

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
) SS) RE: Celestine Bailey, Deceased October 18,
) 2002
 COUNTY OF LAKE) Legal: The South 25 feet of Lot 18 and North
) 10 feet of Lot 19, Block 13, in Resubdivision of
) Gary Land Company's Third Subdivision Tax Unit
) 25 Key Number 44-0146-0019

On this 12th day of September 2005 before me personally appeared Fern Jones, Jean V. Bailey, and Linda Owens identified to me State of Indiana Driver License and/or pictured identification, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature:
2. Affiant is ^{oath c.B. sister} Heir at Law, Sisters of Deceased, Celestine Bailey owner(s),
(Interest of Affiant in the above premises as "owner" "heir of owner" etc.)
3. Said premises were formerly owned by Celestine Bailey.
4. Said Celestine Bailey, Deceased October 18, 2002, — intestate, in Lake County, Indiana
5. The total value of the taxable estate of said deceased including, tenancies by entireties individual ownerships of both real and personal property, and insurance does not exceed the sum of \$25,000.00, and to the best of Affiant's knowledge there is no Inheritance tax liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
No (if yes identify the divorce proceedings: N/A)
7. Affiant's relationship to the deceased was Sisters

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Signature Fern Jones
 Fern Jones Sister
 4622 North 38th Street
 Milwaukee, Wisconsin 53209

Signature Jean V. Bailey
 Jean V. Bailey - Sister

Signature Linda Owens
 Linda Owens, Sister

STATE OF INDIANA)
 COUNTY OF LAKE)

Subscribed and sworn to before me by the Affiant this 12th day of September, 2005 (year)

[Signature], My Commission expires: 12/1/09 County of Lake

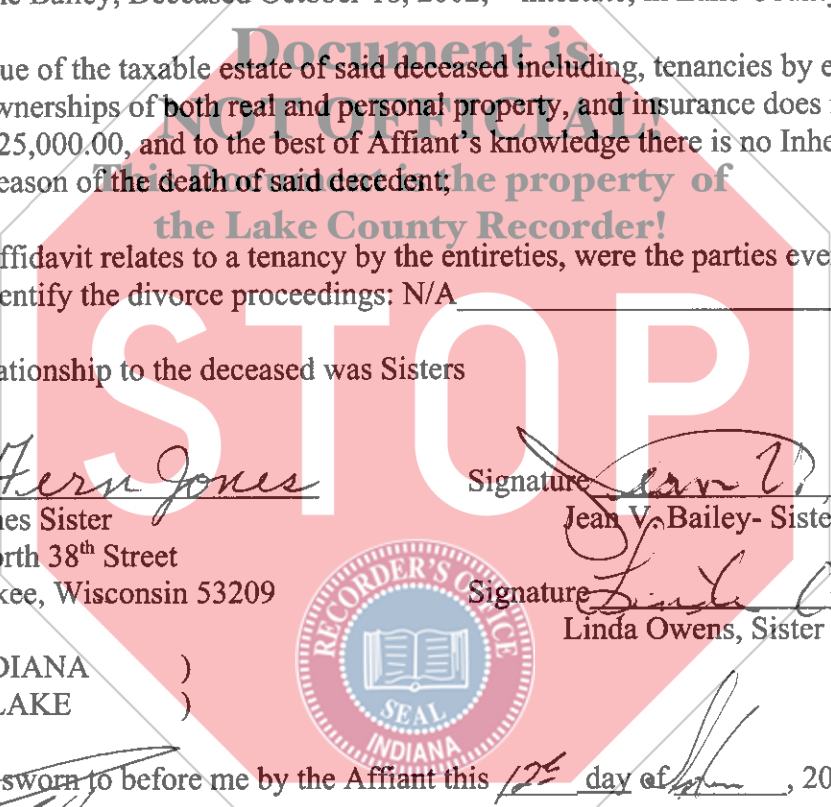
Notary **DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER**

MAR - 2 2006
 PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

HOLD
 MTC

004606

\$16
 CR# 4797
 CAW



STATE OF INDIANA) In Re: Celestine Bailey, deceased October 18, 2002
) SS :
COUNTY OF LAKE)

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4. That the following named person is the legal heir of decedent: Fern Jones, Sister, Jean V. Bailey, Sister, and Linda Owens Sister.
5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.
6. That the decedent's assets is a parcel or real estate which was owned by the decedent, located at 405 Grant Street, Gary, Indiana 46402, described as following:

The South 25 feet of Lot 18 and the North 10 feet of Lot 19, in Block 13, in Resubdivision of Gary Land Company's Third Subdivision as per plat thereof, recorded in Plat Book 13, Page 8, in the Office of the Recorder of Lake County, Indiana.
7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor so far as the same is: NONE
8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.
9. That the gross value of estate of decedent, Celestine Bailey as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As consequence thereof, the decedent's estate was not subject to Federal Estate Tax.
10. That the decedent's estate was not subject to Indiana Inheritance Tax.

EXHIBIT A

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

* 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.

Local No. 02-6706

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) Celestine Bailey		2. SEX Female	3a. TIME OF DEATH 9:06 A.M.	3b. DATE OF DEATH (Month, Day, Yr.) October 18, 2002	
4. SOCIAL SECURITY NUMBER 355-20-6272	5a. AGE—Last Birthday (Years) 73	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) November 25, 1928	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a. WAS DECEDENT A U.S. VETERAN? NO				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> XRAY/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 Northlake		9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer		12b. KIND OF BUSINESS/INDUSTRY US Steel Corp.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 2350 Taft Street		
13e. ZIP CODE 46404	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U S A	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) Black	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5 +)		18. FATHER'S NAME (First, Middle, Last) Harold Bailey			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Garthel Lillard			20a. INFORMANT'S NAME (Type/Print) Fern Jones		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4622 North 38th Street Milwaukee, Wisconsin 53209		20c. Relationship Sister			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) October 26, 2002 Oak Hill Cemetery		21c. LOCATION—City or Town, State Gary, Indiana	
22a. EMBALMER'S NAME Roosevelt Allen Jr.		22b. EMBALMER'S LICENSE NO. #01051701		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Brown</i>		24b. LICENSE NUMBER (of Licensee) #08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404	
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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Acute Coronary Occlusion</i> DUE TO (OR AS A CONSEQUENCE OF)					
b. <i>Diabetes Mellitus</i> DUE TO (OR AS A CONSEQUENCE OF)					
c. _____ DUE TO (OR AS A CONSEQUENCE OF)					
d. _____ DUE TO (OR AS A CONSEQUENCE OF)					
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) -----	
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>Dr. Ross</i>		29c. MEDICAL LICENSE NO. 01018989		29d. DATE SIGNED (Month, Day, Year) November 26, 2002	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Tatum Family Health Center 1619 W. 5th Avenue Gary, IN 46404 / Dr. David E. Ross, M.D					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. FILED (Month, Day, Year) DEC 2 2002	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

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


Printed Name of Declarant