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STATE OF INDIANA )  
 )  
COUNTY OF LAKE )

SS: 2007 095202

2007 DEC -7 AM 11:44  
MICHAEL J. DOWD  
RECORDER

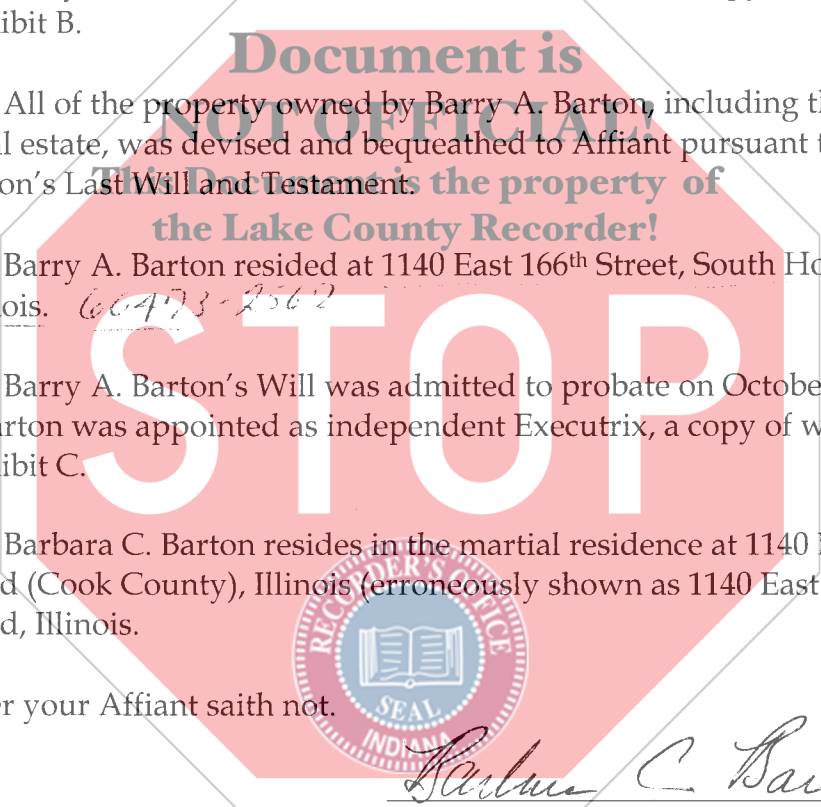
IN RE: LAKE COUNTY, INDIANA TREASURER PROPERTY NO. 263401260008  
C. Hohmans 2<sup>nd</sup> Add. L. 9 BL. 1, commonly known as 536-538 Willow  
Court, Hammond, Indiana 46320

**AFFIDAVIT**

BARBARA C. BARTON, being first duly sworn upon her oath, states as follows:

1. She is the surviving widow of Barry A. Barton, deceased.
2. Barry A. Barton died on June 14, 2006. A copy of the Death Certificate is attached hereto as Exhibit A.
3. Barry A. Barton left a Last Will and Testament, a copy of which is attached hereto as Exhibit B.
4. All of the property owned by Barry A. Barton, including the above-captioned real estate, was devised and bequeathed to Affiant pursuant to the terms of Barry A. Barton's Last Will and Testament.
5. Barry A. Barton resided at 1140 East 166<sup>th</sup> Street, South Holland (Cook County), Illinois. *60473-2562*
6. Barry A. Barton's Will was admitted to probate on October 10, 2006 and Barbara C. Barton was appointed as independent Executrix, a copy of which is attached hereto as Exhibit C.
7. Barbara C. Barton resides in the martial residence at 1140 East 166<sup>th</sup> Street, South Holland (Cook County), Illinois (erroneously shown as 1140 East 186<sup>th</sup> Street, South Holland, Illinois).

BILLING ADDRESS FOR TAXES →



Further your Affiant saith not.

*Barbara C. Barton*  
BARBARA C. BARTON

# 23  
CS  
CVA

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County, an State this 5<sup>th</sup> day of December, 2007.

