

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Tax I.D. No. 26-33-0007-0029

SURVIVORSHIP AFFIDAVIT

RITA M. RAY, being first duly sworn upon oath deposes and says:

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1. That she is the surviving spouse of Russell D. Ray.
2. Russell D. Ray died in Lake County, Indiana, on the 28th day of December, 1985 and a copy of the Certificate of Death is attached hereto as Exhibit "A."

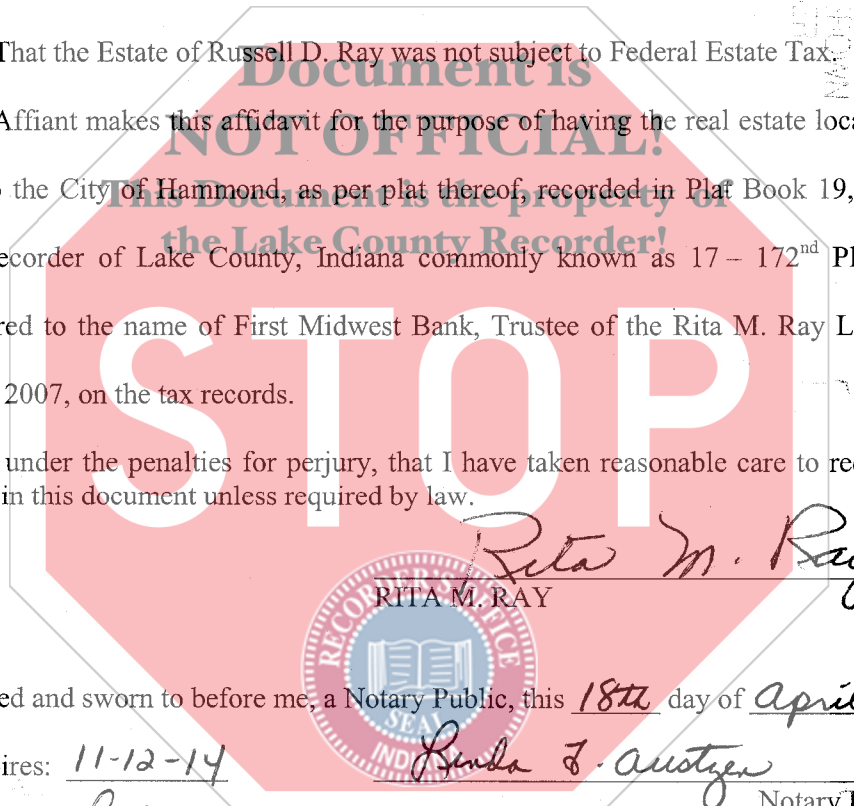
3. That she and Russell D. Ray were husband and wife and remained husband and wife continuously thereafter until the death of her husband.

4. That no petition for the appointment of a personal representative is pending or has been granted in any jurisdiction and none is contemplated.

5. That the Estate of Russell D. Ray was not subject to Federal Estate Tax.

6. Affiant makes this affidavit for the purpose of having the real estate located at Lot 28 in Dawson Park, to the City of Hammond, as per plat thereof, recorded in Plat Book 19, page 30, in the Office of the Recorder of Lake County, Indiana commonly known as 17 - 172nd Place, Hammond, Indiana, transferred to the name of First Midwest Bank, Trustee of the Rita M. Ray Living Trust U/A Dated March 29, 2007, on the tax records.

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.



2007 0331420

MICHELLE A. HOWAN
RECORDER OF RECORDS

2007 APR 23 AM 9:14

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDS

Rita M. Ray
RITA M. RAY

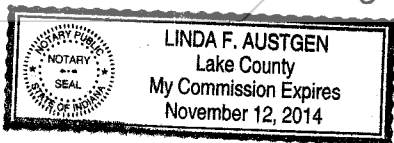
Subscribed and sworn to before me, a Notary Public, this 18th day of April, 2007.

