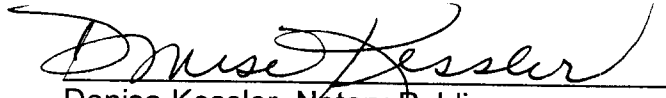


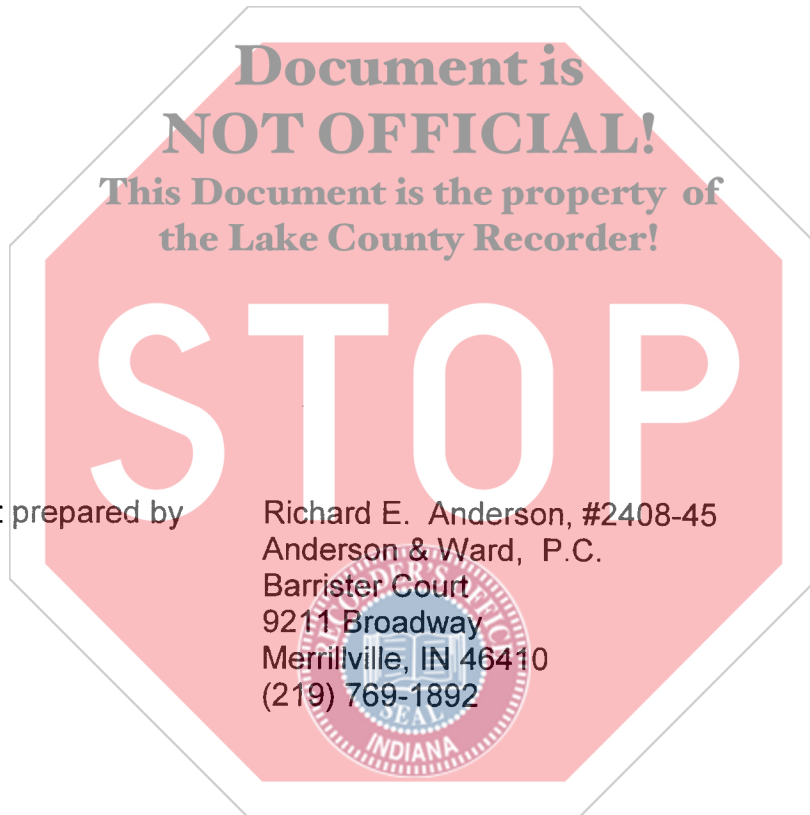
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me a Notary Public in and for said County and State, this 24th day of June, 2004.


Denise Kessler, Notary Public

My Commission Expires: June 25, 2008

County of Residence: Porter



This instrument prepared by

Richard E. Anderson, #2408-45
Anderson & Ward, P.C.
Barrister Court
9211 Broadway
Merrillville, IN 46410
(219) 769-1892

ATTENTION ESTATE: Disclosure of the information is necessary to pursue our responsibilities as voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.