*Janis L. Bermingham*  
DEC 6 2007  
Janis L. Bermingham, Notary Public

My Commission Expires: 7/16/2014  
County of Residence: Lake

23987

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*

COUNTY CLERK

PRECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS				STATE FILE NUMBER		
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>						
Type or Print in PERMANENT INK see Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	1. DECEASED—NAME FIRST MIDDLE LAST <b>Barry A. Barton</b>			SEX <b>2. Male</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>3. June 14, 2006</b>				
	4. COUNTY OF DEATH <b>Cook</b>			AGE—LAST BIRTHDAY (YRS) 5a. <b>66</b>		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MIN.		DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. April 22, 1940</b>
	6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>South Holland</b>			6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>1140 E. 166th. Street</b>			6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)			
	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>			8a. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Barbara C. Hoffman</b>			9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>No</b>			
	10. SOCIAL SECURITY NUMBER <b>323-36-0040</b>			11a. USUAL OCCUPATION <b>Owner</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Food</b>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) <b>1</b>		
	13a. RESIDENCE (STREET AND NUMBER) <b>1140 E. 166th. Street</b>			13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>South Holland</b>		13c. INSIDE CITY (YES/NO) <b>Yes</b>		13d. COUNTY <b>Cook</b>		
	13e. STATE <b>Illinois</b>		13f. ZIP CODE <b>60473</b>		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
	15. FATHER—NAME FIRST MIDDLE LAST <b>Herman Barton</b>			16. MOTHER—NAME FIRST MIDDLE LAST <b>Dorothy Winer</b>						
	17a. INFORMANT'S NAME (TYPE OR PRINT) <b>Barbara C. Barton</b>			17b. RELATIONSHIP <b>Wife</b>		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>1140 E. 166th. St. South Holland, Illinois 60473</b>				
	18. PART I.	Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
3	Immediate Cause (Final disease or condition resulting in death)	(a) <b>LUNG CA with Brain metastasis</b>								
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) <b>sq. cell CA of Lung</b>								
		(c) <b>Chronic Smoking</b>								
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	<b>CAD D.M.</b>							19a. AUTOPSY (YES/NO) <b>No</b>	
									19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
5	DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
N	20a.									
P										
	21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON <b>6/3/06</b>			21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>No</b>		21c. HOUR OF DEATH <b>1:45 P.M.</b>				
	21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							DATE SIGNED (MONTH, DAY, YEAR) <b>6/15/06</b>		
CERTIFIER	22a. SIGNATURE <i>Dilip Shah</i>			22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Dilip Shah, M.D., 17901 Governor's Hwy Homewood IL 60430</b>			22c. ILLINOIS LICENSE NUMBER <b>36-45-36-1</b>			
							NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
	23.	BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. Cremation</b>	CEMETERY OR CREMATORY—NAME <b>24b. Forest Crematory</b>		LOCATION CITY OR TOWN STATE <b>24c. Romeoville, Illinois</b>		DATE (MONTH, DAY, YEAR) <b>24d. 6-16-06</b>			
DISPOSITION										
	25a. FUNERAL DIRECTOR'S SIGNATURE <i>Gerald Sullivan</i>			25b. FUNERAL DIRECTOR'S NAME <b>Gerald Sullivan</b>			25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-011165</b>			
	26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>			26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>JUN 16 2006</b>						

A

**Last Will and Testament**  
**of**  
**BARRY A. BARTON**

I, BARRY A. BARTON, currently of South Holland, Illinois, being of sound and disposing mind and memory and mindful of the uncertainty of this life, do hereby declare this instrument to be my Last Will and Testament, hereby revoking all Wills and Codicils thereto by me heretofore made.

**ARTICLE I**

I direct that all my just debts, funeral expenses, and costs of the administration of my estate be paid by my Executrix as soon as may be done commensurate with the sound administration and conservation of my estate.

**ARTICLE II**

I hereby nominate and appoint my beloved wife, BARBARA BARTON, as Executrix of this my Last Will and Testament, and in the event that she predeceases me, or for any reason is unable or unwilling to serve as Executrix, I then appoint my son, NICHOLAS BARTON, as Alternate Executor. In the event that NICHOLAS BARTON shall also predecease me, or fail or refuse to act as my Alternate Executor, I then appoint my daughter, NICOLE BARTON, as Alternate Executrix. In the event that NICOLE BARTON shall also predecease me, or fail or refuse to act as my Alternate Executrix, I then appoint my daughter, RACHEL BARTON, <sup>AGRESTA</sup> as Alternate Executrix. It is my desire that said Executrix or Alternate Executors serve without bond. My Executrix or Alternate Executor with respect to my estate shall have all powers enumerated and granted by law, to be exercised without the necessity of Court approval, as my fiduciary in its sole discretion determines to be in the best interests of the beneficiaries.

**ARTICLE III**

I hereby give, devise and bequeath to my wife, BARBARA BARTON, if she survives me, all of my clothing, jewelry, furniture, furnishings, household and personal property and in general all of the tangible personal property owned by me at the time of my death to be hers absolutely. In the event that BARBARA shall predecease me, all of my remaining tangible personal property shall be divided equally among my surviving children by agreement, or if they cannot agree as to the division of such tangible personal property,

then the said personal property over which a dispute remains shall be sold and the proceeds thereof shall be added to my residuary estate.

**ARTICLE IV**

I hereby give, devise and bequeath to my wife, BARBARA BARTON, if she survives me, any interest which I may own in real property occupied by us as a home at the time of my death, to be hers absolutely.

