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TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GAIL M. KEITH, being first duly
sworn upon oath, deposes and says:

1. That DAVID E. KEITH died on
APRIL 16, 2005 at 12:40 A.M.

2. That DAVID E KEITH and GAIL M. KEITH
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

Lot 51 in Sandridge Estates Unit No. 2-A, in the Town of Schererville,
as per plat thereof, recorded in Plat Book 45 page 5, in the Office
of the Recorder of Lake County, Indiana. 13-196-30(20)

3. That the marital relationship which existed between them at the time they
acquired title to said real estate remained in effect and unbroken until the
date of (his) (her) death.

4. That all of the assets of said decedent which would be includable for
Federal Estate Tax purposes, including joint bank accounts and life insurance
on decedent's life were not sufficient to necessitate payment of Federal Estate
Tax.

Further affiant sayeth not.

Subscribed and sworn to before me, a Notary Public, this 14th day of
February, 2006



Jessie M. Belford
Notary Public
Jessica M. Belford

My Commission expires:

07-19-2009

County of Residence:

Lake

This Instrument prepared by Gail M. Keith

FILED

MAR 17 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

005860

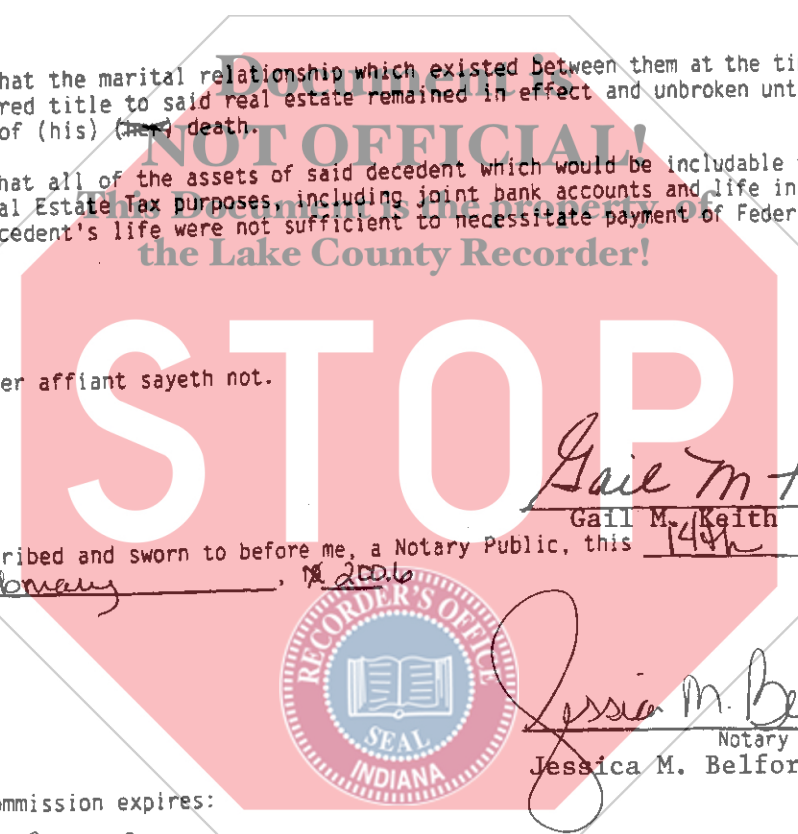
TOTAL P.02

Ticor-Scher. 920061379

2006 022578

2006 MAR 2 11:05 AM

FILED
LAKE COUNTY
RECORDER



14-DC
TI

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT

Local No. 285

CERTIFICATE OF DEATH

State of Indiana

Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME, SEX, TIME OF DEATH, SOCIAL SECURITY NUMBER, AGE, DATE OF BIRTH, BIRTHPLACE, etc.

DECEDENT

PARENTS

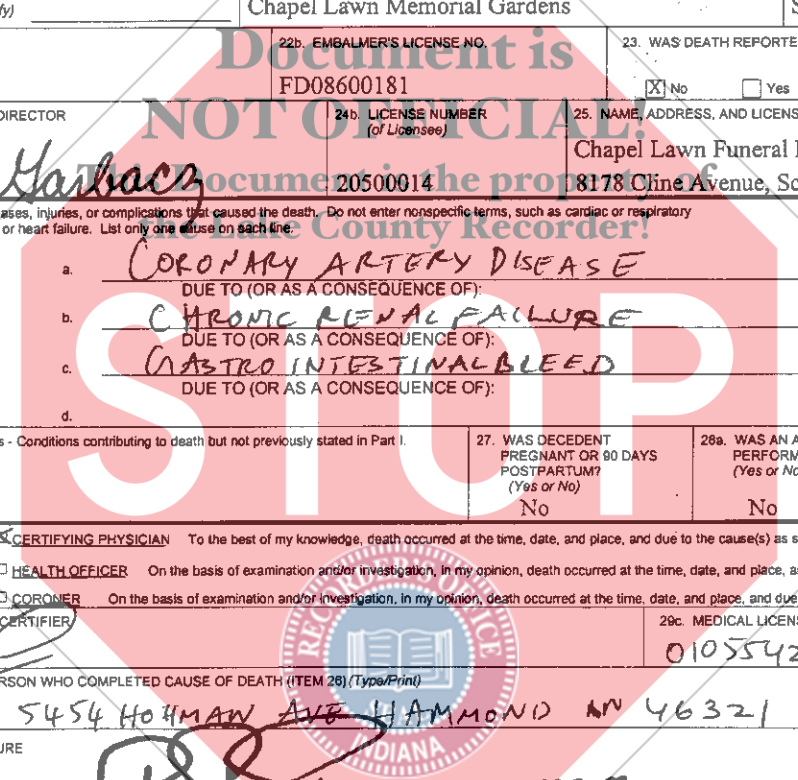
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



Prescribed by the
State Board of Accounts
(2005)

County form 170

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.



Chris Burk
Signature of Declarant

Chris Burk
Printed Name of Declarant

Verified for Recording by
Ticor Title Insurance Company