


12. That there is **no Federal Estate Tax due** by reason of the Decedent's death because the value of said Estate was less than excludable provided for under the Federal Estate Tax Unified Tax Credit.

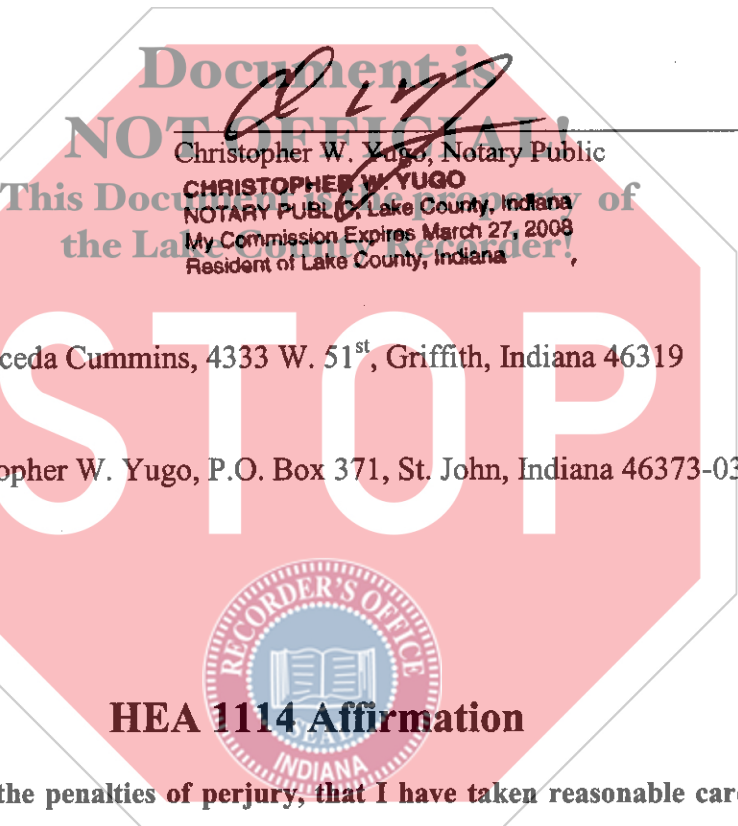
13. Each person's distributive share has been calculated as follows: **One hundred percent (100.0%) to Marceda Ann Cummins pursuant to Article III of the Last Will and Testament of Lillie Maxine Rickelman.**

FURTHER AFFIANT SAYETH NOT


Marceda A. Cummins

Subscribed and sworn to before me, a Notary Public, in and for said County on the 9th day of August, 2006.

My Commission Expires: 3/27/08
My Resident County: Lake



Christopher W. Yugo, Notary Public
CHRISTOPHER W. YUGO
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires March 27, 2008
Resident of Lake County, Indiana

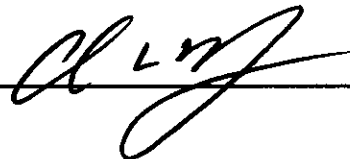
Mail Future Tax Bills to: Marceda Cummins, 4333 W. 51st, Griffith, Indiana 46319

Record and Return to: Christopher W. Yugo, P.O. Box 371, St. John, Indiana 46373-0371

HEA 1114 Affirmation

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Dated: August 9, 2006



Prepared by
Christopher W. Yugo
Indiana Attorney Number 17624-45
P.O. Box 371
St. John, Indiana 46373-0371

JUN 22 2005

Thomas R. Philpot
CLERK LAKE CIRCUIT COURT

Last Will and Testament

of 45C010506ES00179

LILLIE MAXINE (known as "MAXINE") RICKELMAN

I, LILLIE MAXINE (known as "MAXINE") RICKELMAN, domiciled in Lake County, Indiana, being of sound and disposing mind and memory, do make, publish and declare this to be my Last Will and Testament, and I hereby revoke all wills and codicils heretofore made by me.

I

I order my Executrix or Executor, hereinafter named, to pay my just debts, including the expenses of my last sickness and funeral expenses and the expenses of the administration of my estate to be paid out of my estate by my Executrix or Executor as soon as practical after my demise.

