

RECORDING REQUESTED BY:

2006 081930

2006 SEP 18 PM 4:27

When Recorded Mail To:

MICHAEL J. CROWN  
RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF INDIANA

A.P.N.:

COUNTY OF LAKE

RUTH KWASMAN being of legal age, and first duly sworn, deposes and says:

1. That the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated \_\_\_\_\_ executed by \_\_\_\_\_ as Trustor(s).

2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 1279 Muirfield Scher, which property is described in the deed which was signed by \_\_\_\_\_ as Grantor(s) and recorded as Instrument No. 2002093665 of Official Records on LAKE CO RECORDS. The property is situated in the County of LAKE, State of INDIANA. The legal description of said property is as follows:  
SEE EXHIBIT ONE ATTACHED HERETO AND MADE A PART HEREOF

3. I, RUTH KWASMAN am the named Successor Trustee under the above reference Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby present to act as Successor Trustee.

4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of INDIANA that the foregoing is true and correct.

Executed on SEPTEMBER 14, 2006 at LAKE COUNTY, INDIANA

Ruth Kwaskan

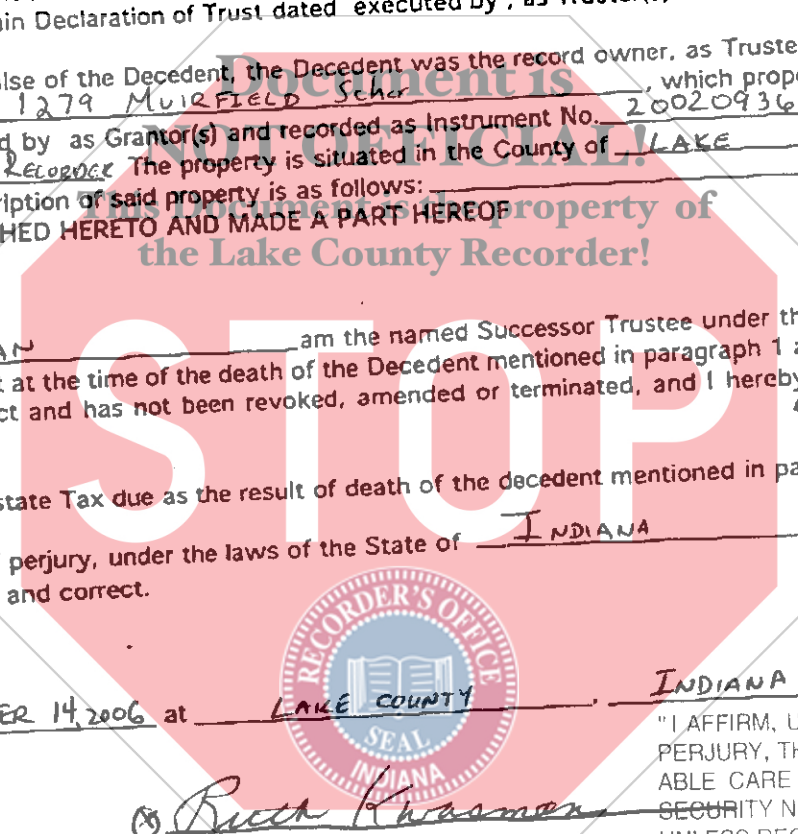
"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."  
PREPARED BY: [Signature]

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary in and for said State, this 14<sup>th</sup> day of September, 2006.  
WITNESS my hand and official seal.

Signature Karen L. Akujobi



Taxes: 1279 Muirfield Schererville, IN 46375



FILED  
SEP 19 2006  
REGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

15 -  
19451  
CS

## EXHIBIT A

LOT 18, UNIT 4, BLOCK 1, BRIAR RIDGE COUNTRY CLUB ADDITION TO THE TOWN OF SCHERERVILLE, LAKE COUNTY, INDIANA AS RECORDED IN PLAT BOOK 62 PAGE 55, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JUN 11 4 20 2000

I, SHEILA LYNE, ASM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD LAW AND ORDINANCES.

Sheila Lyne 5/30/00



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

**DISTRICT NO. 16.10**  
**REGISTERED NUMBER**  
**609125**

**MEDICAL CERTIFICATE OF DEATH**

**1. DECEASED-NAME** FIRST **IVYING** MIDDLE **KWASMAN** LAST **Kwasman** SEX **2 Male** DATE OF DEATH (MONTH, DAY, YEAR) **June 8, 2000**

**2. COUNTY OF DEATH** **COOK**

**3. DATE OF BIRTH** (MONTH, DAY, YEAR) **03 MARCH 15, 1925**

**4. COOK** CITY, TOWN, TRIP, OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR INSTITUTION (name, street, city, state) **Northwestern Memorial Hospital**

**5. CHICAGO** CITY AND STATE OR FOREIGN COUNTRY (name, street, city, state) **CHICAGO, ILL.**

**6. MARRIED** (check appropriate box) **12** (check appropriate box) **SHARE** (check appropriate box) **YES**

**7. SOCIAL SECURITY NUMBER** **343-16-4955**

**8. RESIDENCE** (street and number) **1219 MURFIELD DRIVE** (city, town, township, or road district no.) **CHICAGO** (state) **ILL.**

**9. TRADE** **WHITE**

**10. FATHER-NAME** FIRST **MAX** MIDDLE **KWASMAN** LAST **Kwasman**

**11. MOTHER-NAME** FIRST **Jackie** MIDDLE **SMITH** LAST **Smith**

**12. RELATIONSHIP** **Medical Records**

**13. PLACE OF BIRTH** (street, city, town, township, or road district no., state) **251 E. HALSTED CHICAGO, ILL. 60611**

**14. CAUSE OF DEATH** (check appropriate box) **15 Multi-organ Failure - mesenteric ischemia**

**16. DATE OF OPERATION** (month, day, year) **June 8, 2000**

**17. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)** **Dr. S. J. Sudauskas, MD**

**18. SIGNATURE OF CERTIFIER** **Sheila Lyne, ASM**

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AUG-18-2006 09:49A FROM: ECONOMY FURN

TO: 9226528

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