

22

STATE OF INDIANA )  
COUNTY OF LAKE )

2009 062636

SMALL ESTATES AFFIDAVIT

RECEIVED  
STATE OF INDIANA  
LAKE COUNTY RECORDS  
FILED SEP 14 2009  
LAKE COUNTY ASSESSOR  
MICHAEL G. MARTENS  
RECORDS

COMES NOW DR. DUANE R. ROGERS WHO BEING

DULY SWORN UPON (HIS) (HER) OATH, DEPOSES AND SAYS

1. THAT MORE THAN FORTY-FIVE DAYS HAVE ELAPSED SINCE THE DEATH OF BLOSSIE McHASKELL McCULLUM (DECEDENT).
  2. THAT THIS AFFIANT IS THE Nephew (RELATIONSHIP) OF THE DECEDENT.
  3. THAT THE ESTATE OF BLOSSIE McHASKELL McCULLUM (DECEDENT) AMOUNTS TO LESS THAN FIFTY THOUSAND (\$50,000) DOLLARS.
  4. THAT NO PERSONAL REPRESENTATIVE HAS BEEN APPOINTED TO ADMINISTER THE ESTATE OF BLOSSIE McHASKELL McCULLUM (DECEDENT).
  5. THAT THE UNDERSIGNED IS SOLELY ENTITLED TO SAID ASSETS.
- FURTHER AFFIANT SAYETH NOT.

Document is NOT OFFICIAL!

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Dr. Duane R. Rogers

FILED

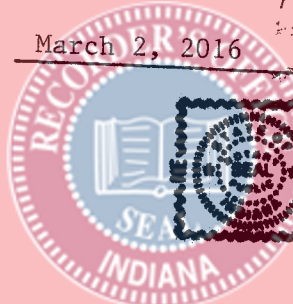
SEP 14 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE THIS 11th DAY OF SEPTEMBER, 2009

[Signature]  
NOTARY Junifer Hall

MY COMMISSION EXPIRES: March 2, 2016



Junifer Hall  
Resident Of  
Lake County  
My Commission Expires:  
3/2/2016

012844

53  
#  
CK# 8374  
CA

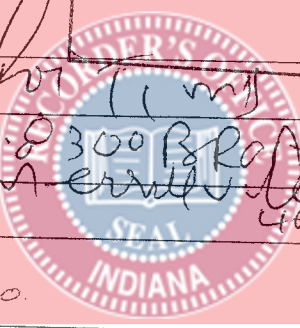
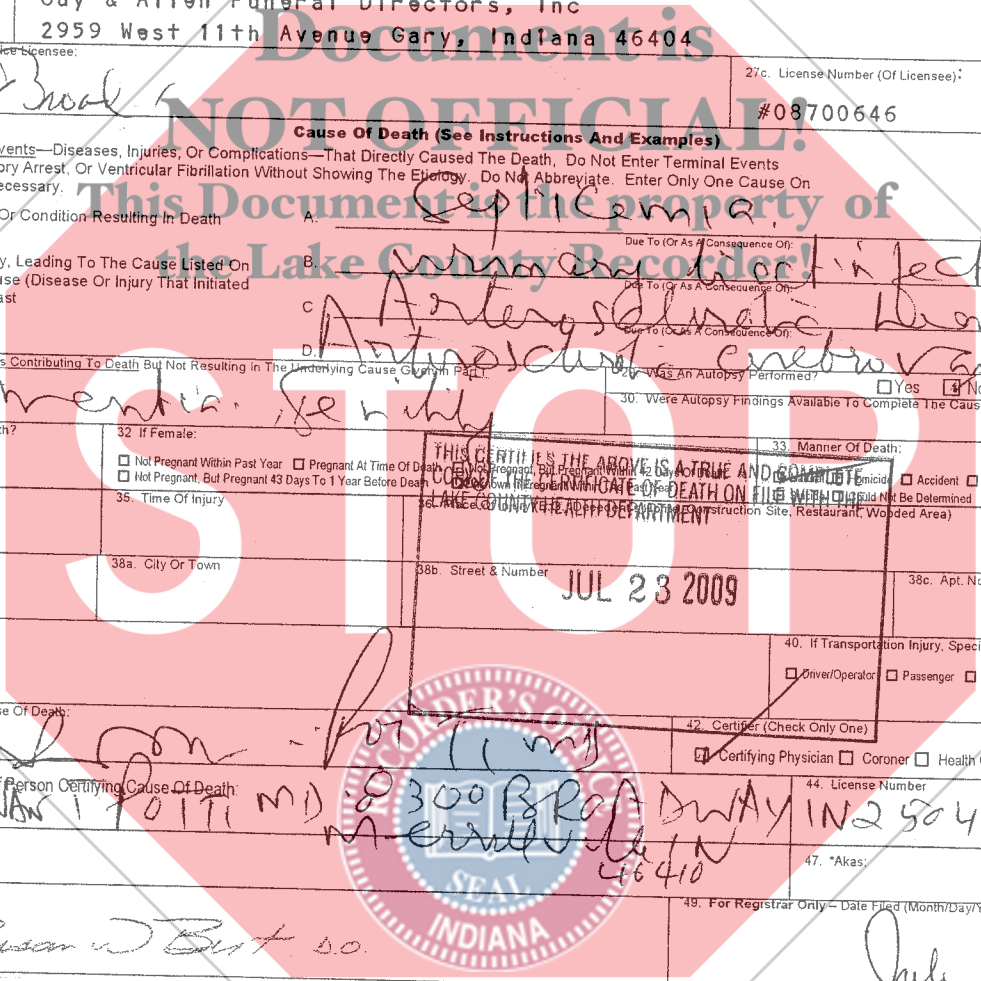
INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 2724-09

