

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE **2006 009148**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

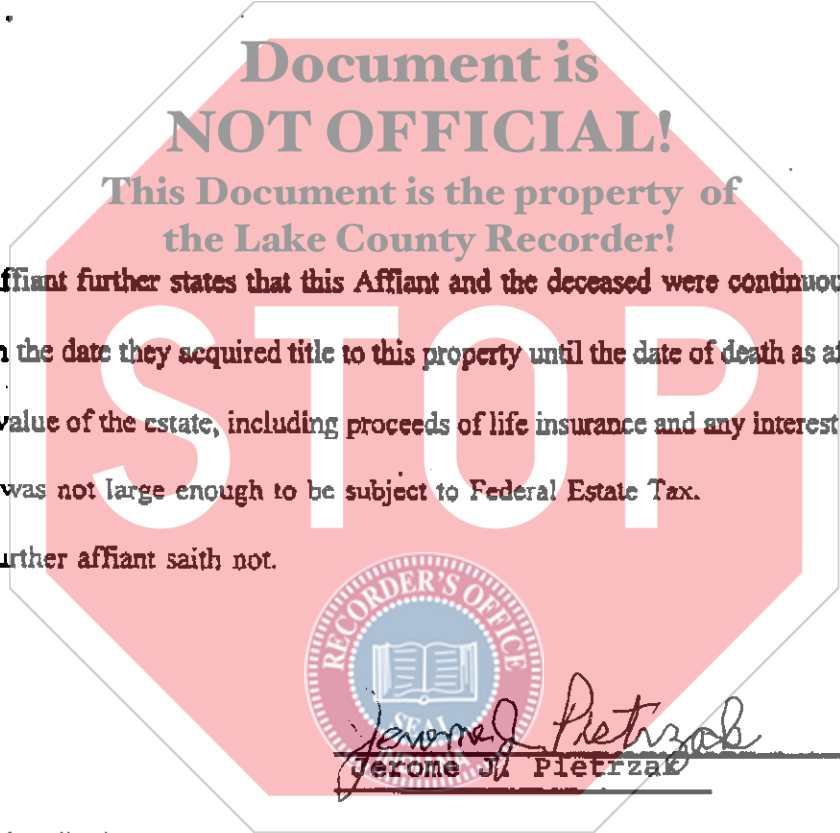
2006 FEB -6 AM 9:09

**AFFIDAVIT OF SURVIVORSHIP** SHEP A. BROWN  
RECORDER

Jerome J. Pietrzak, being first duly sworn upon his oath, states:

That, he is the surviving spouse of the late Dorla D. Pietrzak, who died intestate on 02/28/03; that at the time of her death, she was a resident of the City of Munster, Lake County, Indiana; that at the time of her death, they were husband and wife and were the owners, as tenants by the entireties, of the following described real estate:

Lot 20, Fairmeadow 8th Addition, Block 2, to the Town of Munster, as shown in Plat Book 41, page 36, in Lake County, Indiana.



Affiant further states that this Affiant and the deceased were continuously husband and wife from the date they acquired title to this property until the date of death as aforesaid, and that the total value of the estate, including proceeds of life insurance and any interest in jointly owned property was not large enough to be subject to Federal Estate Tax.

Further affiant saith not.

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 31st day of January, 2006.

Shari L. Stevenson  
Shari L. Stevenson Notary Public

My Commission Expires: 10/23/08  
Residing in Lake County

Prepared by: Shari L. Stevenson, American General Financial Services, Inc..

Return to: American General Financial Services, Inc., 8251 Wicker Ave., St. John, IN 46373

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

**002428**

FEB 06 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

CKF  
040509365  
12.00  
A.D.M.  
2/3

Declaration

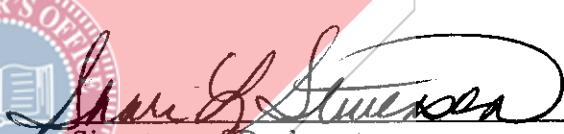
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



  
Signature of Declarant

Shari L. Stevenson  
Printed Name of Declarant