Local No. 144024

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

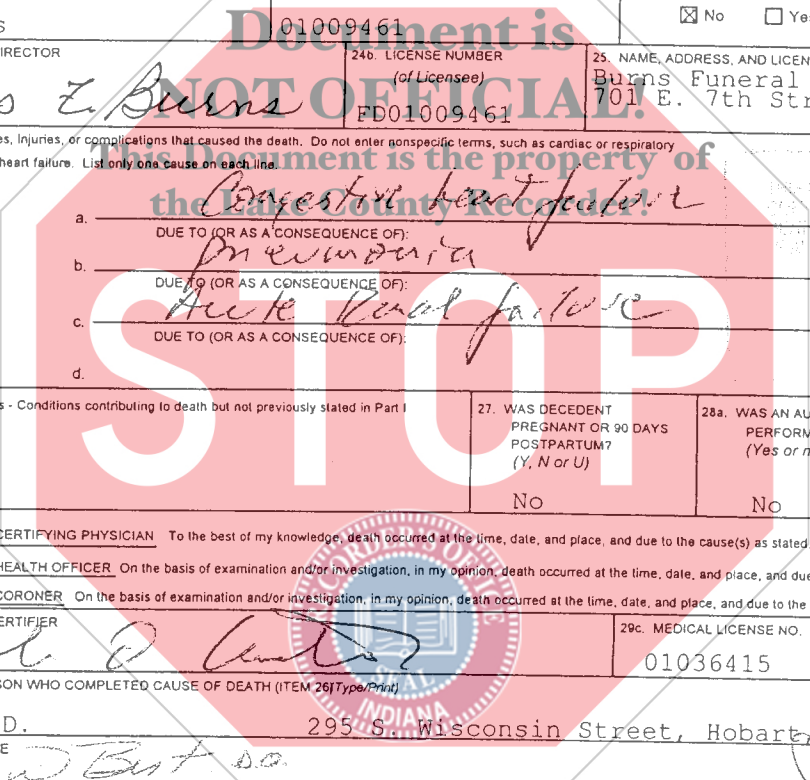
CAUSE OF DEATH

TICOR TITLE INS.
111 W. 10TH ST. - STE. 201
HOBART, IN 46342
920047482-5000000000

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Milton H. Doepping		2. SEX Male	3a. TIME OF DEATH 7:35 AM	3b. DATE OF DEATH (Month, Day, Yr.) June 7, 2004
4. SOCIAL SECURITY NUMBER 316-14-1771	5a. AGE - Last Birthday (Years) 84	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) January 24, 1920
7a. WAS DECEDENT A U.S. VETERAN? No	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? --	7. BIRTHPLACE (City and State or Foreign Country) Ross Twp., Indiana		
8a. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center		8b. PLACE OF DEATH (Check only one - See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		8c. CITY, TOWN, OR LOCATION OF DEATH Hobart
9a. MARITAL STATUS (Specify) Widowed		9b. SURVIVING SPOUSE (If wife, give maiden name) N/A		9c. COUNTY OF DEATH Lake
10. RESIDENCE - STATE Indiana		10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Truck Driver	10b. KIND OF BUSINESS/INDUSTRY Teamster's Local	
11. RESIDENCE - COUNTY Lake	11a. CITY, TOWN OR LOCATION Hobart	11b. STREET AND NUMBER 1317 E. Cleveland		11c. ZIP CODE 46342
12. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	12a. CITIZEN OF WHAT COUNTRY? USA	12b. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	12c. RACE - American Indian, Black, White, etc. (Specify) White	12d. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) N/A College (1-4 or 5+) N/A
13. FATHER'S NAME (First, Middle, Last) Ernest Doepping		13. MOTHER'S NAME (First, Middle, Maiden Surname) Lillian Werblo		
14. INFORMANT'S NAME (Type/Print) Elaine E. Belt		14a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 394 N. 725 W., Hobart, IN 46342		14b. Relationship DAUGHTER
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		15b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 10, 2004 Crown Hill Cemetery		15c. LOCATION - City or Town, State Hobart, Indiana
16. EMBALMER'S NAME James F. Burns		16b. EMBALMER'S LICENSE NO. 01009461		16c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
17. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>		17b. LICENSE NUMBER (of Licensee) FD01009461		17c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342
18. 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. DUE TO (OR AS A CONSEQUENCE OF): <i>Constrictive heart failure</i> b. DUE TO (OR AS A CONSEQUENCE OF): <i>pneumonia</i> c. DUE TO (OR AS A CONSEQUENCE OF): <i>Acute renal failure</i> d. DUE TO (OR AS A CONSEQUENCE OF):				
PART II - Other significant conditions - Conditions contributing to death but not previously stated in Part I				
19. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) No		19a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ---
20. 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.		20b. MEDICAL LICENSE NO. 01036415		
20a. SIGNATURE AND TITLE OF CERTIFIER <i>Mark D. Carter</i>		20c. DATE SIGNED (Month, Day, Year) 6/8/04		
21. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Mark Carter M.D. 295 S. Wisconsin Street, Hobart, IN 46342				
21a. HEALTH OFFICER'S SIGNATURE <i>Susan D. Belt</i>		21b. DATE FILED (Month, Day, Year) June 7, 2004		
22. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		22a. DATE OF INJURY (Month, Day, Year)	22b. TIME OF INJURY	22c. INJURY AT WORK? (Yes or no)
22d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		22e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
23. DATE PRONOUNCED DEAD (Month, Day, Year) June 7, 2004		23. MOTOR VEHICLE ACCIDENT? (Yes or No) (If yes, specify driver, passenger, pedestrian, etc.)		



When the Settlor dies, the trust created by this Agreement becomes irrevocable and may not be amended.

In the event of the death of the Trustee or in the event the Trustee, although not adjudged incompetent, by reason of illness or mental or physical disability is unable to perform the duties of Trustee, or in the event the Settlor is judicially determined to be incompetent; in these events and under those circumstances, the Settlor appoints **ELAINE BELT** of Hobart, Indiana, to serve as Successor-Trustee of this Trust. For purposes of this Trust, the words Successor-Trustee shall, once appointed, have all of the same rights, privileges and obligations as provided for the Trustee in this Agreement.

The Successor-Trustee may resign by giving the Settlor written notice thirty (30) days in advance of the effective date of the Successor-Trustee's resignation. If the Successor-Trustee at any time resigns or is unable or refuses to act, a new Successor-Trustee may be appointed by a written instrument delivered to the acting Successor-Trustee, signed by the Settlor of the Trust if the Settlor is able to perform his duties and has not been adjudged incompetent or in the alternative, by a majority of the residuary beneficiaries of this Trust if the Settlor is deceased, incompetent or unable to perform his duties. Any successor-trustee, with the written approval of the Settlor, may accept, without examination or review, the accounts rendered and the property delivered by or for a predecessor trustee without incurring any liability or responsibility for so doing.

G. On any partial or final distribution of the assets of the Trust Estate and on any division of the assets of the Trust Estate into shares or partial shares, the Trustee may distribute or divide the assets in kind, may distribute or divide undivided interests in the assets, or may sell all or any part of the assets and make distribution or division in cash, in kind, or partly in cash and partly in kind. The decision of the Trustee, either before or after any division or distribution of the assets, as to what constitutes a proper division of the assets of the Trust Estate is binding on all persons in any manner interested in the trust provided for in this Agreement.

H. Should any provision of this Agreement be or become invalid or unenforceable, the remaining provisions of this Agreement continue to be fully effective.

IN WITNESS WHEREOF, I, MILTON H. DOEPPING have hereunto set my name and MILTON H. DOEPPING, as Trustee, has subscribed his name accepting the responsibility as Trustee under this Agreement, on the day and year first above written.

SETTLOR:


MILTON H. DOEPPING

TRUSTEE:


MILTON H. DOEPPING

This instrument prepared by

Richard E. Anderson, #2408-45
Anderson & Tauber, P.C.
Barrister Court
9211 Broadway
Merrillville, IN 46410
(219) 769-1892