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FILED 10-1-2007

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA) RE: Richard L. Westfall, Deceased February 23,

2007 03 2007

COUNTY OF LAKE) SS Legal: The North 75 feet of the East half of the Southeast quarter of Section 14, Township 36 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana; Tax Unit 41 Key No. 49-0039-0007

On this 22 day of March 2007 before me personally appeared Patricia Looman identified to me State of Indiana Driver License and/or pictured identification, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature:
2. Affiant is Heir at Law, Wife of Deceased, Richard L. Westfall, owner(s), (Interest of Affiant in the above premises as "owner" "heir of owner" etc.)
3. Said premises were formerly owned by Richard Westfall, Deceased February 23, 2000, and Barbara Westfall, Husband and Wife.
4. Said Richard L. Westfall Deceased February 23, 2000, intestate, in Starke County, Indiana.
5. The total value of the taxable estate of said deceased including, tenancies by entireties individual ownerships of both real and personal property, and insurance does not exceed the sum of \$25,000.00, and to the best of Affiant's knowledge there is no Inheritance tax liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No (if yes identify the divorce proceedings: N/A the property of _____);
7. Affiant's relationship to the deceased was Wife

Signature Barbara Westfall
Barbara Westfall
2200 South 800 East
Knox, Indiana 46534.

STATE OF INDIANA)
COUNTY OF LAKE)

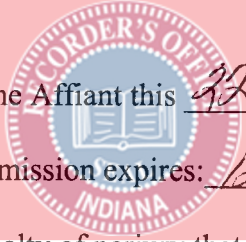
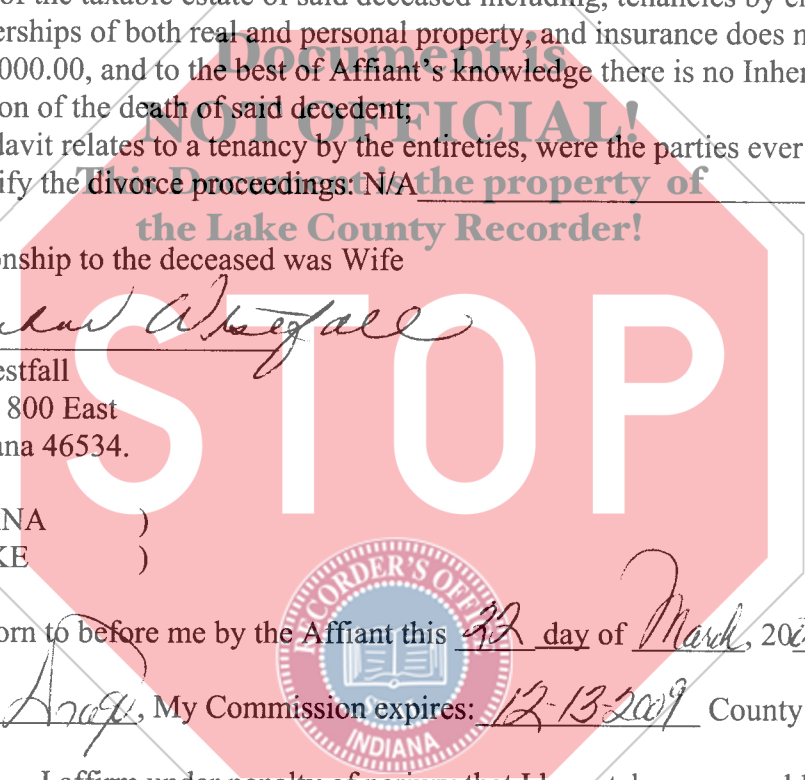
Subscribed and sworn to before me by the Affiant this 22 day of March 2007 (year)

Jaquelyn Aron
Notary

My Commission expires: 12-13-2009 County of Lake

I affirm under penalty of perjury that I have taken reasonable Care to redact each Social Security Number, unless required By law.

Jaquelyn Aron



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D.D.M.