**ARTICLE V**

I hereby give, devise and bequeath all of my residuary estate, being all property, real and personal, tangible and intangible, wherever situated, in which I may have any interest at the time of my death not otherwise effectively disposed of hereinabove to my wife, BARBARA BARTON, if she survives me. In the event that she fails to so survive me, then my residuary estate shall be distributed to my following children, or their respective issue per stirpes if any of them do not survive me, in the following proportions:

- 1.) NICHOLAS BARTON - Forty percent (40%)
- 2.) NICOLE BARTON - Forty percent (40%)
- 3.) RACHEL BARTON - Twenty percent (20%)

AGRESTA

If any of my above-named children shall have predeceased me leaving no issue surviving me, the share otherwise payable to that residuary beneficiary or his/her issue shall be paid to my other residuary beneficiaries or their issue then living per stirpes, in the proportion which the share of each of my surviving residuary beneficiaries or issue of predeceased residuary beneficiaries bears to the aggregate shares of my surviving residuary beneficiaries or their issue.

**ARTICLE VI**

If my wife, BARBARA BARTON, and I should die under such circumstances that there is not sufficient evidence as to the order of our deaths, it shall be presumed for all purposes under this Will that I survived my wife.

**ARTICLE VII**

A. Throughout this Will, the masculine gender shall be deemed to include the feminine and/or the neuter, and the singular the plural, and vice versa, wherever required by the context.

B. I am depositing an executed copy of this Will with the law firm of Abrahamson, Reed & Bilse of Hammond, Indiana, and I direct that said copy may be admitted to Probate as my Last Will and Testament in the event that the original cannot be found after my death.

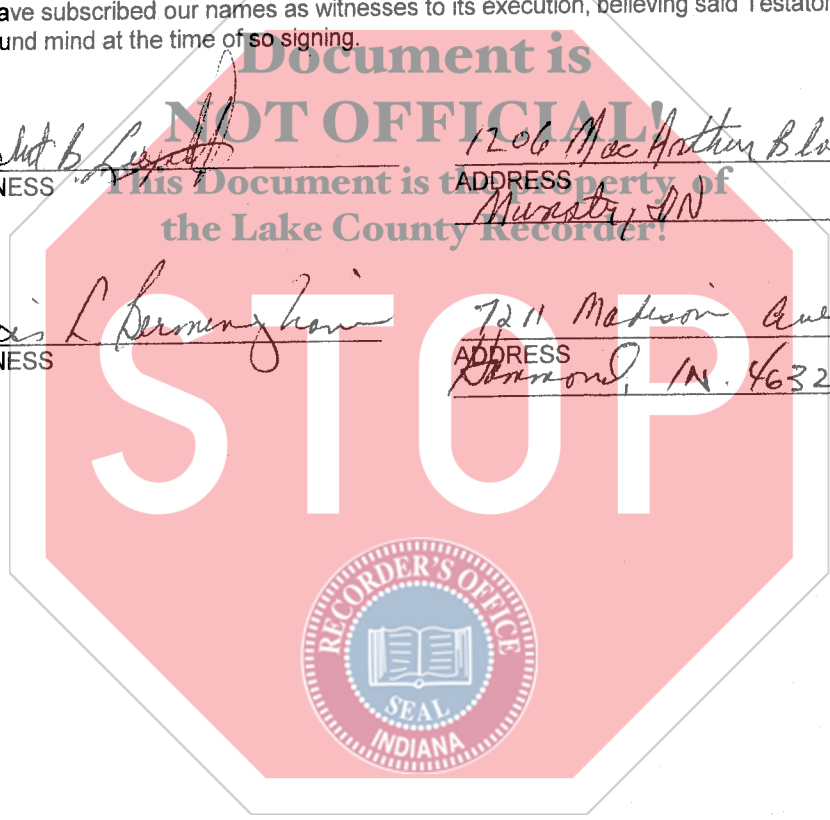
**IN WITNESS WHEREOF**, I have hereunto set my hand and seal to this my Last Will and Testament, consisting of four (4) pages (the last page being the Proof of Will page), each of which has been identified by my name or initials, this 5th day of December, 2005.

Barry A. Barton  
BARRY A. BARTON, Testator

We hereby certify that on the date thereof, the foregoing instrument was signed, sealed, published and declared by the Testator in our presence as her Last Will and Testament; and that in her presence and at her request and in the presence of each other, we have subscribed our names as witnesses to its execution, believing said Testator to be of sound mind at the time of so signing.

