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AFFIDAVIT OF KATHRYN A. VIDIMOS

I, Kathryn A. Vidimos, being duly sworn affirm under the penalties of perjury that I am an adult who is under no mental or physical incapacity or disability and I am competent to testify as to the facts set forth in this affidavit and states as follows:

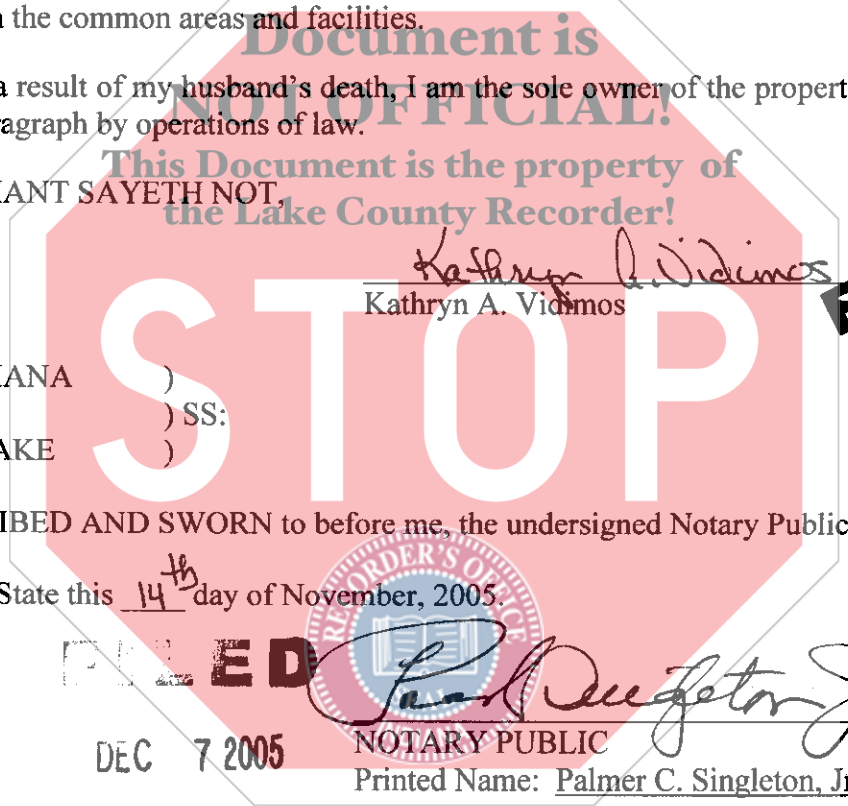
2005 10 27 12

- 1. That I am the surviving spouse of Robert J. Vidimos who died on May 10, 2005 in Lake County, Indiana
- 2. My husband and I owned real estate situated in Lake County, Indiana as tenants by the entirety which is described as follows:

The condominium unit designated as 142 Carnoustie Lane, County Club Villas of Briar Ridge, a residential condominium, according to the Declaration of Horizontal Property Regime thereof, dated August 14, 1987 and recorded October 5, 1987 as Document No. 941915, and First Amendment to said Declaration recorded May 13, 1988 as Document No. 977177, and Second Amendment to said Declaration recorded March 16, 1989 as Document No. 027455, and Third Amendment to said Declaration recorded October 11, 1989 as Document No. 062095 and re-recorded April 16, 1991 as Document No. 91017866, together with all of the appurtenances thereto and together with an undivided interest in the common areas and facilities.

3. As a result of my husband's death, I am the sole owner of the property described in the foregoing paragraph by operations of law.

FURTHER AFFIANT SAYETH NOT.



Kathryn A. Vidimos
Kathryn A. Vidimos

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public in and for said County and State this 14th day of November, 2005.

FILED
NOV 28 2005
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

FILED
DEC 7 2005
Palmer C. Singleton, Jr.
NOTARY PUBLIC
Printed Name: Palmer C. Singleton, Jr.

PEGGY HOLINGA KATONA
Resident of Lake County
LAKE COUNTY AUDITOR

My Commission Expires: 01/13/2007

014970

12
CK 29461

016037

D.I.M.

12CC-VET

ATTENTION: 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

Local No. 1344-05

State No. _____

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

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED-NAME (First, Middle, Last) Robert J. Vidimos				2. SEX Male	3a. TIME OF DEATH 1:43 AM	3b. DATE OF DEATH (Month, Day, Yr.) May 10, 2005	
	4. SOCIAL SECURITY NUMBER 315-28-6226	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 31, 1929	7. BIRTHPLACE (City and State or Foreign Country) Rockdale, Illinois		
DECEDENT	8a. WAS DECEASED A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1961	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) Community Hospital			9c. CITY, TOWN, OR LOCATION OF DEATH Munster, IN 46321		9d. COUNTY OF DEATH Lake		
PARENTS	10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Kathryn Heavilin		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Operator/ Owner		12b. KIND OF BUSINESS/INDUSTRY Welding Testing Services		
	13a. RESIDENCE-STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Schererville		13d. STREET AND NUMBER 142 Carnoustie Lane			
	13e. ZIP CODE 46375	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. AS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5+ College (1-4 or 5+)	
INFORMANT	18. FATHER'S NAME (First, Middle, Last) Francis Vidimos			19. MOTHER'S NAME (First, Middle, Maiden Surname) Antoinette Yucius				
DISPOSITION	20a. INFORMANT'S NAME (Type/Print) Kathryn Vidimos			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 142 Carnoustie Lane, Schererville, IN 46375		20c. Relationship Wife		
	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) May 13, 2005 Calumet Park Cemetery		21c. LOCATION-City or Town, State Merrillville, IN		
CAUSE OF DEATH	22a. EMBALMER'S NAME Edgar C. Gleim		22b. EMBALMER'S LICENSE NO. FD01016173		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	24a. SIGNATURE OF FUNERAL DIRECTOR <i>Leonard [Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD08800305		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322 FH10300021			
	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. Stroke DUE TO (OR AS A CONSEQUENCE OF): Myocardial infarction DUE TO (OR AS A CONSEQUENCE OF): Aortic stenosis PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Renal failure							
CERTIFIER	27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)			28a. WAS AN AUTOPSY PERFORMED? (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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.							
HEALTH OFFICER	29b. SIGNATURE AND TITLE OF CERTIFIER <i>OKILL</i>			29c. MEDICAL LICENSE NO. 01050384		29d. DATE SIGNED (Month, Day, Year) 5/13/05		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Khalil 801 MacArthur Boulevard, Suite 203, Munster, IN 46321						219-836-9390	
31. HEALTH OFFICER'S SIGNATURE <i>Susan W But D.O.</i>							32. DATE FILED (Month, Day, Year) May 13, 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)		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. MAY 13 2005		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						