

BT 509154

CHICAGO TITLE INSURANCE COMPANY

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

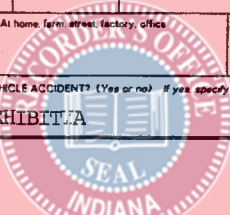
State No.

Local No. 1372-05

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

1. DECEASED—NAME (First, Middle, Last)	EDWARD A. SISK		2. SEX	MALE	3a. TIME OF DEATH	9:06P	3b. DATE OF DEATH (Month, Day, Year)	MAY 15, 2005
	4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months, Days)	5c. UNDER 1 DAY (Hours, Minutes)	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)		
315-28-6017		73			JUNE 3, 1931	WHITING, INDIANA		
8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	8c. PLACE OF DEATH (Check only one. See instructions)						
YES	1953	HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)						
9b. FACILITY NAME (If not institution, give street and number)		9c. CITY, TOWN, OR LOCATION OF DEATH		9d. COUNTY OF DEATH				
WILLIAM J. RILEY MEMORIAL RESIDENCE		MUNSTER		LAKE				
10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of lifetime. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY				
WIDOWED	NONE	CARRIER		U.S. POSTAL SERVICE				
13a. RESIDENCE—STATE		13b. COUNTY	13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER			
INDIANA		LAKE	HAMMOND (WHITING P.O.)		1710 BROWN AVENUE			
13e. ZIP CODE	13f. INSIDE CITY LIMITS (Specify) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify)		17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46394	XX No <input type="checkbox"/> Yes	U.S.A.	XX		WHITE		12	
18. FATHER'S NAME (First, Middle, Last)			19. MOTHER'S NAME (First, Middle, Maiden Surname)					
JOSEPH SISK			HARRIET GUZEK					
20a. INFORMANT'S NAME (Type/Print)		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		20c. Relationship				
MR. EDWARD J. SISK		6246 OGLETHORPE, PORTAGE, IN 46368		SON				
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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)		21c. LOCATION—City or Town, State				
		MAY 18, 2005 HERITAGE CREMATORY		PORTAGE, INDIANA				
22a. EMBALMER'S NAME		22b. EMBALMER'S LICENSE NO.		23. WAS DEATH REPORTED TO CORONER?				
HENRY J. BLAKE		FDE01019406		XX No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (of Licensee)		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME				
<i>Edward J. Sisk</i>		FDE01019456		BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394				
26. PART I Enter the disease, injury, 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.								Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)								
a. Pancreatic cancer								3 months
b. Deep venous thrombosis								2 weeks
c. Diabetes mellitus type II								years
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I								
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a. WAS AN AUTO PERFORM (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)				
N/A		NO		N/A				
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 a coroner's and/or investigator, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.								
29b. SIGNATURE AND TITLE OF CERTIFIER		29c. MEDICAL LICENSE NUMBER		29d. DATE SIGNED (Month, Day, Year)				
<i>David B. Lemke</i>		01066310		MAY 16, 2005				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print)								
DAVID B. LEMKE, M.D., 5454 HOHMAN AVENUE, HAMMOND, INDIANA 46320								
31. HEALTH OFFICER'S SIGNATURE								32. DATE FILED (Month, Day, Year)
<i>David B. Lemke</i>								MAY 17, 2005
33. MANNER OF DEATH		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED. FILE WITH THE CORONER'S OFFICE AND COMPLETELY.			
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide								
		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number, if rural, give nearest town, city or town, State)				
				015335				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						
		EXHIBIT A						

SDH06-004 State Form 10110 (R5/1-99)



NO CONFIDENTIAL! This Document is the property of the Lake County Health Department. FILED NOV 20 2005

Last Will and Testament
of
Document is
EDWARD ANTHONY SISKKA

This Document is the property of
the Lake County Recorder!

STOP

John M. Sedia
Attorney at Law #237-45
Highland Office Center
2646 Highway Ave.
Suite 106
Highland, IN 46322
219/838-1952 FAX: 219/838-1987

EXHIBIT B

**LAST WILL AND TESTAMENT
OF
EDWARD ANTHONY SISKKA**

I, EDWARD ANTHONY SISKKA, presently a resident of Whiting, Lake County, Indiana, do make, publish and declare this to be my Last Will and Testament, revoking all former Wills ever made by me before.

**ARTICLE I
Appointment of Fiduciaries**

I appoint EDWARD JOSEPH SISKKA as Personal Representative of this Will and as Trustee of the Trust created in this Will, to so serve without bond. If EDWARD JOSEPH SISKKA is unwilling or unable to so act, I then appoint CHRISTINE MARIE SISKKA as Personal Representative of this Will and as Trustee of the Trust created in this Will, also to so serve without bond.

**ARTICLE II
Payment of Final Expenses**

I direct my Personal Representative to pay out of my estate all of my just debts, expenses of my last illness, burial and costs of the administration of my estate as soon after my demise as may be found convenient.

**ARTICLE III
Payment of Taxes**

I direct my Personal Representative to pay out of my estate all estate, inheritance, transfer, succession or other taxes or governmental charges that shall become payable upon or by reason of my death with respect to property passing under my Will, by operation of law, or otherwise, including any interest and penalties, without apportionment. I waive on behalf of my estate any right to recover from my beneficiaries any part of such taxes so paid.