II

I hereby direct that all estate, inheritance and other succession taxes, and all duties and transfer expenses shall be paid as a part of administration expenses out of my estate and shall not be charged against any distributive share.

III

After the payment of the aforementioned items, I give, devise and bequeath all of my estate, both real and personal of whatsoever kind, nature and description, wheresoever situated unto my daughter, MARCEDA ANN CUMMINS, provided she survives me for thirty (30) days.

IV

In the event MARCEDA ANN CUMMINS, should predecease me or should die as a result of a common disaster in which I am also involved, or fails to survive me for a period of thirty (30) days, I then, in that event, give and bequeath all the rest, residue and remainder of my estate, as follows:

9-3-80
DATE

L.M.R.
INITIALS

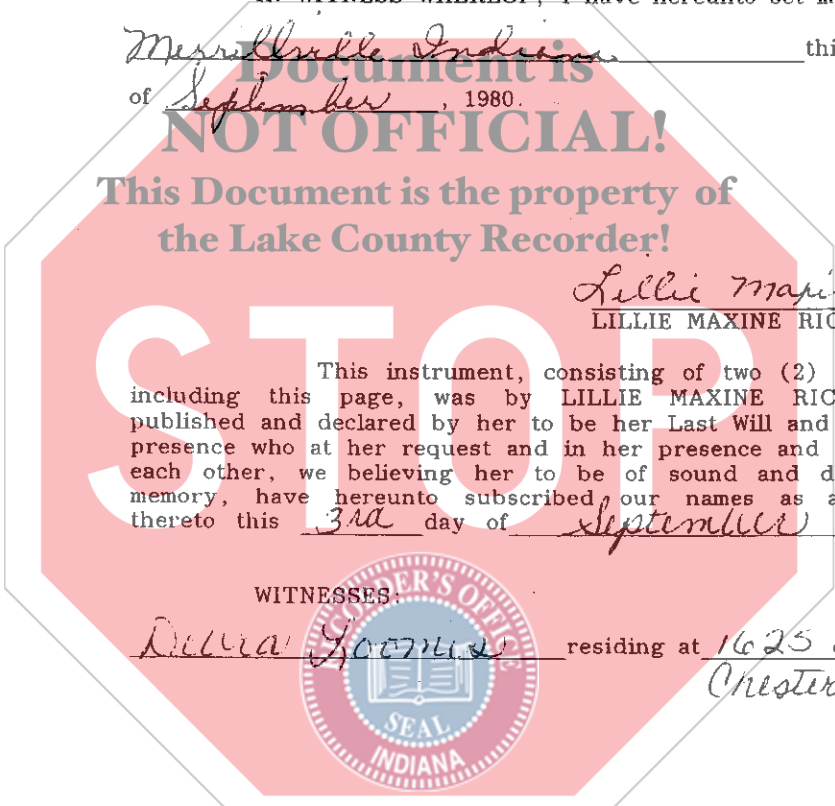
to be divided in equal shares among or between all of my grandchildren who survive me for thirty (30) days. At the present time, my grandchildren are CHESTER NEAL CUMMINS and MARSHALL WAYNE CUMMINS, both of Gary, Indiana.

V

I constitute and appoint MARCEDA ANN CUMMINS, as the Executrix of this Will, and in the event of death, disability, refusal, inability or failure to act, or if for any reason she should fail to complete the administration of my estate, then I nominate and appoint my sister, BONNIE MAY HARRIS, of LaPorte, Indiana, as Executrix of this Will. I further request that the persons named herein be permitted to serve without bond, if possible, and if this is not possible, that such bond be fixed at the lowest amount possible under the practice of the court having jurisdiction of my estate and the laws of the State of Indiana.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at

Merrillville, Indiana this 3rd day
of September, 1980.



Lillie Maxine Rickelman
LILLIE MAXINE RICKELMAN, Testator

This instrument, consisting of two (2) typewritten pages, including this page, was by LILLIE MAXINE RICKELMAN, signed, published and declared by her to be her Last Will and Testament, in our presence who at her request and in her presence and in the presence of each other, we believing her to be of sound and disposing mind and memory, have hereunto subscribed our names as attesting witnesses thereto this 3rd day of September, 1980.

