JOINT TENANCY AFFIDAVIT

Leann D. Wilczewski, hereby referred to as the affiant, states under oath that the affiant resides at 2847 W. 135th Lane, Crown Point, IN 46307; and was the surviving spouse of James S. Wilczewski, the decedent; at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Lake County, State of Indiana, and legally described as follows:

PARCEL 1:

LOT 57 IN THE GALLERIES UNIT 2-PHASE 1, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 97 PAGE 20, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address:

2847 W. 135th Lane, Crown Point, IN 46307

Key No.:

03-07-0387-0011

PARCEL 2:

THE NORTH 9 FEET OF LOT 32, ALL OF LOTS 33 AND 34, AND THE SOUTH 3:1/2 FEET OF LOT 35, ALL IN BLOCK 2 OF J. R. BRANT'S PARKVIEW ADDITION TO THE CITY OF HAMMOND, IN LAKE COUNTY, INDIANA.

Property Address:

7432 Alabama Avenue, Hammond, IN 46323

Key No .:

26-32-0069-0033

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the reation of interest to take effect in possession or enjoyment after death;

That the decedent died on June 8, 2008, per attached death certificate, leaving no last

That the total value of decedent's probate estate was \$ 0.00.

That the State and Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The affiant states no more.

(Seal) CR# 504740

Subscribed and sworn to before me this

104h day of

Notary Public

Official Seal Pauline Marie Ciancanelli-Acres Notary Public State of Illinois

My Commission Expires 06/21/2010

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.

J**13**809

ID G. CLARK, Attorney

This instrument prepared by: David G. Clark, Atty., 18525 Torrence Avenue, Lansing, IL 60438

