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**AFFIDAVIT OF SURVIVORSHIP/HEIRSHIP
AND SMALL ESTATE AFFIDAVIT**

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public, personally appeared Rose Mary Ison n/k/a Rose Mary Theisen, to me personally known, who being duly sworn did, on personal knowledge, say that:

1. That my address is 2407 Hanley Street, Gary, Indiana 46406.
2. This Affidavit concerns the following real estate in Lake County, Indiana:

Lot Two (2) and Lot Fourteen (14) in Block Seven (7) in Midway Gardens 2nd Addition, and Lot Fifteen (15) in Block Six (6) in Midway Gardens 2nd Addition, being a subdivision of the Southwest Quarter of the Northeast Quarter of Section 13, Township 35 North, Range 9 West of the Second Principal Meridian.

FILED

SEP 10 2008

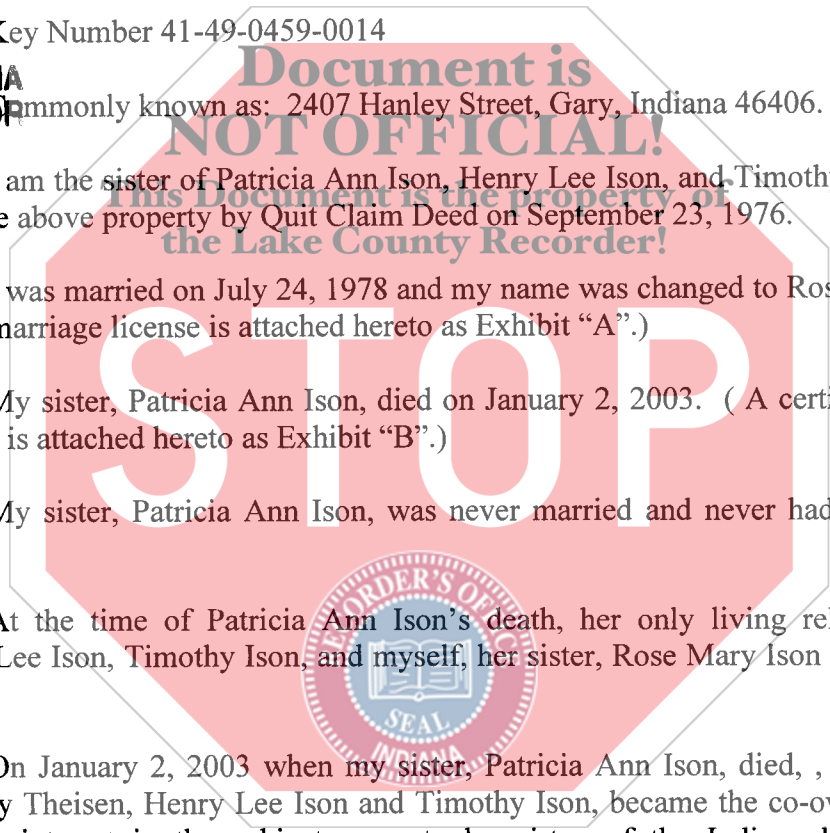
Key Number 41-49-0459-0014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Commonly known as: 2407 Hanley Street, Gary, Indiana 46406.

3. I am the sister of Patricia Ann Ison, Henry Lee Ison, and Timothy Ison, who took ownership of the above property by Quit Claim Deed on September 23, 1976.
4. I was married on July 24, 1978 and my name was changed to Rose Mary Theisen. (A copy of the marriage license is attached hereto as Exhibit "A".)
5. My sister, Patricia Ann Ison, died on January 2, 2003. (A certified copy of her death certificate is attached hereto as Exhibit "B".)
6. My sister, Patricia Ann Ison, was never married and never had or adopted any children.
7. At the time of Patricia Ann Ison's death, her only living relatives were her brother, Henry Lee Ison, Timothy Ison, and myself, her sister, Rose Mary Ison n/k/a Rose Mary Theisen.
8. On January 2, 2003 when my sister, Patricia Ann Ison, died, , Rose Mary Ison n/k/a Rose Mary Theisen, Henry Lee Ison and Timothy Ison, became the co-owners of Patricia Ann Ison's 1/4 interest in the subject property by virtue of the Indiana laws of intestate succession.

2008
SEP 10 11:46



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 SEP 10 11:30
LAKE COUNTY RECORDER

J13723

1800
CASH
PB

9. It appears the gross probate estate of Patricia Ann Ison, less liens and encumbrances, did not exceed the following: the sum of Fifty Thousand Dollars (\$50,000), its costs and expenses of administration and reasonable funeral expenses.

10. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction for the Estate of Patricia Ann Ison.