WITNESSES:

Della Gorman residing at 1625 Westchester Ave.,
Chesterton, Indiana
46304

Mark R. Harris residing at 1902 Chicago St., Apt. 1
Valparaiso, Ind. 46383

Exhibit "B"

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 issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 1559-12

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

1. DECEASED NAME (First, Middle, Last) **Lillie Maxine Rickelman** 2. SEX **Female** 3a. TIME OF DEATH **1:45 A.M.** 3b. DATE OF DEATH (Month, Day, Year) **June 24, 2002**

4. SOCIAL SECURITY NUMBER [REDACTED] 5a. AGE—Last Birthday (Years) **81** 5b. UNDER 1 YEAR (Months Days) 5c. UNDER 1 DAY (Hours Minutes) 6. DATE OF BIRTH (Mo. Day, Yr) **Nov. 18, 1920** 7. BIRTHPLACE (City and State or Foreign Country) **Trilla, 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: Inpatient ER/Outpatient DOA
 OTHER: Nursing Home Other (Specify) Residence

9b. FACILITY NAME (If not institution, give street and number) **The Community Hospital** 9c. CITY, TOWN, OR LOCATION OF DEATH **Munster** 9d. COUNTY OF DEATH **Lake**

10. MARITAL STATUS (Specify) **Widow** 11. SURVIVING SPOUSE (If wife, give maiden name) **N/A** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Home Maker** 12b. KIND OF BUSINESS/INDUSTRY **Own Home**

13a. RESIDENCE—STATE **Indiana** 13b. COUNTY **Lake** 13c. CITY, TOWN, OR LOCATION **Griffith** 13d. STREET AND NUMBER **4333 W. 51st Ave.**

13e. ZIP CODE **46319** 13f. INSIDE CITY LIMITS No Yes 13g. ON A FARM? No Yes 14. CITIZEN OF WHAT COUNTRY? **U.S.A.** 15. WAS DECEDENT OF HISPANIC ORIGIN? No 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) **10** College (1-4 or 5+) _____

18. FATHER'S NAME (First, Middle, Last) **Issac Robinson** 19. MOTHER'S NAME (First, Middle, Maiden Surname) **Clara Beals**

20a. INFORMANT'S NAME (Type/Print) **Marceda Cummins** 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **7060 W. 22nd Ave., Gary, Indiana 46406** 20c. Relationship **Daughter**

21a. METHOD OF DISPOSITION Burial Entombment Cremation Removal from State Donation Other (Specify) _____ 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **June 27, 2002**
Ross Cemetery 21c. LOCATION—City or Town, State **Gary, Indiana**

22a. EMBALMER'S NAME **Edgar C. Gleim** 22b. EMBALMER'S LICENSE NO. **FDO 1016173** 23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR *Ronald A. [Signature]* 24b. LICENSE NUMBER (of Licensee) **FDO 1001081** 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 19900008**

26. PART I. Enter the disease, 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. **See attach**
 IMMEDIATE CAUSE (Final disease or condition resulting in death) **Emphysema**
 Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:
 a. DUE TO (OR AS A CONSEQUENCE OF):
 b. DUE TO (OR AS A CONSEQUENCE OF):
 c. DUE TO (OR AS A CONSEQUENCE OF):
 d. _____

26. 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 Yes 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No Yes 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No Yes

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
 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.
 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 *[Signature]* SATISH PATEL M.D. 29c. MEDICAL LICENSE NO. **010423K31** 29d. DATE SIGNED (Month, Day, Year) **6/27/02**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) **3500 Hohman Ave Ste #2A Hammond IN 46324**

31. HEALTH OFFICER'S SIGNATURE *[Signature]* 32. DATE FILED (Month, Day, Year) **June 27, 2002**

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide 34a. DATE OF INJURY (Month, Day, Year) 34b. TIME OF INJURY 34c. INJURY AT WORK? (Yes or no) 34d. DESCRIBE HOW INJURY OCCURRED

34a. 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