was not subject to Federal Estate Tax.
10. That the decedent's estate was not subject to Indiana Inheritance Tax.

EXHIBIT A

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

261426

FORM VS NO. 10
(Rev. 5/02)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS
116

2007 29968

FILE NO.

MUST BE TYPED

1. DECEASED'S NAME (Last, Middle, First) Carlton Nippert		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) 09-29-2002	
4. SOCIAL SECURITY NO. 402 58 8645		5a. AGE Last birthday (Years)	5b. UNDER 1 YEAR (Months)	5c. UNDER 1 DAY (Hours)	6. DATE OF BIRTH (Month, Day, Year) 04-25-1944
7. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Prison <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not a nursing home, give street and number) 808 Collins Street		10. CITY, TOWN, OR LOCATION OF DEATH Worthington, KY		11. COUNTY OF DEATH Greenup	
12. MARRIAGE STATUS Married		13. SURVIVING SPOUSE (If wife, give maiden name) Melodye Cahill		14. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Metallurgist	
15. RESIDENCE - State Kentucky		16. COUNTY Greenup		17. OFF. TOWN, OR LOCATION Worthington, KY	
18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. ZIP CODE 41183		20. STREET AND NUMBER 808 Collins Street	
21. FATHER'S NAME (First, Middle, Last) Tyrus Nippert		22. MOTHER'S NAME (First, Middle, Maiden Surname) Thelma Akers		23. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary (0-12) 12 College (13 or 16) 2	
24. INFORMANT'S NAME Melodye Nippert		25. MAILING ADDRESS (Street and Number or Rural Route Number, City, Town, State, Zip Code) 808 Collins St. Worthington, KY 41183			
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Natural Inhumation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bellefonte Cemetery		28. LOCATION (City, Town, or State) FLATWOODS, KY	
29. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) <i>[Signature]</i>		30. NAME AND ADDRESS OF FACILITY Evans Greenup Ave. Raceland, KY 41169			
31. To the best of my knowledge, death occurred at the time, date, place and due to the causes stated. Signature and Title <i>[Signature]</i>		32. DATE SIGNED (Month, Day, Year) 10/9/02		33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) David Cochran 627 E 3rd St. Ashland, Ky 41101	
34. TIME OF DEATH		35. DATE PRONOUNCED DEAD (Month, Day, Year) 9/29/02		36. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. PART I: Enter the disease, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke or heart failure. Use only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Non Small cell lung cancer		38. DUE TO (OR AS A CONSEQUENCE OF)		39. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
40. UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		41. DUE TO (OR AS A CONSEQUENCE OF)		42. DUE TO (OR AS A CONSEQUENCE OF)	
43. PART II: Other significant conditions contributed to death but not resulting in the underlying cause given in Part I		44. If female, was there a pregnancy in the past 12 months? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		45. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
46. Were autopsy findings available prior to completion of cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Was Diabetes an immediate, underlying, or contributing cause of or condition leading to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Did the deceased have Diabetes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. MANNER OF DEATH <input checked="" type="checkbox"/> Nature <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		50. DATE OF INJURY (Month, Day, Year)		51. TIME OF INJURY	
52. PLACE OF INJURY - A Home, farm, street, factory, office building, etc. (Specify)		53. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		54. DESCRIBE HOW INJURY OCCURRED	
55. REGISTRAR'S SIGNATURE <i>[Signature]</i>		56. DATE FILED (Month, Day, Year) OCT 2 1 2002			

REGISTRAR



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is on file under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 21 day of Oct, 2002

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

623

[Signature]
Sandra J. Davis, State Registrar

U.S. PATENT NO. 4,427,728 4,265,469 4,310,100 4,227,715
4,212,446 4,341,404 4,351,547