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FILED FOR RECORD

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2004 044721

2004 MAY 27 11:00 AM
NOTARY PUBLIC

AFFIDAVIT

BEFORE ME, the undersigned authority on this day, personally appeared, PHILLIP CRESPO, JR., who being duly sworn by me, stated under oath, the following, to-wit:

My name is Phillip Crespo, Jr. I am the son of Consuelo Crespo and Felipe Crespo, owners of the property located at 1510 E. Columbus Drive, East Chicago, IN.

My mother, Consuelo Crespo, died on July 6, 1985; and was survived by my father, who died on April 5, 2003.

My father, Felipe Crespo, was also known as Felipe Crespo, Jr. and Felipe Crespo, II. I have also been identified as Felipe Crespo, III.

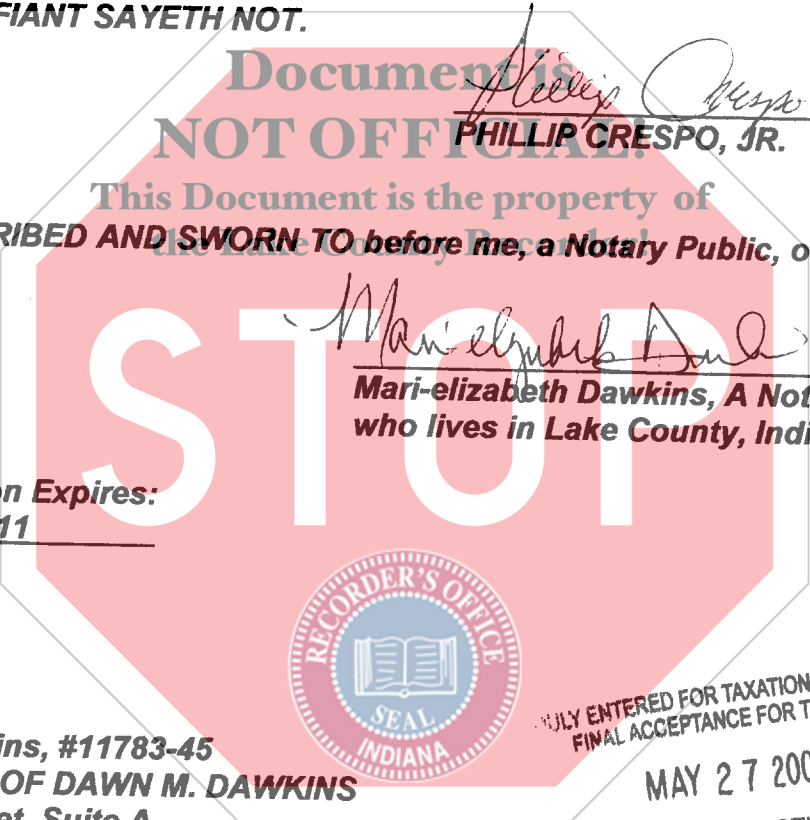
FURTHER AFFIANT SAYETH NOT.

Phillip Crespo Jr.
PHILLIP CRESPO, JR.

This Document is the property of
SUBSCRIBED AND SWORN TO before me, a Notary Public, on this 26th day of May, 2004.

Mari-elizabeth Dawkins
Mari-elizabeth Dawkins, A Notary Public who lives in Lake County, Indiana

My Commission Expires:
9-25-2011



Prepared by:

**Dawn M. Dawkins, #11783-45
LAW OFFICES OF DAWN M. DAWKINS
3801 Main Street, Suite A
East Chicago, IN 46312
Phone/Fax: (219) 397-6994**

FILED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

**MAY 27 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR**

↓
**PHILLIP CRESPO JR.
1508 E. COLUMBUS DR.
E. CHGO, IN. 46312**

*NIC
DG
002286*
[Handwritten initials]

STATE OF INDIANA) IN THE LAKE COUNTY SUPERIOR COURT NO. 2
) SS: PROBATE DIVISION
 COUNTY OF LAKE) SITTING AT EAST CHICAGO, INDIANA

IN RE: THE MATTER OF:)
 FELIPE CRESPO, DECEDENT) CAUSE NO. 45D02-0309-ES-146

2006 00011111

DECREE DETERMINING HEIRSHIP

Comes now PHILLIP CRESPO, JR., the petitioner in this proceeding and submits to the Court his verified Petition To Determine Heirship, which petition is on file with the Court and a part of the Court's record.

And the Court having examined said petition and being duly advised in the premises now finds that notice was duly given to all unknown heirs of such decedent by publication once each week for three (3) weeks consecutively, the first day of such publication being at least thirty (30) days prior to the date set for the hearing, all as required by law and by the prior order of this Court in this proceeding.

