STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

AFFIDAVIT

2007 027730

STATE OF INDIANA)
COUNTY OF LAKE) SS:

MERLE LOIS CERDA AND KATHLEEN J. KOSS, being first duly sworn upon oath, depose and say:

8

1. That **MYRTLE VICARI**, died leaving a will on OCTOBER 15, 2006, in Lake County, Indiana.
2. That **MYRTLE VICARI** acquired title with SAM S. VICARI, who preceded her in death, as Tenants by the Entirety, in the following described real estate:

   LOT TWENTY (20) (EXCEPT THE SOUTH TEN (10) FEET THEREOF) AND LOT NINETEEN (19), IN BLOCK ONE (1), IN F.H. MOTTS THIRD ADDITION TO HAMMOND, AS SHOWN IN PLAT BOOK 19, PAGE 8, IN LAKE COUNTY, INDIANA. + Dec attached exhibit A
3. That the following person (s) are the true and lawful heir(s) of Myrtle Vicari: Merle Lois Cerda (daughter), Kathleen J. Koss (daughter) and Steven Vicari (son, deceased, leaving no heirs).
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included 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, Affiants saith naught.

Merle Lois Cerda
Merle Lois Cerda

Kathleen J. Koss
Kathleen J. Koss

Subscribed and sworn to before me, a Notary Public this 26 day of March, 2007.

, Notary Public

Official Seal
ANDREA SULIVAN
Resident of Lake County, IN
My Commission expires
February 12, 2010

My Commission Expires:
County of Residence:

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

26-
LP
CM

FILED

MAR 30 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO 36823

004242

File No.: 36825

EXHIBIT A

PARCEL II: LOTS SEVENTEEN (17) AND EIGHTEEN (18) IN BLOCK ONE (1) IN F.R. MOTT'S 3RD ADDITION TO HAMMOND, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 19, PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

* **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. 608

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

Sept 7, 2004 — Date Issued

[signature], MD — Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Steven Vicari
2. SEX: Male
3a. TIME OF DEATH: 1L27P M
3b. DATE OF DEATH (Month, Day, Yr): September 3, 2004
4. *SOCIAL SECURITY NUMBER: 312-44-0562
5a. AGE—Last Birthday (Years): 60
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): Sept.19,1943
7. BIRTHPLACE (City and State or Foreign Country): Hammond, IN
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1961
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Margaret Mercy, North Campus
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Maintenance
12b. KIND OF BUSINESS/INDUSTRY: American Inn
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hammond
13d. STREET AND NUMBER: 4308 Columbia Avenue
13e. ZIP CODE: 46327
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
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+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Sam Vicari
19. MOTHER'S NAME (First, Middle, Maiden Surname): Myrtle Eley

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Myrtle Vicari
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4308 Columbia Ave.,Hammond,IN 46327
20c. Relationship: Mother

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): September 8, 2004 Heritage Crematory
21c. LOCATION—City or Town, State: Portage, IN
22a. EMBALMER'S NAME: Henry J. Blake
22b. EMBALMER'S LICENSE NO.: FD01019406
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD01000857
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: LaHayne Funeral Home,Inc FH19400005 6955 Southeastern Ave.,Hammond,IN 463

CAUSE OF DEATH

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. Acute Cardiopulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. non insulin depend diabetes
DUE TO (OR AS A CONSEQUENCE OF):
c. Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
d. Polyneuropathy

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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): NO

CERTIFIER

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: Krishna Pahuja MD
29c. MEDICAL LICENSE NO.: 01031889
29d. DATE SIGNED (Month, Day, Year): 9/7/04
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Pahuja 4020 Calumet AVE. Hammond In 46320

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] MD
32. DATE FILED (Month, Day, Year): September 7,2004 / September 7 2004

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:
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.

COMMUNITY TITLE COMPANY FILE NO 36825

SDH06-004 State Form 10110 (R5/1-99)

TYPE OR PRINT PLAINLY WITH UNFADING INK

THIS IS A PERMANENT RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

APR 2 2 1986 [signature]

Date Issued — HAMMOND HEALTH COMMISSIONER

6. ______

7. ______

8. ______

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

EMBALMER'S NAME: WALLACE L. OEXMANN — LICENSE No. 26

FUNERAL DIRECTOR'S SIGNATURE: [signature: Thomas J. Burns] — FUNERAL DIRECTOR'S LICENSE No. 2380 — FUNERAL HOME No. 281

Local No. 288

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. ......

