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NAME AFFIDAVIT

Order No. 620072351

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
                                  )  
COUNTY OF Lake )

2007 100228

2007 DEC 26 AM 9:20

MICHAEL A. BROWN  
RECORDER  
620072351

Sister of Lee Otis Marisett <sup>deceased</sup> being duly sworn on oath, deposes and says that he is one and same as Leo Othis Marisett deceased who is selling the property located at.

4409 East 10th Avenue, Gary, Indiana 46403

*Charlynn Marisett Traver Kimball*  
Charlynn Marisett Traver Kimball, sister of deceased

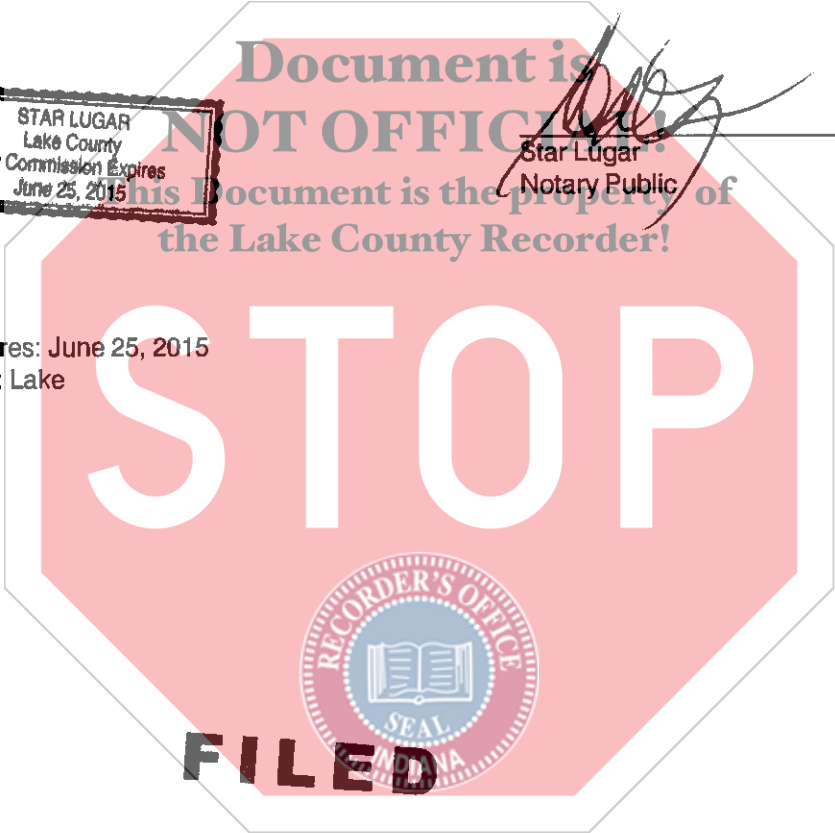
Chicago Title Insurance Company

SUBSCRIBED AND SWORN to before me, a Notary public for said County and State, personally appeared Charlynn Marisett Traver Kimball, on this 27 day of November 2007.



*[Signature]*  
Star Lugar  
Notary Public

Document is NOT OFFICIAL!  
This Document is the property of the Lake County Recorder!



My Commission Expires: June 25, 2015  
County of Residence: Lake

T# 001 - U# 25 - KH 41-270-15  
L15, BL6, Aetna Manor 2nd Sub, Gary  
PB 28pg 39 CJI  
CG7 68 pg 91

FILED

DEC 21 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

14-  
CTD



CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (TO RIGHT OF ARROW, HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT, COLOR WILL DISAPPEAR, THEN REAPPEAR)

STATE OF ARIZONA

620092357

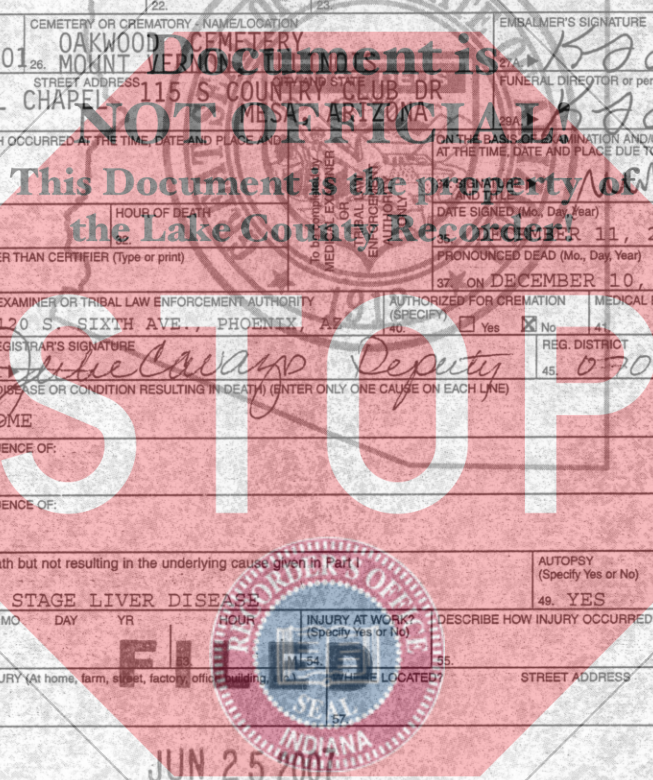
ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. D 102- 2001 - 039362

CHICAGO TITLE INSURANCE COMPANY

Form fields including: NAME OF DECEASED (AKA LEO CHARLES OTIS MARISSETT), SEX (MALE), DATE OF DEATH (DECEMBER 10, 2001), RACE (BLACK), PLACE OF DEATH (MARICOPA), DATE OF BIRTH (FEBRUARY 28, 1949), USUAL RESIDENCE (ARIZONA), STREET ADDRESS (26700 S HIGHWAY 85), FATHER'S NAME (ELMER LEE MARISSETT), MOTHER'S MAIDEN NAME (PEARL A BARNER), INFORMANT'S SIGNATURE (CHARLYNN KIMBALL), BURIAL CEMETERY (OAKWOOD CEMETERY), FUNERAL HOME (WYMAN CREMATION & BURIAL CHAPEL), SIGNATURE AND TITLE (MIHAI D. ILIESCU, MD), DATE REGISTERED (DEC 18 2001), REG. FILE NO. (38216), REGISTERAR'S SIGNATURE (Julie Frasco Deputy), REG. DISTRICT (0705), DATE BECD IN STATE OFFICE (FEB 25 2002), IMMEDIATE CAUSE (SEPSIS SYNDROME), MANNER OF DEATH (NATURAL CAUSES), and SUPPLEMENTARY ENTRIES.



PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

JULIE FRASCO ASSISTANT STATE REGISTRAR

This is a true certification of the facts on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

F2712121