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

020975

STATE OF INDIANA) In Re: Richard L. Westfall, Deceased February 23, 2000
))
) SS : The North 75 feet of the East ½ of the Southeast
) Quarter Section 14, Township 36 North, Range 9 West
 COUNTY OF LAKE) 2nd Principal Meridian, Lake County, Indiana
) Tax Unit 41 Key No. 49-0039-0007

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4. That the following named person is the legal heir of decedent: Barbara Westfall, wife
5. That the value of the decedent’s estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.
6. That the decedent’s assets is a parcel or real estate which was owned by the decedent, located at 2740 Colfax, Gary, Indiana 46406 described as following:

The North 75 feet of the following described tract: Part of the East half of the Southeast quarter of Section 14, Township 36 North, Range 9 West of the 2nd Principal Meridian, described as follows: Beginning at a point on the East line of Section 14, Township 36 North, Range 9 West of the 2nd Principal Meridian which point is 518.1 feet North of the Southeast corner of said Section 14; thence North along the East line of Section 14, 468 feet; thence West 219.78 feet; more or less to the East line of Block 2, Garden Acres Subdivision; thence South 332.7 feet; thence South 58 degrees 20 minutes East 254.1 feet, more or less to the place of beginning, in Lake County, Indiana.
 Commonly known as: 2740 Colfax Street, Gary, Indiana 46406.

7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor so far as the same is: NONE
8. That the individuals entitled to real estate as a result of the decedent’s death is the heir at law provided under the laws of intestate.
9. That the gross value of estate of decedent, Richard L. Westfall as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As consequence thereof, the decedent’s estate was not subject to Federal Estate Tax.
10. That the decedent’s estate was not subject to Indiana Inheritance Tax.

EXHIBIT A

This document Not valid unless embossed with the raised seal of Starke County, Indiana.

Starke County, Indiana Certificate of Death

Starke County Health Department
Starke County Courthouse
Knox, Indiana 46534

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS


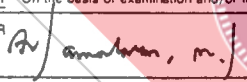
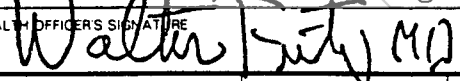
INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) Richard L. Westfall		2. SEX Male	3a. TIME OF DEATH 11:37 pm	3b. DATE OF DEATH (Month, Day, Yr) February 23, 2000								
4. *SOCIAL SECURITY NUMBER 290-34-6404	5a. AGE—Last Birthday (Years) 63	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) July 4, 1936	7. BIRTHPLACE (City and State or Foreign Country) Detroit, Michigan							
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 <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence										
9b. FACILITY NAME (If not institution, give street and number) Starke Memorial Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Knox		9d. COUNTY OF DEATH Starke								
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Barbara Potts	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Elevator Mechanic		12b. KIND OF BUSINESS/INDUSTRY Elevator Construction								
13a. RESIDENCE—STATE Indiana	13b. COUNTY Starke	13c. CITY, TOWN, OR LOCATION Knox		13d. STREET AND NUMBER 2200 South 800 East								
13e. ZIP CODE 46534	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 8th College (1-4 or 5 +)						
18. FATHER'S NAME (First, Middle, Last) Ralph Harry Westfall			19. MOTHER'S NAME (First, Middle, Maiden Surname) Virginia Gulick									
20a. INFORMANT'S NAME (Type/Print) Barbara Westfall		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2200 South 800 East Knox IN 46534			20c. Relationship Wife							
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 28, 2000 Chapel Lawn Memorial Gardens		21c. LOCATION—City or Town, State Scherverville, Indiana								
22a. EMBALMER'S NAME Robert P. Saul		22b. EMBALMER'S LICENSE NO. (of License) 29700098 FE		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of License) 29700098 FE		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home FH19900051 8178 Cliffe Avenue, Scherverville, Indiana 46375								
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>HEPATIC COMA</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>ALCOHOLIC CIRRHOSIS OF LIVER</u> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last					Approximate Interval Between Onset and Death							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I <u>DIABETES MELLITUS, HYPERTENSION, CORONARY ARTERY DISEASE</u>					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)			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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  A. N. Damodaran, M.D.			29c. MEDICAL LICENSE NO. 01028450		29d. DATE SIGNED (Month, Day, Year) 3.1.2000					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) A. N. Damodaran, MD 1002 Edgewood Drive, Knox, IN 46534					31. HEALTH OFFICER'S SIGNATURE  Walter Suty, MD					32. DATE FILED (Month, Day, Year) MARCH 1, 2000		
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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.										