

3

Chicago Title Insurance Company

Chicago Title Insurance Company

620042078

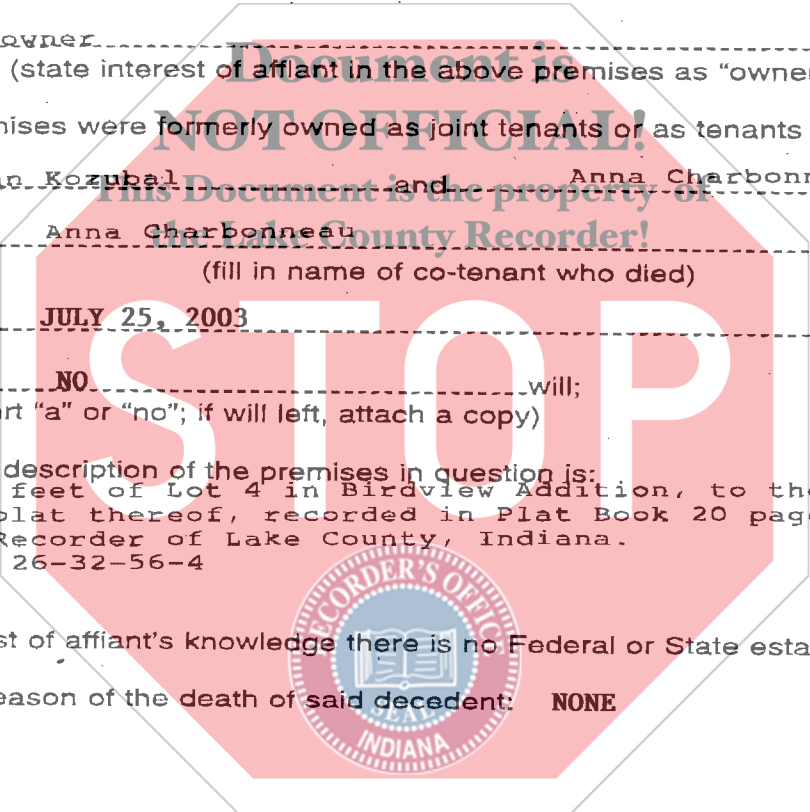
SURVIVORSHIP AFFIDAVIT

STATE OF _____ }
COUNTY OF _____ } S.S.

On this April 12, 2004 before me personally appeared John Kozubal
(insert date)

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 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
John Kozubal and Anna Charbonneau
4. Said Anna Charbonneau
(fill in name of co-tenant who died)
died on JULY 25, 2003
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:
East 90 feet of Lot 4 in Birdview Addition, to the City of Hammond,
as per plat thereof, recorded in Plat Book 20 page 26, in the Office
of the Recorder of Lake County, Indiana.
Key No. 26-32-56-4
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: NONE



DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

APR 27 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

002135

1462
let
LS

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

NO

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

8. Affiant's relationship to the deceased was SON

Signature: *John Kozul*

Address: 1110-170th St., Hammond, IN 46324

Subscribed and sworn to before me by the affiant

this April 12, 2004

(insert date)

Barbara J. Lappellere
Notary Public

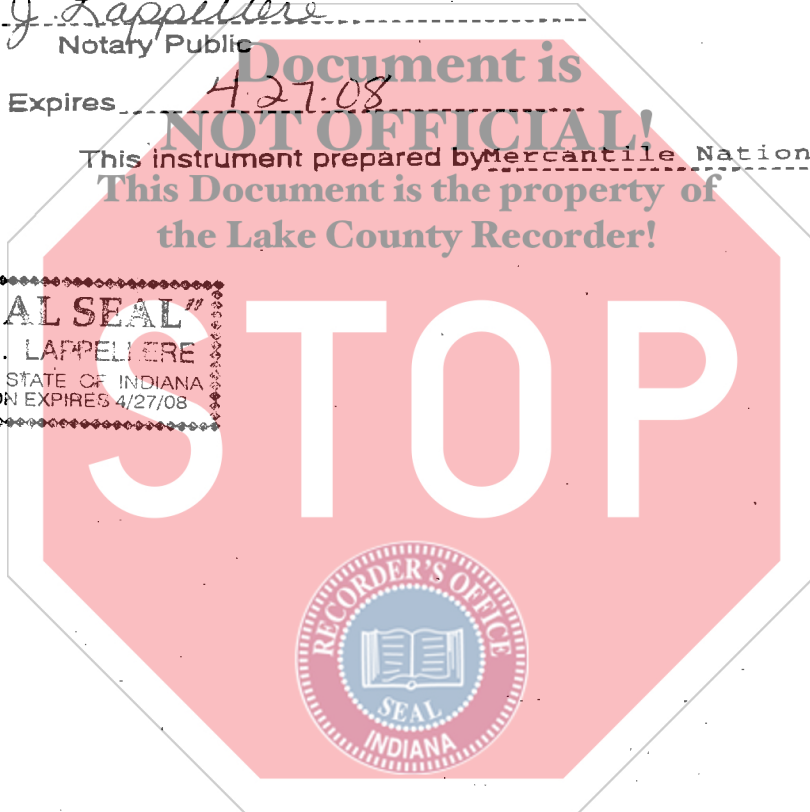
My Commission Expires

4-27-08

This instrument prepared by Mercantile National Bank / M. Waechter

This Document is the property of the Lake County Recorder!

"OFFICIAL SEAL"
BARBARA J. LAPPELLERE
NOTARY PUBLIC, STATE OF INDIANA
MY COMMISSION EXPIRES 4/27/08



* 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

CERTIFICATE OF DEATH

State No.

Local No. 215

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

Form with sections: TYPE/PRINT IN PERMANENT BLACK INK, DECEASED, DECEDENT, PARENTS, INFORMANT, DISPOSITION, CAUSE OF DEATH, CERTIFIER, HEALTH OFFICER. Includes fields for name, age, date of death, birthplace, occupation, and medical details.