

survivors are competent adults.

3. That the deceased, ISABELLA RAY, died the owner in fee simple of the following described real estate located in Lake Country, Indiana, more particularly described as follows:

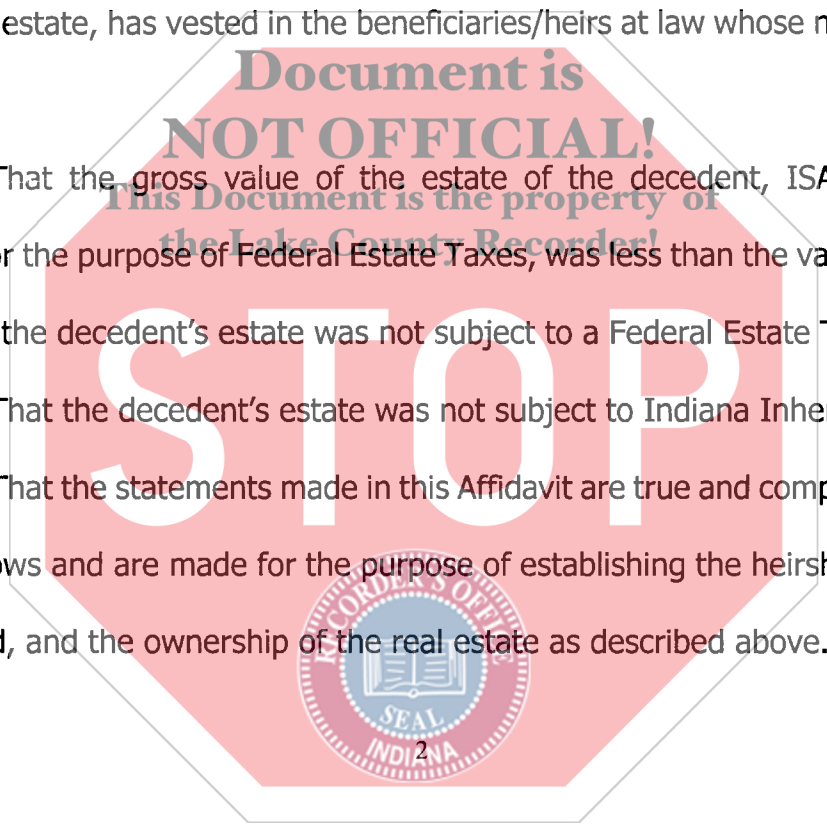
Lot 139, except the East 38/100 foot by parallel lines, Turkey Creek Meadows Unit No. 2, as shown in Plat Book 33, page 73, in Lake County, Indiana.

4. That as a result of the death of ISABELLA RAY, her interest in the above described real estate, has vested in the beneficiaries/heirs at law whose names are given herein above.

5. That the gross value of the estate of the decedent, ISABELLA RAY as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to a Federal Estate Tax.

6. That the decedent's estate was not subject to Indiana Inheritance Taxes.

7. That the statements made in this Affidavit are true and complete in so far as the affiant knows and are made for the purpose of establishing the heirship of ISABELLA RAY, deceased, and the ownership of the real estate as described above.



FURTHER YOUR AFFIANT SAYETH NOT.

Constance A. Nord

CONSTANCE NORD also known as
CONSTANCE A. NORD

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for the State of Indiana, personally appeared CONSTANCE NORD, who acknowledged the execution of the foregoing Affidavit of Survivorship.

Witness my hand and Notarial Seal this 7th day of June, 2005.

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!
Stephen R. Place
Notary Public

My Commission Expires: April 8, 2009

My County of Residence: _____

STEPHEN R. PLACE
Notary Public - Indiana
LAKE COUNTY
My Commission Expires

This instrument prepared by: Stephen R. Place, #5758-45, 300 East 90th Drive, Merrillville, Indiana 46410.



102.c.

Exhibit "A"

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. 705-05

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

TYPE/PRINT IN PERMANENT BLACK INK

PRECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) ISABELLA (ISABELLE) RAY				2. SEX Female	3a. TIME OF DEATH 3:20 A.M.	3b. DATE OF DEATH (Month, Day, Yr.) March 4, 2005	
4. SOCIAL SECURITY NUMBER 307-20-3298		5a. AGE—Last Birthday (Years) 85	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) October 10, 1919	7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	
8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? -----	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake			9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Crane Operator		12b. KIND OF BUSINESS/INDUSTRY U.S. Steel Company	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville		13d. STREET AND NUMBER 714 W. 67th Lane		
13e. ZIP CODE 46410	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? USA	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) 12 College (1-4 or 5+) 	
18. FATHER'S NAME (First, Middle, Last) Emery Spisak				19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Gaga			
20a. INFORMANT'S NAME (Type/Print) Constance A. Nord			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 354 Summit Park Ct., Crown Point, IN 46307		20c. Relationship Step-Daughter		
21a. 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)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 7, 2005 St. Patrick Cemetery		21c. LOCATION—City or Town, State Chesterton, Indiana		
22a. EMBALMER'S NAME Jonathon R. Christiansen			22b. EMBALMER'S LICENSE NO. FD20200095		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b. LICENSE NUMBER (of Licensee) 1009893		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROTHERS FUNERAL SERVICE 6360 Broadway Merrillville, IN 46410 #83002453		
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) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. a. Renal Failure DUE TO (OR AS A CONSEQUENCE OF) b. Celulitis DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF)				Approximate Interval Between Onset and Death			
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>[Signature]</i>				29c. MEDICAL LICENSE NO. 02002106	29d. DATE SIGNED (Month, Day, Year) 03/08/05		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Rupesh Shah 202 E. 86th Pl., Merrillville, IN 46410 (219) 756-7910							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) March 10, 2005	
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 AND COMPLETE THIS SECTION. THIS COPY OF THE CERTIFICATE OF DEATH TO FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. MAR 10 2005		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					