Robert B. Lewis      1206 MacArthur Blvd  
WITNESS      ADDRESS      Murray, IN

Devin L. Birmingham      7211 Madison Ave  
WITNESS      ADDRESS      Hammond, IN 46324



**PROOF OF WILL**

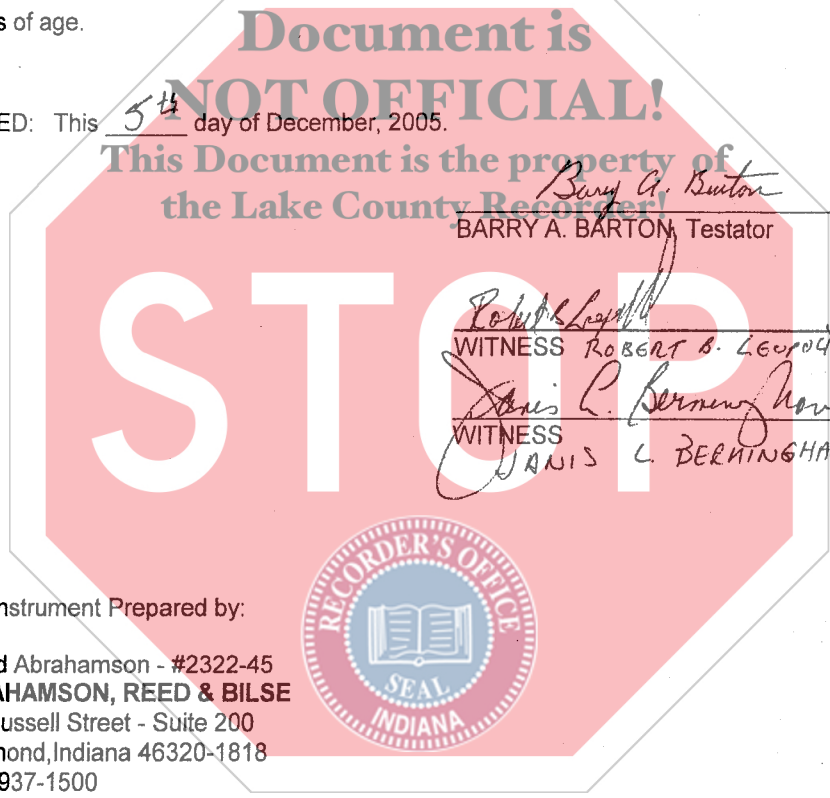
Under penalties of perjury, BARRY A. BARTON, Testator

and, ROBERT B. LEOPOLD, and JANIS L. BIRMINGHAM, witnesses,

whose names are signed to the foregoing instrument, declare:

1. That BARRY A. BARTON, Testator, executed said instrument as his Will.
2. That he signed his signature in the presence of all witnesses.
3. That each witness saw the Testator sign said Will.
4. That he executed his Will as his free and voluntary act for the purposes therein expressed.
5. That each of the witnesses, in the presence of the Testator and of each other, signed the Will as witnesses.
6. That each of us believed the Testator was of sound mind and memory at the time the Testator signed the Will; and
7. That at the time of so signing, the Testator was more than eighteen (18) years of age.

DATED: This 5<sup>th</sup> day of December, 2005.



This instrument Prepared by:

Harold Abrahamson - #2322-45  
**ABRAHAMSON, REED & BILSE**  
200 Russell Street - Suite 200  
Hammond, Indiana 46320-1818  
(219) 937-1500

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
PROBATE DIVISION

ESTATE OF BARRY A. BARTON,  
Deceased.

)  
)

CAUSE NO. 2006 P 006975

DOCKET NO. \_\_\_\_\_

PAGE: \_\_\_\_\_

**ORDER ADMITTING WILL TO PROBATE  
AND APPOINTING REPRESENTATIVE**

On Petition for Admission to Probate of the Will of the decedent and for issuance of letters of office, the Will having been proved as provided by law;

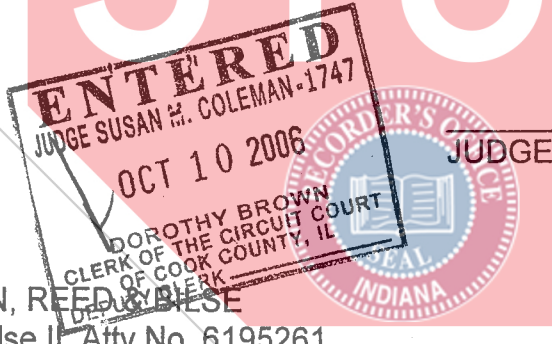
**IT IS ORDERED THAT:**

1. The Will of BARRY A. BARTON dated December 5, 2005, be admitted to probate;

2. Letters of Office as Independent Executrix issue to BARBARA C. BARTON.

3. *Order to Account or Report on or before 12/7/07  
at 10:00 AM*

Entered this \_\_\_\_\_ day of \_\_\_\_\_, 2006.



ABRAHAMSON, REED & BILSE  
By: Scott R. Bilse IL Atty No. 6195261  
200 Russell Street, Suite 200  
Hammond, Indiana 46320  
(219) 937-1500  
Attys for Independent Executrix

C