The Court further finds that no answer or objections to such petition has been filed and that the matter is now properly before the Court for hearing and determination thereof, and that said petitioner appeared in person and by counsel, Dawn M. Dawkins, and the Court having heard and considered the evidence and being fully advised, now finds that the decedent, FELIPE CRESPO died intestate on or about 5th day of April, 2003, and that at the time of his death, the decedent was domiciled in Lake County, Indiana, and left surviving him the following heir at law: PHILLIP CRESPO, JR.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED by the Court that the decedent left surviving him the following heir at law:

| Name | Relationship | Interest in Estate |
|---------------------|--------------|--------------------|
| Phillip Crespo, Jr. | Son | 100% |

Filed in Open Court

and that the following property:

The East 7 feet of Lot 17, All of Lot 18,
 and the West .1 feet of Lot 19 in Block 17,
 Fourth Addition to Indiana Harbor in the City of East Chicago,
 as shown in Plat Book 5, Page 31A, in Lake County, Indiana.
 (Key No. 24-30-0399-0014)

commonly known as: 1510 E. Columbus Drive, East Chicago, Indiana 46312

vests in said heir at law.

ALL OF WHICH IS ORDERED this 19th day of November, 2003.

[Signature]
 ITSIA RIVERA, PROBATE COMMISSIONER JUDGE
 LAKE COUNTY SUPERIOR COURT, ROOM NO. 2

NOV 19 2003
William C. Davis
 SUPERIOR COURT OF LAKE COUNTY
 CIVIL DIVISION, COURT ROOM 2

[Signature]
 Dawn M. Dawkins
 3801 Main St, Ste. A
 East Chicago, In. 46312

12.00
2061
100 over

ATTENTION: The Social Security # is required by this state agency in order to issue the state responsibility. Disclosure is limited, and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT INK

DECEDENT

MENTS

FORMANT

POSITION

USE OF ATH

CERTIFIER

ALTH ICER

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 1 DECEASED—NAME (First Middle Last) FELIPE CRESPO, II | | 2 SEX MALE | 3a TIME OF DEATH 3:50 P M | 3b DATE OF DEATH (Month Day, Yr.) APRIL 5, 2003 | |
| 4 *SOCIAL SECURITY NUMBER 304 - 36 - 5247 | 5a AGE—Last Birthday (Years) 75 | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo. Day, Yr.) MAY 1, 1927 | |
| 7 BIRTHPLACE (City and State or Foreign Country) Fresnillo, Zacatecas, Mex | 8a WAS DECEDENT A U.S. VETERAN? No | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? n / a | 9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | |
| 9b FACILITY NAME (If not institution, give street and number) Franciscan Communities Inpatient Hospice | | 9c CITY, TOWN OR LOCATION OF DEATH Crown Point | 9d COUNTY OF DEATH Lake | | |
| 10 MARITAL STATUS (Specify) Widowed | 11 SURVIVING SPOUSE (If wife, give maiden name) n / a | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Welder | | 12b KIND OF BUSINESS/INDUSTRY GATX Company | |
| 13a RESIDENCE—STATE Indiana | 13b COUNTY Lake | 13c CITY, TOWN OR LOCATION East Chicago | 13d STREET AND NUMBER 1510 E. Columbus 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican | 16 RACE—American Indian, Black, White, etc. (Specify) White | |
| 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (11-4 or 5+) | | 18 FATHER'S NAME (First, Middle, Last) Felipe Crespo | | | |
| 19 MOTHER'S NAME (First, Middle, Maiden Surname) Unavailable | | 20a INFORMANT'S NAME (Type/Print) Felipe Crespo, III | | | |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1510 E. Columbus Dr., East Chicago, IN | | 20c Relationship Son | | | |
| 21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) Entombment | | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 7, 2003 Northwest Indiana Cremation Svcs | | 21c LOCATION—City or Town, State Crown Point, IN | |
| 22a EMBALMER'S NAME n/a | | 22b EMBALMER'S LICENSE NO. n/a | | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>David J. Pastrick</i> | | 24b LICENSE NUMBER (of Licensee) FD08800012 | | 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Oleska-Pastrick Funeral Home FH155 3934 Elm St., East Chicago, IN 46312 | |
| 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) Myocardial Infarction (MI) Approximate interval Between Onset and Death CA | | | | | |
| Conditions if any, which gave rise to the immediate cause stating the underlying cause last: a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF) | | | | | |
| 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) No | |
| 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>[Signature]</i> | | 29c MEDICAL LICENSE NO. 01035700 | | 29d DATE SIGNED (Month, Day, Year) 4/7/03 | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MARILETO SIKERMAN 3641 RIDGES RD (HIGHLAND), IN 46322 | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> | | | | | |
| 32 DATE FILED (Month, Day, Year) April 11, 2003 | | | | | |
| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 |
| 34a 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. | | | |