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>Blossie McCullum</b>				1a. Maiden Last Name (if Female) <b>McHaskell</b>		2. Sex <b>Female</b>	3. Time Of Death <b>4:35 AM</b>	4. Date Of Death (Month/Day/Year) <b>July 18, 2009</b>	
5. Social Security Number <b>312-18-7649</b>		6a. Age - Yrs <b>86</b>		6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) <b>May 8, 1923</b>	
8. Birthplace (City And State Or Foreign Country) <b>Pine Bluff, Arkansas</b>		9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>							
10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) <b>Methodist Hospital Southlake</b>									
12. City Or Town, State, And Zip Code <b>Merrillville, Indiana</b>					13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>NO</b>			15a. (If Wife) Give Maiden Last Name <b>N/A</b>			16. Decedent's Usual Occupation <b>Homemaker</b>		17. Kind Of Business/Industry <b>Home</b>	
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>			18b. City Or Town <b>Gary</b>				
18c. Street And Number <b>2057 Connecticut Street</b>					18d. Apt. No.	18e. Zip Code <b>46407</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>12th grade</b>		20. Decedent Of Hispanic Origin <b>NO</b>			21. Decedent's Race <b>Black</b>				
22. Father's Name (First, Middle, Last) <b>Edgar Mchaskell</b>				23. Mother's Name (First, Middle, Last) <b>Fannie Mchaskell</b>			23a. Mother's Maiden Last Name <b>Heard</b>		
24. Informant's Name <b>Fannie Rogers</b>		24a. Relationship To Decedent <b>Sister</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2625 Adams Street Gary, Indiana 46407</b>					
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Oak Hill Cemetery</b>			25c. Location - City, Town, And State <b>Gary, Indiana</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Guy &amp; Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404</b>					27a. Funeral Home License Number: <b>83007704</b>		
27b. Signature Of Indiana Funeral Service Licensee: <i>Valerie Brook</i>						27c. License Number (Of Licensee): <b>#08700646</b>			
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Sepsis</b> B. <b>Septicemia</b> C. <b>Arteriosclerotic Heart Disease</b> D. <b>Anterior Circulation Stroke</b> E. <b>cerebrovascular disease</b> F. <b>hypertension</b> G. <b>dementia</b> H. <b>senility</b> Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last									Approximate Interval: Onset To Death
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. <b>Dementia</b>									30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation			34. Date Of Injury (Month/Day/Year)		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Location Of Injury - State			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number <b>JUL 23 2009</b>			38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <i>Kristina Potti</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>KRISTINA POTTI MD 8300 BRADWAY IN 46410</b>						44. License Number <b>IN25043</b>		45. Date Certified <b>7/21/09</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Susan D. Best DO</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>July 23, 2009</b>			



B.L.M.S.

# Last Will and Testament

OF

BLOSSIE L. MCCULLUM

Page 1 of 6

I, MRS. BLOSSIE L. MCCULLUM, domiciled and residing at 2057 Connecticut Street, Gary, Lake County, Indiana declare that this is my Last Will and Testament and hereby revoke all other wills and codicils heretofore made by me.

FIRST: I order and direct my executor, hereinafter named, to pay all debts, medical, funeral, and administrative expenses as practicable, and all taxes payable by reasons of my death, before any division of my estate. My executor shall not require any beneficiary under this will, to reimburse my estate for taxes so paid.