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

343-42-6242 59 Me 9. Ever in U.S. Armed Forces? 10. If Deeth Oc	Under 1 Year nths coursed in A Hosp Demorgency Demory CENTER	6c. Under 1 Month Deys Tital: partment Outpatient	1a. Maiden Last Ni 6d. Under 1 Day Hours Dead On Arrival	6e. Under 1 Hou Minutes		MBER 1	8:0 7,1948		JUNE	Death (Month/Day/Year) E 8, 2008 r Foreign Country)
5. Social Security Number 6a. Age - Yrs 6b 343-42-6242 59 Mc 343-42-628 Mc 343-42-62	Under 1 Year nths coursed in A Hosp Demorgency Demory CENTER	Deye ital:	Hours	Minutes 10a. If Death O	DECI	or Birth (Month)	Pey/Year) 7,1948	8. Birthplace (Cl	ty And State O	r Foreign Country)
9. Ever in U.S. Armed Forces? Cryos No Unknown Inpatient [Inpatient Inpatient Inpat	CENTER	ital:		10s. If Death O	ocurred Somewhere		L	CHI	CAGO	тт .
TY'es No Unknown Inpatient II 11. Facility Name (if Not institution, Give Street And IN ST. ANTHONY MEDICAL 12. City Or Town, State, And Zip Code CROWN POINT, IN 4630 15. Surviving Spouse's Name LEANN D. WILCZEWSKI 16. Residence - State INDIANA	Emergency Desimber) CENTER		Dead On Arrival			Other Than A Ho			CAGO,	ΤΓ
11. Facility Name (if Not institution, Give Street And N. ST. ANTHONY MEDICAL 12. City Or Town, State, And Zip Code CROWN POINT, IN 4630 15. Surviving Spouse's Name LEANN D. WILCZEWSKI 18. Residence - State INDIANA	CENTER	paulient Coupation L		V-Vuoshoe ca		Hama 🗖 Nomia	•	C Fa-ifa	□ 0h++/5+	-16.3
12. City Or Town, State, And Zip Code CROWN POINT, IN 4630 15. Surviving Spouse's Name LEANN D. WILCZEWSKI 16. Residence – State INDIANA	_					HOUSE THOUSE	g morne/cong-11	ятп саге гасицу	☐ Other (Spi	icity)
CROWN POINT, IN 4630 15. Surviving Spouse's Name LEANN D. WILCZEWSKI 16. Residence - State INDIANA	7				A-1			-		
15. Surviving Spouse's Name LEANN D. WILCZEWSKI 16. Residence - State INDIANA		,			13. County Of Death LAKE			14. Marital Status At Time Of Death Status At Time Of Death Divorced D		
LEANN D. WILCZEWSKI 16. Residence - State INDIANA								□ Widowed □ Never Married □ Unknown 17. Kind Of Business/Industry		
16. Residence - State INDIANA			LEIMBACH		SUPERVISOR			STEEL		
					18b. City Or Town			1 316	·	·····
18c. Street And Number		LAKE		н	AMMOND					
	-	• • • • • • • • • • • • • • • • • • • •				18d	Apt. No.	18e. Zij	Code	18t. Inside City Lim
7432 ALABAMA AVENUE			*					46	323	XX DNo
		20. Decedent Of Hiss	panic Origin		21. Decedent's Re	ice				
12 + 1 22. Father's Name (First, Middle, Last)		NO		23. Mother's N	WHITE	Last)		234	. Mothers Ma	iden Last Name
STEVEN WILCZEWSKI					TESSIE A. WILC		CZEWSKI		LORENT	
24. Informancs Islame		24a. Relationship	To Decedent	245. Mailing A	daress (Street And	Number, City, Sta	e, ZIP Code)			
LEANN D. WILCZEWSKI	WIFE		7432 A	LABAMA A	AVE., H	AMMOND	, IN 4	6323		
25a. Method Of Disposition.	25b. Place	Of Disposition (Name	25. P Of Cemetery, Cremator	Place Of Disposi ry, Other Place)		tion - City, Town,	And State			
CM Burial ☐ Cremation ☐ Donation ☐ Entombree ☐ Removal From State ☐ Other (Specify): 28. Was Coroner Contacted? 27. Name	CHA	PEL LAWN	MEMORIAL		SA L! OUTHEAST	SCHERE		, IN	27a. Fun	eral Home License Num
□Y≈ XXNo LaHA	YN E FU	NERALCHON	ieștincs 1		D, INDIA				FH19	9400005
27b. Signature Of Indiana Funeral Service Lightness:	t	he Lak	e Count		order!		oense Number (Of Licensee)		
100m 10 001							010008	57		
28. Part I. Enter The Chain Of Events—Dise	ases, Injuries,	Or Complications-	use Of Death (Se -That Directly Caus	ed The Death	Do Not Enter Te	minal Events				Approximate
Such As Cardiac Arrest, Respiratory Arrest, C A Line. Add Additional Lines If Necessary.	r ventricular F	ionilation without t	^							Interval: On To Death
Immediate Cause (Final Disease Or Condition	Resulting In E	Death A	Acute	_1mloc	Due Te (Or	Na A Consequence Of	MUTIBLE	<u> </u>		Hour
Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease					Due To (Or	la A Consequence O	D:			
The Events Resulting In Death) Last		С			Due Ta (Or	As A Consequence Of):			
Part II. Enter Other Significant Conditions Contributing	To Death But No	t Resulting In The Unc	Inflying Cause Given In	Pad	79. WAS	An Autopsy Perior	medz	V	-	
			TUNER'S	IIIII	1	Aŭtopsý Findings		□Yes X 1 N Implete The Cet	iO se Of Death?	☐ Yes ☐ No
31. Did Tobecco Use Contribute To Death?	32 If Fema				<u> </u>		. Manner Of D	eath:		
☐ Yes ☐ Probably ☐ No ☐ Unitroown	Not Pregr	nent Within Pasi Year nent, But Prognant 43 Days	Pregnant At Time Of Death To 1 Year Before Death				Suicide 🗖 Coule	ide 🔲 Accident (Pending Invest	gelion
34. Date Of Injury (Month/Dey/Year)	35. Time C	Of Injury	36. F	Place Of Injury (E.C	3., Decedent's Home	, Construction Sit	e, Restaurant, V	(ooded Area)		7. Injury At Work?
38. Location Of Injury - State	38a. City C	or Town	THIS CERTIFIES SOFT	Street A Nulliber	TEUE AND COME			38c, Apt.	No. 1 380	☐ Yes ☐ No
•			COPY OF THE CERT	TIFICATE OF DEA	NTH ON FILE WITH	THE		300.74	.	
39 Describe How Injury Occurred					/		40. If Transpor	tation injury, Sp	ecify:	
			ناز	NIOZ	(UÜ8 >		Driver/Operato	r 🖸 Passenger I	Pedestrian 🖸	Other (Specify)
41. Signature, Of Person Certifying Cause Of Death:	720			· · · · · · · · · · · · · · · · · · ·		42. Certifier (C	heck Only One)			
m	300					XIX Certifying	Physician 🔲 C	oroner 🗆 Heat	th Officer	
43. Name, Address And Zip Code Of Person Co	ertifying Cause	Of Death:		-	4630	7	44. Licens	e Number	45. Č	ete Certified
Trent Orfanos, MD 46. Additional Funeral Service Provider:	1203 8	main St.	, Suite]	ioi, Cro	own Poin	t,IN	1978	541	Jur	ie 10, 200
				·			47. *Akas:			
48. Signature of Local Health Officer:		+ D.O.				l i	-	Filed (Month/L)		
								WUS		

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Sox