

AFFIDAVIT

2007 033193

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

REGINA R. HARDESTY, being first duly sworn upon oath,
deposes and says:

1. That Affiant's father, MATTHEW PAVEL, died on SEPTEMBER 13, 1987 at Lake County, Indiana.
2. That the following real estate was owned by GLORIA PAVEL and MATTHEW PAVEL in joint names as husband and wife:

Lot 16 in Block 1 as marked and laid down on the recorded plat of Villa Shores 6th Addition to the City of Hobart, Lake County, Indiana as the same appears of record in Plat Book 29 page 101 in the Recorder's Office of Lake County, Indiana, commonly known as 1101 West 41st Avenue, Hobart, Indiana, parcel No. 27-18-235-16

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 death of MATTHEW PAVEL.
4. That GLORIA PAVEL, GLORIA MARIE PAVEL AND GLORIA M. PAVEL are one and the same person.
5. That all of the assets of said decedent MATTHEW PAVEL 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, or Indiana Inheritance taxes.

FILED

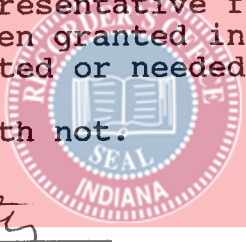
APR 20 2007

EGGY HOLINGA KATON
LAKE COUNTY AUDITOR

6. That no application or petition for the appointment of a personal representative for MATTHEW PAVEL is pending or has been granted in any jurisdiction and none is contemplated or needed.

Further Affiant sayeth not.

Regina R. Hardesty
REGINA R. HARDESTY

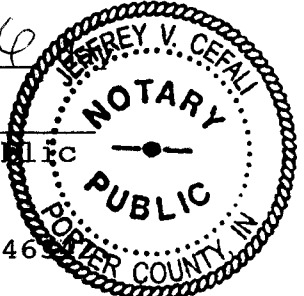


COMMUNITY TITLE COMPANY
FILE NO 237183

Dated April 16 2007. 005281

Subscribed and sworn before me, a Notary Public, this 16 of April, 2007.

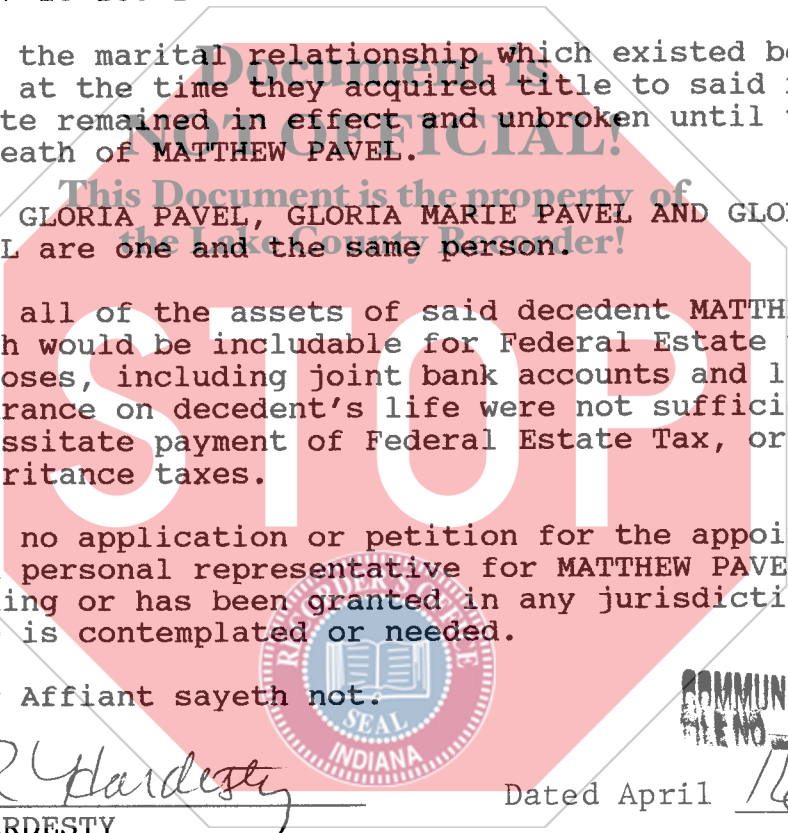
Jeffrey V. Cefali
Jeffrey V. Cefali, Notary Public



My Commission expires: 1-26-09
County of residence: Porter
Prepared by: Atty. Jeffrey Cefali, 17 Main, Hobart, IN 463