SECOND: I hereby declare that I am a widow and that the name of my husband was John McCullum, Deceased.

THIRD: I give, bequeath, and devise all my rights, title, and interest in the following described real estate at 2057 Connecticut Street, Gary, Lake County, Indiana, legal description,

John Gunzenhauser's Second Edition all of Lot  
3, Block 3 -- Key number 43-396-3,

to my nephew, Duane Rogers, 2625 Adams Street, Gary, Lake County, Indiana; my clothes and jewelry to my niece, WANDA HARMON of 39 Colgett Drive, Oakland, California; my automobile a 1978 Buick Regal to my nephew, Edgar McHaskell; and all other personal property-tangible and intangible to my sister, FANNIE ROGERS of 2625 Adams Street, Gary, Lake County, Indiana. If any of the above named persons precedes me in death, then I give, bequeath and devise all my property to DUANE ROGERS if he survives me. If he does not survive me then I give, bequeath and devise all my property to WANDA HARMON.

JOHN HENRY HALL LEGAL SERVICES  
ATTORNEY JOHN HENRY HALL

1937 MADISON STREET

P. O. BOX 1498

GARY, INDIANA 46407

219-888-7711



B. L. McCullum

THE LAST WILL AND TESTAMENT  
OF  
MRS. BLOSSIE L. MCCULLUM

FOURTH: I appoint Mrs. FANNIE ROGERS, Executrix, and if she is unable or unwilling to serve, I appoint, Mr. Duane Rogers, to serve without bond and to be unsupervised by the Court.

LASTLY: In testimony of which I now sign this instrument, in the presence of the witnesses whose names will appear below and request that they witness my signature and attest to the execution of this will this 29<sup>th</sup> day of November 1993, in Gary, Lake County, Indiana.

MRS. BLOSSIE L. MCCULLUM, in our presence signed this instrument, before she signed it, she declared to us that it was her Last Will and Testament and request that we act as witnesses to its execution (We believed her to be of sound mind possessing testamentary capacity, and not subject to undue influence, fraud, or coercion). We now, in her presence, and in the presence of each other sign below as witnesses, all on this 29<sup>th</sup> day of November 1993, in Gary, Lake County, Indiana.

93  
B. L. McCullum  
F. R.  
F. H.  
M. W.  
J. H. H.

Blossie L. McCullum  
BLOSSIE L. MCCULLUM  
TESTATRIX  
8850384

Ide Roberts Residing at 2056 Penn St Gary Ind  
Latie Hall Residing at 1937 Madison St. Gary, In.  
Marette J. Williams Residing at 2047 Williams St. Gary, In 46404

Self-Prove Clause:

Under the penalties for perjury, we, Blossie L. McCullum  
Ide Roberts, Marette J. Williams and  
Latie Hall, the testatrix and the witnesses  
respectively, whose names are signed to the foregoing instrument  
declare:

B.L. Mc

THE LAST WILL AND TESTAMENT

OF

MRS. BLOSSIE L. MCCULLUM

- (1) that the testatrix executed the instrument as her will.
- (2) that, in the presence of all witnesses, she signed this will;
- (3) that she executed the will as her free and voluntary act for the purposes expressed in it;
- (4) that each of the witnesses, in the presence of the testatrix and in the presence of each other, signed the will as witness;
- (5) that the testatrix was of sound mind; and
- (6) that to the best of her knowledge the testatrix was at the time eighteen (18) or more of age.

with

This Document is the property of the Lake County Recorder!