**ARTICLE IV
Bequest of Residuary Estate**

I give all the rest, residue and remainder of my estate, both real and personal, tangible and intangible, wherever situated or located, to the Trustee named in Article I above in Trust as Trustee to be administered under the provisions of the following Trust:

1. The Trustee shall retain and administer the Trust for the benefit of my son, DAVID FRANCIS SISKKA, hereinafter referred to as David.
2. The Trustee shall administer the funds remaining in trust until the David's death. At that time, the Trust shall terminate and be divided in equal shares among my children if living, otherwise among my surviving children and the lineal descendants of any predeceased children, per stirpes.

PAGE ONE OF THREE PAGES OF THE LAST WILL OF:

Edward A Siska

3. During the administration of the Trust, I direct that the Trustee make any payments of income or principal that, in the sole discretion of the Trustee, the Trustee deems necessary for the support, sickness, education, medical expenses or special needs to or on behalf of David, which payments are understood to be supplemental to any and all governmental and/or charitable entitlements which may be received by David or on David's behalf. The primary purpose of this Trust will be for the benefit of David, and any payments that the Trustee deems necessary, in the Trustee's sole discretion, for the support, sickness, education medical expenses or special needs of David shall be made liberally.

4. The Trustee's decision shall be final as to the showing of need, amount of payment, whether paid to David directly or paid to another for his benefit.

ARTICLE V

General Powers and Duties of Personal Representative and Trustee

Without distinguishing between the powers of the Personal Representative and Trustee, I grant unto each of them all of the powers enumerated in the provisions of the Indiana Trust Code, presently found at I.C. 30-4 and as may be amended from time to time, which I incorporate by reference into this Will. All of these powers shall be exercised without Court order.

In addition to the powers granted above, I give the right to any Trustee to resign at any time.

Upon the resignation of any Trustee, if no successor Trustee is named in this Will, then any Court of competent jurisdiction may, upon the application of any interested party, appoint a qualified corporate successor, and such successor shall have all the rights, powers and duties as if originally appointed in this Will.

NOT OFFICIAL!

ARTICLE VI
Non-Assignability of Beneficiaries' Interest

The interest of any beneficiary in principal or income of any Trust created in this Will shall not be subject to assignment, alienation, pledge, attachment or the claims of any creditors of any such beneficiary.

ARTICLE VII

Accounting by Personal Representative and Trustee

The Personal Representative shall make an accounting to an appropriate Court as required by law. The Trustee shall render an account, once each year, to each adult beneficiary under no under disability and to the guardian of each minor or incompetent beneficiary then entitled to receive income from the Trust created in this Will.

The Trust created in this Will shall be administered without the necessity of docketing the same in any Court and the Trustee shall not be required to account to any Court or governmental authority which may otherwise have jurisdiction over the Trust. The Trustee may, however, resort to the Courts for authority or instructions respecting the Trust as the Trustee shall deem necessary or expedient.

ARTICLE VIII

Situs of Will

This Will has been drawn and executed under the laws of the State of Indiana and all questions pertaining to its validity, construction and administration shall be determined by the laws of that State.

PAGE TWO OF THREE PAGES OF THE LAST WILL OF:

Edward G. Aisha

IN WITNESS WHEREOF, I have subscribed my name to this my Last Will and Testament this 9th day of November 2004.

Edward A Siska
EDWARD ANTHONY SISKA

We, the undersigned, certify that the foregoing Last Will and Testament was, on the date set forth above, signed, sealed, published and declared by EDWARD ANTHONY SISKA, the Declarant, in the presence of us, who, in the presence and request of the Declarant and in the presence of each other, have subscribed our names as witnesses of the execution thereof this 9th day of November, 2004. We further certify that at the time of the execution of this Will, we believe the Declarant to be of sound and disposing mind and memory.

Claire Glaser
WITNESS

2646 Highway
Highland In 46322
ADDRESS

John M Sedita
WITNESS

2646 Highway Ave
Highland, IN
ADDRESS

UNDER THE PENALTIES FOR PERJURY, WE, Claire Glaser and JOHN M SEDITA, and EDWARD ANTHONY SISKA, the Declarant, whose names are signed to the foregoing Last Will and Testament, declare:

1. The Declarant executed the above Last Will and Testament;
2. The Declarant signed the above Last Will and Testament in the presence of us as witnesses;
3. The Declarant signed the above Last Will and Testament as a free and voluntary act for the purposes expressed in it;
4. Each of the witnesses signed the above Last Will and Testament as Witnesses in the Declarant's presence and in the presence of each other;
5. The Declarant was of sound mind;
6. The Declarant was eighteen (18) years or more years of age on the date of execution.

Edward A Siska
EDWARD ANTHONY SISKA

Claire Glaser
WITNESS



2646 Highway
Highland 46322
ADDRESS

John M Sedita
WITNESS

2646 Highway Ave
Highland, IN
ADDRESS

PAGE THREE OF THREE PAGES OF THE LAST WILL OF:

Edward A Siska