STATE OF INDIANA)	
)	SS:
COUNTY OF LAKE)	

2007 041586

STATE OF INDIANA AKE COUNTY FILED FOR RECORD

2007 MAY 22 AM 9: 14

MICHAEL A. BROWN RECORDER

SURVIVORSHIP AFFIDAVIT

JILL BERRY, being first duly sworn upon oath deposes and says:

- That she is the surviving spouse of David S. Berry. 1.
- David S. Berry died in Cook County, Illinois, on the 24th day of July, 2005 and a 2. copy of the Certificate of Death is attached hereto as Exhibit "A."
- That she and David S. Berry were husband and wife and remained husband and 3. wife continuously thereafter until the death of her husband.
- That on November 9, 2005, Jill Berry was appointed Executrix of the estate of David S. Berry under Estate No. 45D01-0511-EU-92.
 - That the Estate of David S. Berry was not subject to Federal Estate Tax.
 - That the Indiana Inheritance Tax was paid April 30, 2006.

the Lake County Recorder! Affiant makes this affidavit for the purpose of selling the real estate located at 504 - 165th Street, Hammond, Lake County, Indiana, to Robert Xenos and/or his nominees.

(26)34-1-1,10,11,&27

Subscribed and sworn to before me, a Notary Public, this 14th day of May

2007.

Commission Expires:

9 - 12 - 07

Karen Kane

County of Residence:

Notary Public

KD IM-981636 1.DOC

MAY 18 2007

KAREN KANE Porter County
Commission Expires
Sept. 12, 2007

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

920072006 TICOR HO

006557

#15

No: 920072006

LEGAL DESCRIPTION

Lots 1 to 20, both inclusive, and the North 41.4 feet of Lots 45 to 48, both inclusive, in Block 1; in F.B. Hall's Subdivision, in the City of Hammond, as per plat thereof, recorded in Plat Book 3 page 17, in the Office of the Recorder of Lake County, Indiana.





	(BASED ON 1989 U.S. STANDARD CERTIFICATE)	Health—Division of Vital Records	ر التعديُّ عامع) و #ilinois Department of Public Health—Division
tabb	26b. JUL # 0 LIUD X		
es .	DATE FILED BY LOCAL PIECES TO AN ACCOUNT A PIECE YEAR		LOCAL REGISTRARES GNA URE TO MALLON CO.
AFFIXED.	. RA		25b. Ponolas Klein
THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS	6	7 N. Northwest Hwy.,	25a. Olson Burke/Sullivan 6467
	STATE	OR R.F.D. C	NAME
	Hights. II 2400 V 27,2005	ington	24b. Shalom Memorial
	MUST BE NOTIFIED.	Meurology)	23. Laura Pědělty, MD., (Dept. of M BURIAL, CREMATION, CEMETERY OR CREMATORY—AVAME
	NOTE-IFANINI BY WAS INVOICED IN THE	(TYPEORPRINT)	E OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
	ILLINOIS LICENSE NUMBER	3	1760 tr
	22b. 07/25/05		NAME AND ADDRESS OF CERTIFIER COVERS OF SERVICE STATES OF SERVICES OF SERVICE
	TATED. DATE SIGNED (MONTH, DAY, YEAR)	AND PLACE AND DUE TO THE CAL	EBEST OF MY KNOV
LOCAL REGISTRAR	ROFDEATH	WASCORON	AND LAST SAW HIMMER ALIVE ON SERVICE (MONTH, DAY, YEAR) 21a. July 24. 2005
John T. Willelm, 50			20b.
	IPFEMALE WASTHERE A PREGNANCY IN BACT		DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
	La	COVIDE GARGITHE CALL I.	St. Constitution of the state o
		š	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given
R. C.	ne		
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	F tl) (a)
	ardiac or respiratory arrest, APPROXIMATE IN BETWEEN ONSET	not enter the mode	c. i Carri I. Enter the diseases, or complications that caused the death, Do shock, or heart failure. List only one cause or each line. Immediate Cause (Final
The state of the s	or Ec	17c. 102 31	17a Jill Berry
	(STREET AND NO. ORR.F.D., CITY OR TOWN, STATE, AP 21	MAILING ADDRESS	(TYPE OR PRINT)
LAW AND ORDINANCES.	pe rd	2	15 Leonard L. Berry
KERT BY ME IN OBDINANCE OF SAID	ST MIDDIE CAMPBEN LAST	AE FIB	HER-NAME FIRST MIDDLE
ACCOMPANYING CERTIFICATE ON THIS	200	14h ¥ NO	21 INDIAN,
THE CITY OF CHICAGO: THAT THE	s 13d. 1.a	Ster	(WHITE, BL
BY VIRTUE OF THE LAWS OF THE STATE	INSIDE CITY COUNTY	ᆲ	ER)
THE RECORDS OF BIRTHS, STILLBIRTHS	lementary/Secondary (0,12) College (1-4 or 5+)		10. 356-50-4164 11a. Werchant
CERTIFY THAT I AM THE KEEPER OF	PRICATION (SPECIEVON) VIIGHEET PRANTO IN THE STATE OF THE	KINDOF BUSINESS OF INDUSTRY	SOCIAL SECURITY NUMBER USUAL OCCUPATION
REGISTRAR OF VITAL STATISTICS OF	(MAIDEN NAME, IF WIFE) WAS DECASED EVER INUIS. ARMED FORCES? (YES/NO)	NAME OF SURVIVING SPOUSE (MAIDE	MARRIED, NEVEL WIDOWED, DIVO
L JOHN I WII HEI M M D I DON	OR/EMER. RIV	sity of Illinois Hos	
5007 0 2 702	10, 195	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN FITHER GIVE STREET AND NITHER COVER TREET AND	ITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
	EOF BIRTH (MONTH, DAY, YEAR)	MOS. DAYS HOURS MIN.	
CITY OF CHICAGO	3July 24, 200	rry 2Ma	1. David Scott
COUNTY OF COOK	DATE OF DEATH (MONTH, DAY, YEAR)	LAST SEX	DECEASED- <i>NAME</i> FIRST MIDDLE
STATE OF ILLINOIS	DEATH 6MA92	ERTIFICATE OF I	NUMBER MEDICAL (
	-		

DISTRICT NO.

STATE OF ILLINOIS

STATE FILE

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

willeling no LOCAL REGISTRAR