

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Jeanne C. Baran, after being duly sworn upon her oath, now states as follows:

1. That she is the surviving spouse of Edward J. Baran.
2. That Edward J. Baran and Jeanne C. Baran acquired certain real estate as husband and wife located at 8041 Monroe Street, Lake County, Munster, Indiana which is legally described as follows:

Lot 81 in Ridgeland Park First Addition, Munster, as per plat thereof recorded in Plat Book 31, page 88, in the Office of the Recorder of Lake County, Indiana.

Unit No. 18, Key No. 28-0180-0081

3. That said Edward J. Baran died on August 24, 2002 never having filed for or been divorced. A copy of the Death Certificate is attached hereto as Exhibit "A".

4. This Affidavit is brought for the purpose of transferring title to the above-described real estate into the name of Jeanne C. Baran, and for no other reason.

Jeanne C. Baran
Jeanne C. Baran

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

COMMUNITY TITLE COMPANY
FILE NO 128360

ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
MAY 11 2004
STEPHEN R. STICKLER
LAKE COUNTY AUDITOR

SUBSCRIBED and SWORN TO BEFORE ME, a Notary Public, in and for said County and State, personally appeared Jeanne C. Baran and executed the foregoing Affidavit of Survivorship as her voluntary act and deed this 5th day of May, 2004.

Edward H. Feldman
Notary Public, Edward H. Feldman

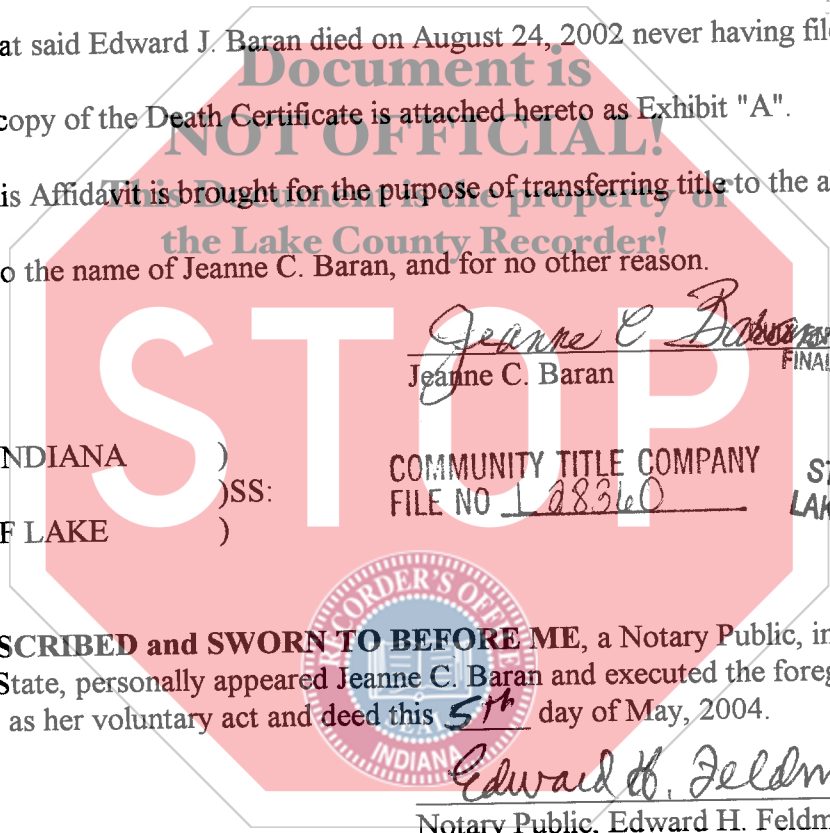
My Commission Expires: 1-7-2009

County of Residence: Lake

*This Affidavit was prepared by Edward H. Feldman, Attorney at Law
2833 Lincoln Street, Suite B, Highland, IN 46322 (219) 838-8200*

2004 038562

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING
MORNING
RECORDED
2004 MAY 11 AM 10:46



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OH

* 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. 203

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

1. DECEASED—NAME (First, Middle, Last) Edward J. Baran				2. SEX Male		3a. TIME OF DEATH 5:06 a.m.		3b. DATE OF DEATH (Month, Day, Yr.) August 24, 2002							
4. *SOCIAL SECURITY NUMBER 315-12-6409		5a. AGE—Last Birthday (Years) 78		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) June 1, 1924		7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		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) 2103 Cardinal Drive				9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Jeanne C. Hale		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher/Administrator				12b. KIND OF BUSINESS/INDUSTRY School City of E.Chgo.							
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION East Chicago				13d. STREET AND NUMBER 2103 Cardinal Drive							
13e. ZIP CODE 46312		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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) Elementary/Secondary (0-12) 5+ College (1-4 or 5+) 5+					
18. FATHER'S NAME (First, Middle, Last) Anthony Baran						19. MOTHER'S NAME (First, Middle, Maiden Surname) Maryann Pietrowski									
20a. INFORMANT'S NAME (Type/Print) Jeanne C. Baran				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2103 Cardinal Dr., East Chicago, IND 46312				20c. Relationship Wife							
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) August 26, 2002 Regional Cremation Services				21c. LOCATION—City or Town, State Munster, Indiana							
22a. EMBALMER'S NAME: James H. Fife				22b. EMBALMER'S LICENSE NO. FD01010795				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>				24b. LICENSE NUMBER (of Licensee) FD01020366		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. - FH83001512 4201 Indpls. Blvd., East Chicago, IND									
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. <input checked="" type="checkbox"/> Cervical Cancer DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last															
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.															
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) N/A							
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>J. M. Turkmani</i>						29c. MEDICAL LICENSE NO. 101038928		29d. DATE SIGNED (Month, Day, Year) August 26, 2002							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. M. Turkmani - 6924 Indianapolis Blvd., Hammond, Indiana 46324															
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Crawford</i>								32. DATE FILED (Month, Day, Year) 8/26/02							
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.											