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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE )

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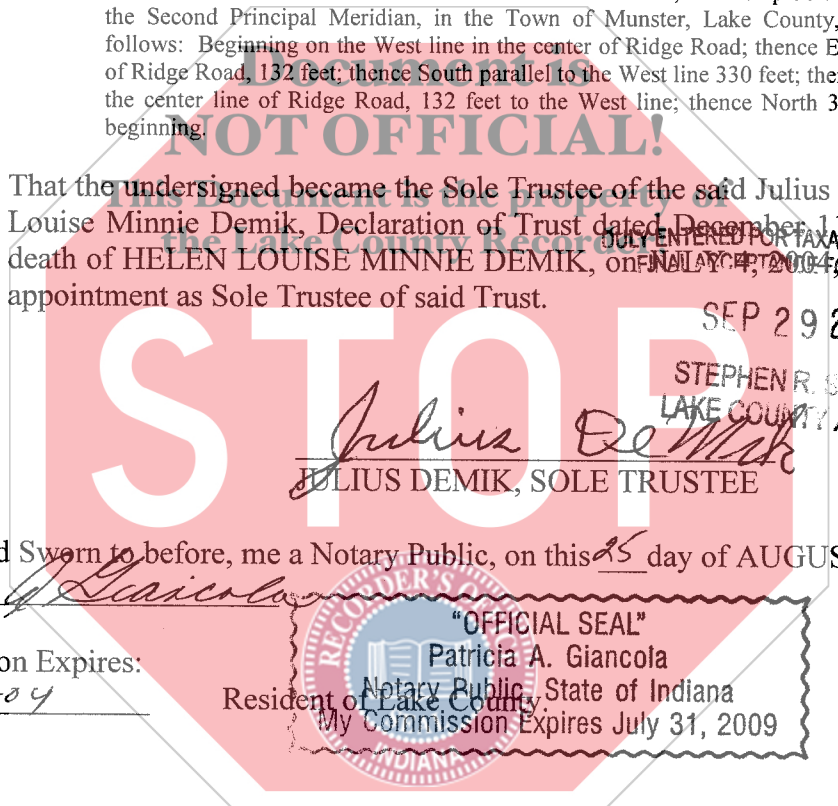
MORRIS W. CARTER  
RECORDER

JULIUS DEMIK being first duly sworn upon her oath, deposes and says:

1. That HELEN LOUISE MINNIE DEMIK died on JULY 4, 2004, a resident of LAKE County, State of INDIANA. A certified copy of her death certificate is attached hereto as "Exhibit A"
2. That at the time of her death, HELEN LOUISE MINNIE DEMIK was the Co-Trustee of the Julius Demik and Helen Louise Minnie Demik, Declaration of Living Trust dated December 11, 2002
3. That said TRUST is the owner of the following described real estate:

Part of the Southeast ¼ of the Northwest ¼ of Section 19, Township 36 North, Range 9, West of the Second Principal Meridian, in the Town of Munster, Lake County, Indiana, described as follows: Beginning on the West line in the center of Ridge Road; thence Easterly along the center of Ridge Road, 132 feet; thence South parallel to the West line 330 feet; thence Westerly parallel to the center line of Ridge Road, 132 feet to the West line; thence North 330 feet to the place of beginning.

4. That the undersigned became the Sole Trustee of the said Julius Demik and Helen Louise Minnie Demik, Declaration of Trust dated December 11, 2002 upon the death of HELEN LOUISE MINNIE DEMIK, on JULY 4, 2004, and accepted the appointment as Sole Trustee of said Trust.



SEP 29 2004  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

Subscribed and Sworn to before, me a Notary Public, on this 25 day of AUGUST, 2004.

*Patricia A. Giancola*  
Notary Public  
My Commission Expires:  
7-31-09

"OFFICIAL SEAL"  
Patricia A. Giancola  
Notary Public, State of Indiana  
Resident of Lake County  
My Commission Expires July 31, 2009

*Thomas Kirsch*  
131 Ridge Road ✓  
Munster, IN  
46321

Attorneys' Title Guaranty Fund, Inc.  
33 N. Dearborn, 2nd Floor  
Chicago, Illinois 60602-3100  
(312) 372-8361  
1327734  
ck. 1432

2392  
1200  
W

STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS				STATE FILE NUMBER		
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>						
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
A		1. <b>Helen L. DeMik</b>			2. <b>Female</b>		3. <b>July 4, 2004</b>			
B		COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)		
C		4. <b>Cook</b>		5a. <b>91</b>		5b. <b>5c.</b>		5d. <b>October 10, 1912</b>		
D		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)			
E		6a. <b>South Holland</b>		6b. <b>ManorCare Nursing Home</b>			6c. <b>Inpatient</b>			
DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
B		7. <b>Steger, IL</b>		8a. <b>Married</b>		8b. <b>Julius DeMik</b>			9. <b>no</b>	
C		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
D		10. <b>313-40-0376</b>		11a. <b>Homemaker</b>		11b. <b>Own home</b>		12. <b>8</b>		
E		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.			INSIDE CITY (YES/NO)	COUNTY		
		13a. <b>1006 Ridge Rd.</b>		13b. <b>Munster</b>			13c. <b>Yes</b>	13d. <b>Lake</b>		
		STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)				
		13e. <b>Indiana</b>	13f. <b>46321</b>	14a. <b>White</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				
PARENTS		FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST					
		15. <b>William Lorenz</b>			16. <b>Alvina Lehmkner</b>					
1		INFORMANT'S NAME (TYPE OR PRINT)			RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
2		17a. <b>Joy Hoeksema</b>			17b. <b>Daughter</b>		17c. <b>18011 Oak Ave. Lansing, IL 60438</b>			
3		18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CAUSE		Immediate Cause (Final disease or condition resulting in death)		(a) <b>Aspiration Pneumonitis</b>						
				DUE TO, OR AS A CONSEQUENCE OF						
		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Conestive heart failure</b>						
				DUE TO, OR AS A CONSEQUENCE OF						
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							AUTOPSY (YES/NO)	
5									19a. <b>NO</b>	
N									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
P									19b. <b>NO</b>	
		DATE OF OPERATION, IF ANY			MAJOR FINDINGS OF OPERATION			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
		20a.			20b.			20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
		DID (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
		21a. <b>7/2/04</b>			21b. <b>No</b>		21c. <b>1:15 A.M.</b>			
		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							DATE SIGNED (MONTH, DAY, YEAR)	
CERTIFIER		22a. SIGNATURE			22b. <b>7/7/04</b>			ILLINOIS LICENSE NUMBER		
		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			22c. <b>DR Joseph Neubaer 2425 Fargo Blvd. Geneva, IL</b>			22d. <b>036-071144</b>		
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			23.			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
		24a. <b>Burial</b>	24b. <b>Oak Glen Cemetery</b>		24c. <b>Lansing, IL</b>		24d. <b>July 8, 2004</b>			
		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP			25a. <b>Schroeder-Lauer Funeral Home 3227 Ridge Rd. Lansing, IL 60438</b>					
		FUNERAL DIRECTOR'S SIGNATURE			25b. <i>William C Byrnes</i>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
		25c. <b>034-012218</b>			LOCAL REGISTRAR'S SIGNATURE			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
		26a. <i>David D. Orr</i>			26b. <b>JUL 07 2004</b>					