11. The Real Property of the decedent, Patricia Ann Ison, which is legal described above, should be distributed as follows:

Rose Mary Ison n/k/a Rose Mary Theisen 33-1/3% of Patricia Ann Ison's one-fourth interest in subject property

Henry Lee Ison - 33-1/3% of Patricia Ann Ison's one-fourth interest in subject property

Timothy Ison - 33-1/3% of Patricia Ann Ison's one-fourth interest in subject property

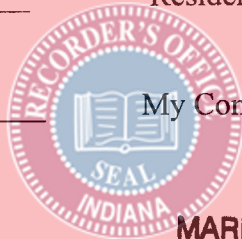
12. That pursuant to Indiana laws of Intestate Succession, Rose Mary Ison n/k/a as Rose Mary Theisen and her brother, Henry Lee Ison, are the owners of the subject property as tenants in common with each owning a one-third interest in said property.

Rose Mary Ison - Rose Mary Theisen
Rose Mary Ison n/k/a Rose Mary Theisen

Subscribed, Sworn to and acknowledged before me, the undersigned notary public in and for said county and state, on the 8 day of SEPT, 2008.

[Signature]
Resident of LARK County, Indiana

MARK PRUSINSKI
Printed name of notary



My Commission Expires: 2-16-2015

MARK A. PRUSINSKI
NOTARY PUBLIC
COMMISSION EXP. 02-16-2015

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

PREPARED BY: *[Signature]*

THEISEN, PETE M.
TO
ISON, ROSE MARY

BE IT REMEMBERED, That heretofore, to wit:
on the 24 day of July
A.D. 1978, the following Marriage License was
issued, to wit:

MARRIAGE LICENSE

STATE OF INDIANA, LAKE COUNTY, ss:

To Any Person Empowered by Law to Solemnize Marriage -- Greetings:
You are hereby authorized to join together as HUSBAND AND WIFE,
THEISEN, PETE M. and ISON, ROSE MARY
according to the laws of the State of Indiana.

IN TESTIMONY WHEREOF, I NICK KROCHTA,
Clerk of the Lake Circuit Court, hereunto subscribe my
name and affix the seal of said court, at Crown Point,
this 24 day of July, 1978

/s/NICK KROCHTA
Clerk Lake Circuit Court

BE IT FURTHER REMEMBERED, That afterwards, to wit: on the, 28 day
of July, 1978 the following Certificate of Marriage was filed in my office,
to wit:

STATE OF INDIANA, LAKE COUNTY, ss:

THIS CERTIFIES, That I joined in Marriage as Husband and Wife,
THEISEN, PETE M. and ISON, ROSE MARY
on the 28 day of July, 1978

/s/ORVAL W. ANDERSON/JUDGE

STATE OF INDIANA, LAKE COUNTY, ss:

I, THOMAS R. PHILPOT Clerk of the Circuit Court within and for
said County of Lake, and State of Indiana, do hereby certify the foregoing to
be true and correct, copies of the Marriage License and
Certificate of Marriage of THEISEN, PETE M. * & *ISON, ROSE MARY

Male Born: June 10, 1946
Female Born: July 29, 1954

as the same now appear of record in the Marriage Records in my office.

IN WITNESS WHEREOF, I have hereto subscribed my name and
affixed the seal of said court, at Crown Point, Indiana,
on this 5 day of May, 2008

Thomas R Philpot
Clerk Lake Circuit Court
Catherine Cook
Deputy

Exhibit A

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Patricia Ann Ison		2 SEX Female	3a TIME OF DEATH 7:50 p.m.	3b DATE OF DEATH (Month, Day, Yr.) January 2, 2003	
4 *SOCIAL SECURITY NUMBER 306-56-7966		5a AGE—Last Birthday (Years) 53	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr.) Aug. 28, 1949		7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana			
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 2424 Burr Street		9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Never Married	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cook	12b. KIND OF BUSINESS/INDUSTRY Restaurant		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 2424 Burr Street		
13a. ZIP CODE 46406	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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) 11 College (1-4 or 5+) _____		18. FATHER'S NAME (First, Middle, Last) Lee Ison			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Lucille Aldridge		20a. INFORMANT'S NAME (Type/Print) Rose Theisen			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2407 Hanley St. Gary, In. 46406		20c. Relationship Sister			
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) January 6, 2003 Regional Cremation Services		21c. LOCATION—City or Town, State Munster, Indiana	
22a. EMBALMER'S NAME N/A		22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jared K. Peter</i>		24b. LICENSE NUMBER (of Licensee) FDO8601585		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinme Rd. Highland, In. 46322 FH199000C	
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) Severe coronary atherosclerosis		Approximate Interval Between Onset and Death Unknown			
DUE TO (OR AS A CONSEQUENCE OF): Cardiomegaly					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No		28a. WAS AN AUTOPSY PERFORMED? Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a. CERTIFIER (Check only one) <input 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 checked="" 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 Chief Deputy					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Chief Deputy			29c. MEDICAL LICENSE NO. N/A	29d. DATE SIGNED (Month, Day, Year) January 6, 2003	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) JAN 06 2003	
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)		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) January 2, 2003		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. Exhibit B			