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME: First SAM, Middle S., Last VICARI
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): APRIL 19, 1986
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify): WHITE
5a. AGE—Last Birthday (Yrs): 66 — 5b. UNDER 1 YEAR: MOS. DAYS — 5c. UNDER 1 DAY: HOURS MINS.
6. DATE OF BIRTH (Mo. Day. Yr.): 11/1/1919
7a. COUNTY OF DEATH: LAKE
7b. CITY, TOWN OR LOCATION OF DEATH: HAMMOND
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): ST. MARGARET HOSPITAL
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify):
8. STATE OF BIRTH (If not in U.S.A. name country): INDIANA
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MYRTLE ELEY
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): YES WWII
13. SOCIAL SECURITY NUMBER: 306-10-8459
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINT. CHEMICAL
14b. KIND OF BUSINESS OR INDUSTRY: ASHLAND CHEMICAL

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

15a. RESIDENCE—STATE: INDIANA
15b. COUNTY: LAKE
15c. CITY, TOWN OR LOCATION: HAMMOND
15d. STREET AND NUMBER: 4308 COLUMBIA AVENUE
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☐ XXX

PARENTS

16. FATHER—NAME: First ANTHONY, Middle —, Last VICARI
17. MOTHER—MAIDEN NAME: First MARIE, Middle —, Last CALABRESE
18a. INFORMANT—NAME (Type or print): MYRTLE VICARI/Wife
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 4308 COLUMBIA AVE. HAMMOND, INDIANA 46320

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): BURIAL
19b. CEMETERY OR CREMATORY—FUNERAL HOME: ST. JOSEPH CEMETERY
19c. LOCATION (City or Town, State): HAMMOND, INDIANA
20a. DATE (Month, Day, Year): APRIL 22, 1986
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): BURNS-KISH FUNERAL HOMES, INC. HAMMOND, INDIANA

CERTIFIER

To be Completed by CORONER Only

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) stated.

21a. Signature: [signature]
21b. DATE SIGNED (Mo. Day. Yr.): 4/21/86
21c. HOUR OF DEATH: M
21d. PRONOUNCED DEAD (Mo. Day. Yr.) ON: 4/19/86
21e. PRONOUNCED DEAD (Hour) AT: 10:43 P.M.
21f. NAME AND ADDRESS OF CERTIFIER (Type or Print): DANIEL THOMAS MD 2293 N. MAIN ST. CROWN POINT, INDIANA 46307
22a. HEALTH OFFICER—SIGNATURE: [signature]
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: APR 2 2 1986

CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Myocardial infarction — Interval between onset and death: UNDETERMINED

DUE TO, OR AS A CONSEQUENCE OF

(b) Due to arteriosclerotic heart & vascular disease — Interval between onset and death:

DUE TO OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24. AUTOPSY (Specify Yes or No): NO

COMMUNITY TITLE COMPANY FILE NO 36373

25a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): Natural
25b. DATE OF INJURY (Mo. Day. Yr.):
25c. HOUR OF INJURY: M
25d. DESCRIBE HOW INJURY OCCURRED:
25e. INJURY AT WORK (Specify Yes or No):
25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
25g. LOCATION: STREET OR R.F.D. NO. — CITY OR TOWN — STATE

SBH-06-004 REV. 10/77

CORONER'S OFFICE SEAL INDIANA

* **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. 668

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

Oct 17, 2006 (Date Issued) — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
MYRTLE VICARI	FEMALE	9:42 A M	OCTOBER 15, 2006

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
314-26-7028	86			JULY 12, 1920	HAMMOND, INDIANA

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
NO	NONE	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
4308 COLUMBIA AVE.,	HAMMOND	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
WIDOWED	NONE	CLERK	EDW. C. MINAS

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	HAMMOND	4308 COLUMBIA AVE.,

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46327	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	WHITE	10	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
MURL ELEY	MARGARET FLANNIGAN

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
MERLE L. CERDA	4925 HICKORY AVE., HAMMOND, IN 46327	DAUGHTER

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	OCTOBER 18, 2006 ST. JOSEPH CEMETERY	HAMMOND, INDIANA

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
HENRY J. BLAKE	FD01019406	☐ No ☒ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Edwin B LaHayne	FD01000857	LaHAYNE FUNERAL HOME, INC., FH19400005 6955 SOUTHEASTERN AVE., HAMMOND, IN 46324