MY COMM. EXPIRES 1-26-09

FILED IN 100



\$14
cm
CA

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Review for State Office Use

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

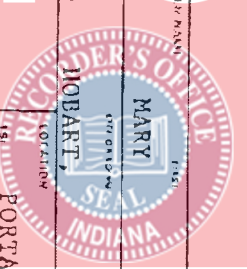
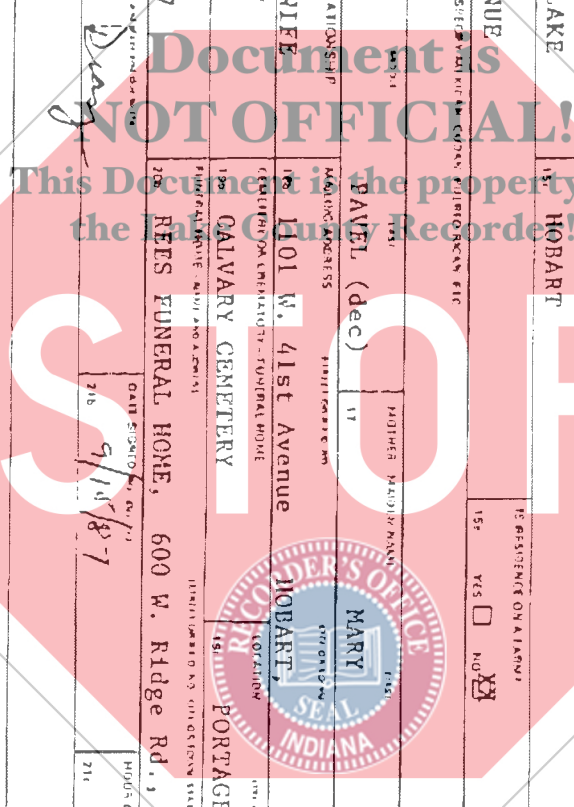
EMBALMER'S NAME WILLIAM K. WILSON LICENSE No. FDE 1022562
 FUNERAL DIRECTOR'S SIGNATURE Gerald V. Rees SEP 15 1987 LICENSE No. FDE1041083 FUNERAL HOME No. FDH3003069

Local No. 1728-87 INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____

1229
344
12002

1 DECEASED NAME MATTHEW		2 SEX MALE		3 DATE OF BIRTH SEPTEMBER 13, 1987	
4 RACE White		5 AGE 65		6 COUNTY OF DEATH LAKE	
7 HOBART		8 ST. MARY MEDICAL CENTER		9 HOSPITAL OR OTHER INSTITUTION	
10 STATE OF BIRTH PENNSYLVANIA		11 U.S.A.		12 SOCIAL SECURITY NUMBER 184-18-2640	
13 RESIDENCE - STATE INDIANA		14 COUNTY LAKE		15 USUAL OCCUPATION ROUTE SALESMAN	
16 STREET ADDRESS 1101 W. 41st. AVENUE		17 HOBART		18 TO RESIDENCE ON ALARM YES	
19 DECEASED OF SPANISH DESCENT NO		20 DECEASED OF OTHER DESCENT		21 INSURED UNDER LIFE, ACCIDENT AND HEALTH INSURANCE YES	
22 FATHER'S NAME GEORGE		23 MOTHER'S MAIDEN NAME MARY		24 SEX MALE	
25 DECEASED'S NAME PAVEL		26 RELATIONSHIP (dec)		27 SEX MALE	
28 DECEASED'S ADDRESS 1101 W. 41st Avenue		29 HOBART, INDIANA 46342		30 DECEASED'S ADDRESS PORTAGE, INDIANA	
31 BURIAL SEPTEMBER 16, 1987		32 FUNERAL HOME 600 W. Ridge Rd., HOBART, INDIANA 46342		33 DATE OF BURIAL SEPTEMBER 16, 1987	
34 NAME OF FUNERAL HOME DR. RAY E. DRASCA		35 ADDRESS 10, 8127 MERRILLVILLE RD., MERRILLVILLE, IN 46410		36 DATE RECEIVED BY LOCAL HEALTH OFFICER 9-15-87	
37 CAUSE Lungs Cancer		38 HODS OF DEATH 5:30 AM		39 SIGNATURE OF LOCAL HEALTH OFFICER Hodgkins	



SIH 06-003 Single Form 35410 REV. 10/77