Commission Expires: 11-12-14

Linda F. Austgen

Notary Public

County of Residence: Lake



KD_IM-949245_1.DOC

FILED

APR 20 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

005271

14-LP

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2923

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.
MAR 3 1986
Date Issued
HAMMOND HEALTH COMMISSIONER

RESUBMIT

Local No. 944

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

EMBALMER'S NAME Thos Owens LICENSE No. 104
FUNERAL DIRECTOR'S SIGNATURE [Signature] LICENSE No. 965 FUNERAL HOME No. 729

1. DECEASED—NAME Russell		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
306-01-8026		82		Ray		M				12-28-1985	
2. RACE—(If White, Black, American Indian, etc.)		AGE (Years, Months, Days)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH	
White		82		00		00		Feb 8, 1903		Lake	
3. CITY, TOWN OR LOCATION OF DEATH		CITIZEN OF WHAT COUNTRY		HOSPITAL OR OTHER INSTITUTION—(Name, if not in earlier, give street and number)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		IF HOSP OR INST indicates DOA, Op, Emer, Rem, Inpatient (Specify)	
Hammond		USA		St Margaret Hosp		Married		Rita Keim		No	
4. STATE OF BIRTH (If not in U.S.A. name country)		RESIDENCE—STATE		14a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired)		11. RITA KEIM		14b. KIND OF BUSINESS OR INDUSTRY		7d. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
IN		IN		ENGINEER				Sawclair		No	
5. SOCIAL SECURITY NUMBER		13. RESIDENCE—CITY, TOWN OR LOCATION		14a. CITY, TOWN OR EDUCATION		15. IS RESIDENCE ON A FARM?		14b. CITY, TOWN, STATE, ZIP		15f. INSIDE CITY LIMITS (Specify Yes or No)	
306-01-8026		Lake		Hammond		No		IN 46327		Yes	
6. DECEASED		15a. FATHER—NAME FIRST MIDDLE LAST		17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST		18. INFORMANT—NAME (Type of person)		19. RELATIONSHIP		20. MARRIAGE ADDRESS	
DECEASED		Charles		Martha Webster		Rita		Wife		17-172 Wd Plk	
7. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. CEMETERY OR CREMATORY—FUNERAL HOME		19c. FUNERAL HOME—NAME AND ADDRESS		19d. LOCATION		20a. DATE (MONTH, DAY, YEAR)	
17-172 Wd Plk		Bellel		Calomet Park Cem.		Owens Funeral Home Whiting IN 46394		Medellville IN		2/28/86	
8. PARENTS		20a. DATE (MONTH, DAY, YEAR)		20b. FUNERAL HOME—NAME AND ADDRESS		20c. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		20d. CITY OR TOWN, STATE, ZIP		21. NAME OF ATTENDING PHYSICIAN (Type or Print)	
Charles		2/1986		Owens Funeral Home Whiting IN 46394		Medellville IN		Hammond IN 46327		Frank R. Hieber, M.D., P.C.	
9. DISPOSITION		21a. HEALTH CENTER—SIGNATURE		21b. M.D. OR D.O.		21c. M.D. OR D.O.		21d. MAILING ADDRESS—PHYSICIAN		21e. DATE RECEIVED BY LOCAL HEALTH OFFICER	
Bellel		[Signature]		[Signature]		[Signature]		7550 Hohman Avenue, Suite 400 Munster, Indiana 46321		MAR 3 1986	
10. CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE		22a. IMMEDIATE CAUSE		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER		22c. INTERVAL BETWEEN ONSET AND DEATH		22d. INTERVAL BETWEEN ONSET AND DEATH		22e. INTERVAL BETWEEN ONSET AND DEATH	
Stroke		Cerebrovascular Accident		MAR 3 1986		Interval between onset and death		Interval between onset and death		Interval between onset and death	
11. CAUSE		23. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I(a))		24. AUTOPTIC (Specify Yes or No)		24a. INTERVAL BETWEEN ONSET AND DEATH		24b. INTERVAL BETWEEN ONSET AND DEATH		24c. INTERVAL BETWEEN ONSET AND DEATH	
Stroke		Change Stroke F. Budd of son		No		Interval between onset and death		Interval between onset and death		Interval between onset and death	