CAUSE OF DEATH

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.	Respiratory Failure	11 days
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last — DUE TO (OR AS A CONSEQUENCE OF) b.	Chronic obstructive pulmonary disease	Chronic
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Atherosclerotic Cardiovascular disease

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	NO

CERTIFIER

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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
	01037690	OCTOBER 16, 2006

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print): LAWRENCE D. BERNSTEIN, MD, 5500 HOHMAN AVE., HAMMOND, INDIANA 46320

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: R K Kanara MD

32. DATE FILED (Month, Day, Year): October 17, 2006

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

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): COMMUNITY TITLE COMPANY FILE NO 36525

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

LAST WILL AND TESTAMENT

OF

MYRTLE VICARI

I, MYRTLE VICARI, of Lake County, Indiana, being of sound and disposing mind and memory, do hereby revoke and annul any and all former Wills and Codicils to Wills previously made by me, and do make, publish and declare this to be my Last Will and Testament as follows, to-wit:

FIRST: I direct my Executor, hereinafter named, to pay all of my just debts, funeral expenses, and the costs of administering my estate, and all estate and inheritance taxes, by whatever name called, due because of my death in respect to all property comprising my gross estate for death tax purposes, whether or not such property passes under this Will, all out of the property belonging to my general estate and out of the earnings of my estate as my Executor shall determine. My Executor shall not seek to apportion such taxes against any of the beneficiaries of this Will, nor shall my Executor seek reimbursement for any taxes so paid.

SECOND: All the rest, residue, and remainder of my property and estate, of every nature and description, whether real, personal, or mixed, and whether acquired by me before or after the execution of this, my Last Will and Testament, wheresoever situated, including any property which, at the time of my death, I shall have the power of disposition or the power of appointment, and including all income of my estate, I bequeath to my children, MERLE LOIS CERDA, KATHLEEN JO KOSS, AND STEVEN JAY VICARI, in equal shares. If any child of mine shall not survive me, then I bequeath such deceased child's share to his or her then living issue. In the event said deceased child shall leave no issue, then said deceased child's share shall be bequeathed to my surviving child or children.

THIRD: (a) I appoint my daughter, MERLE LOIS CERDA, as Executor of my Last Will and Testament. If she does not survive me or is unwilling to serve as Executor, then I appoint my daughter, Kathleen Jo Koss, as Executor.

(b) I direct that my Executor be permitted to serve without bond.

(c) I empower my Executor, or successor Executor, to sell, lease, or mortgage any property, real or personal, publicly or privately, without order of Court and without notice, upon such terms and conditions as shall seem, to the personal representatives, in the best interests of my estate, and without liability on the part of the purchaser, tenant, or mortgagee, to see the application of the consideration; to permit any of the beneficiaries to enjoy the use in kind, during the administration of my estate, of any tangible personal property or real property, without liability on the part of said personal representative for any injury to, consumption of, or loss of any such property so used; to settle, compromise, or pay any claims, including taxes, asserted in favor of, or against, me or my estate; and, to do any and all other things proper or necessary to complete the administration of my estate.

SIXTH: I request that the administration of my estate be unsupervised.

IN WITNESS WHEREOF, I have hereunto set my hand this 16 day of January, 1987.

Myrtle Vicari

The foregoing instrument, consisting of this page and two (2) typewritten pages, was signed, published, and declared by Myrtle Vicari to be her Last Will and Testament in our presence, and we, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 12 day of January, 1987.

[signature] residing at 7012 Madison Av
Hammond, Ind 46324

[signature] residing at 8417 Greenwood
Munster In 46321

UNDER PENALTIES FOR PERJURY, WE, Myrtle Vicari, Orest Szewciw, and ANDREW MAZERIK, the Testatrix and witnesses respectively, whose names are signed to the foregoing instrument, declare:

1. That the Testatrix executed the instrument as this, her Will;

2. That in the presence of the witnesses, she signed her name;

3. That she executed the Will as her free and voluntary act for the purposes expressed therein;

4. That each of the witnesses, in the presence of the Testatrix and of each other, signed the Will as witnesses;

5. That the Testatrix was of sound mind; and

6. That the Testatrix was more than eighteen (18) years of age and was not a member of the armed forces or merchant marines.

DATED this 12 day of January, 1987.

[signature]

[signature]

[signature]