

801107

LEGAL DESCRIPTION:

8

PROPERTY ADDRESS:



First American Title Insurance Company

ESTATE AFFIDAVIT

J. Helen Grynwald, Affiant, states that:

1. William J. Grynwald, deceased, died on the 28 day of December, 2001

2. Affiant is: [checked] the surviving spouse of the deceased, [] the Personal Representative/Executor-trix of the estate of the deceased;

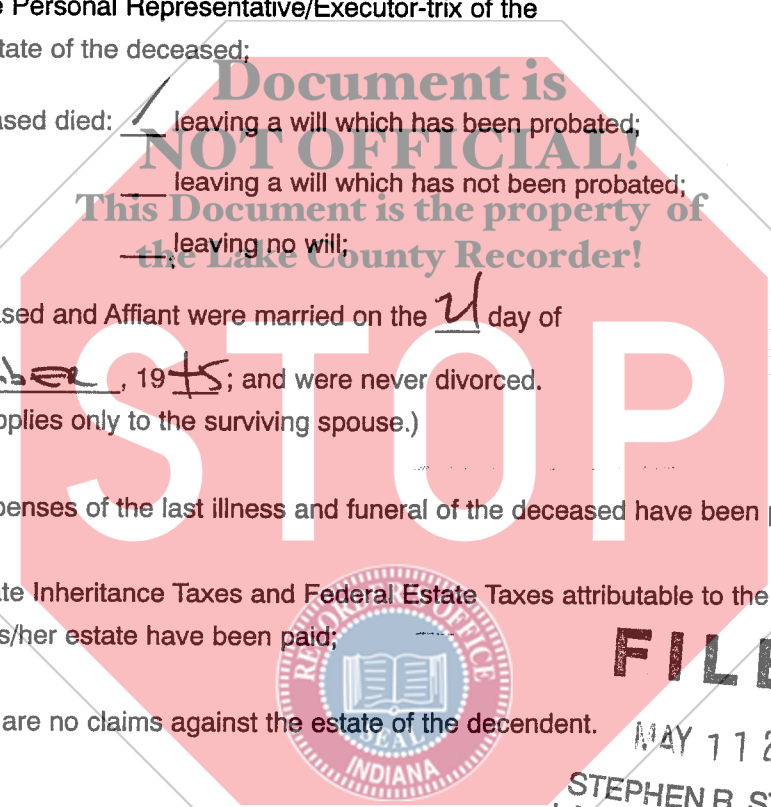
3. The deceased died: [checked] leaving a will which has been probated; [] leaving a will which has not been probated; [] leaving no will;

4. The deceased and Affiant were married on the 21 day of September, 1945; and were never divorced. (This item applies only to the surviving spouse.)

5. [checked] All expenses of the last illness and funeral of the deceased have been paid;

6. [] All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. [checked] There are no claims against the estate of the decedent.



2004 038538

MORRIS V. CARTER RECORDER

2004 MAY 11 AM 10:31

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

FILED

MAY 11 2004

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

May 7, 2004 Date

Helen J. Grynwald by [signature] Attorney in Fact Signature of Affiant

Helen L. Grynwald by Nick Zoros Attorney in Fact Printed Name of Affiant

State of Indiana, County of Lake

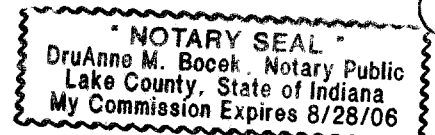
Subscribed and sworn to before me, this 7 day of MAY, 2004

[Signature] Printed Name of Notary Signature of Notary

My Commission expires:

My County of Residence is:

HOLD FOR FIRST AMERICAN TITLE



THIS INSTRUMENT WAS PREPARED BY:

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

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

Local No. 989

Date Issued: Jan 2, 2002
Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: DECEASED-NAME, SEX, TIME OF DEATH, DATE OF DEATH, SOCIAL SECURITY NUMBER, AGE, BIRTHPLACE, MARITAL STATUS, SURVIVING SPOUSE, RESIDENCE, FATHER'S NAME, MOTHER'S NAME, INFORMANT'S NAME, MAILING ADDRESS, METHOD OF DISPOSITION, DATE AND PLACE OF DISPOSITION, EMBALMER'S NAME, LICENSE NUMBER, SIGNATURE OF FUNERAL DIRECTOR, LICENSE NUMBER, NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME, PART I: IMMEDIATE CAUSE, PART II: Other significant conditions, CERTIFIER, SIGNATURE AND TITLE OF CERTIFIER, MEDICAL LICENSE NO, DATE SIGNED, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, HEALTH OFFICER'S SIGNATURE, DATE FILED, MANNER OF DEATH, DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