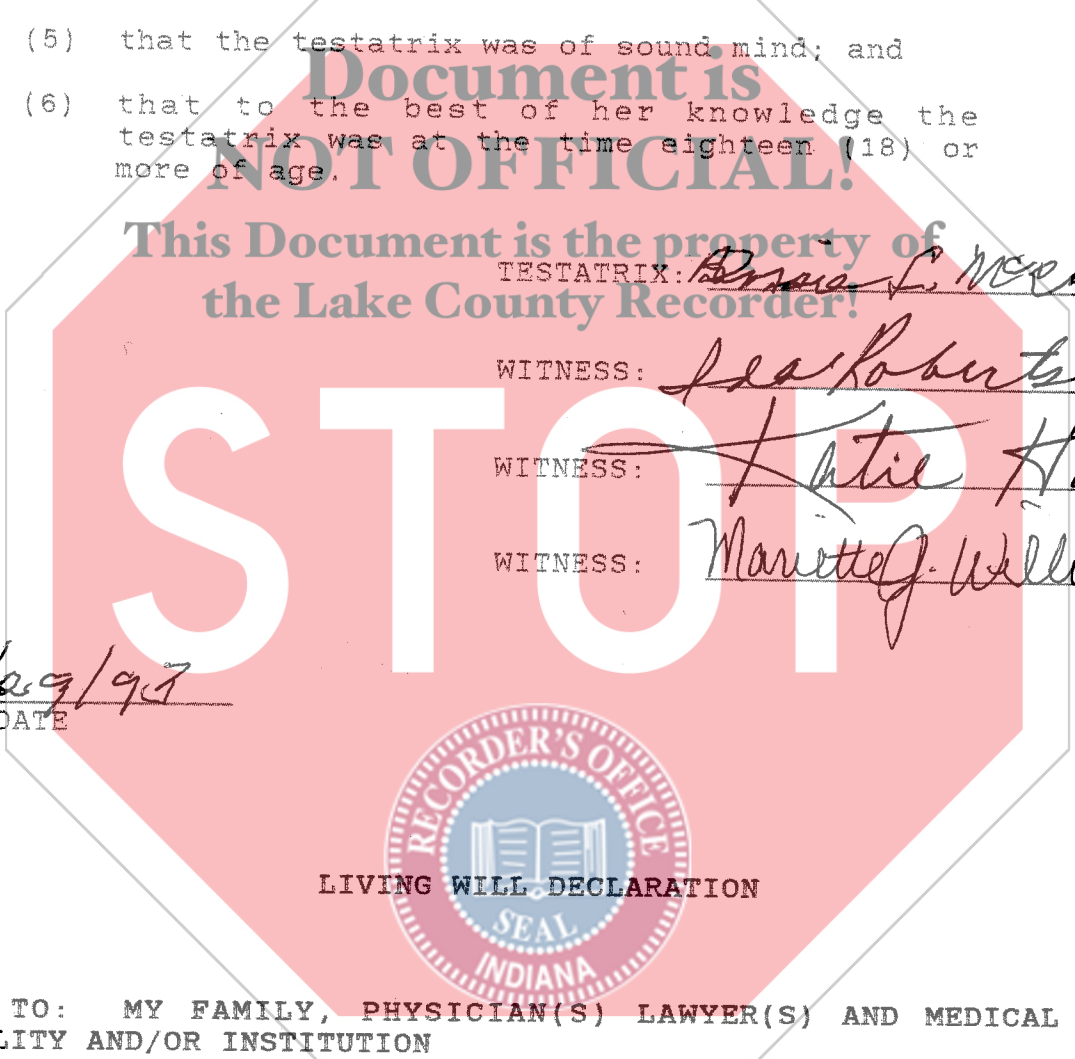
TESTATRIX: *Blossie L. McCullum*

WITNESS: *Jas Roberts*

WITNESS: *Katie Hall*

WITNESS: *Marlette J. Williams*

11/29/93  
DATE



TO: MY FAMILY, PHYSICIAN(S) LAWYER(S) AND MEDICAL CARE FACILITY AND/OR INSTITUTION

Declaration made this day of November, 1993, I Mrs. Blossie L. McCullum being at least 18 years old and of sound mind, willfully and voluntarily make known my desires that my dying shall NOT be artificially prolonged under any circumstances set forth below;

B.L. Mc

I, declare: If at any time I have an incurable injury, disease, or illness certified in writing to be a terminal condition by at least two (2) attending physicians, and my attending physicians have determined within a reasonable degree of medical certainty that my death will occur within a short period of time, and the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures **NOT** be used on my behalf, and that I be permitted to die naturally with only the provisions of appropriate nutrition and hydration and the administration of medication and the performance of any medical procedure necessary to provide me with comfort care or to alleviate pain.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family, physicians and lawyer as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal. **This Living Will Clause is Clear and Convincing of my desires as stated above.**

I UNDERSTAND THE FULL IMPORT OF THIS DECLARATION.

DESIGNATION CLAUSE

Should I become comatose, incompetent or otherwise mentally or physically incapable of communication, I, authorize my nephew, **DUANE ROGERS**, who is competent along with some of my other immediate family members: my sister, Mrs. Fannie Rogers and my nephew, Mr. Edgar McHaskell to make treatment decisions on my behalf in accordance with my, Living Will Declaration. However, My relatives as described above have the primary responsibility to make treatment decisions on my behalf. I have discussed my wishes concerning terminal illness with these persons, and I trust their judgement to act on my behalf.

TESTATRIX SIGNATURE Blossie S. McWilliam  
WITNESS He Roberts WITNESS Fattie Hall  
WITNESS Mary Wellburn





B.S. Mc

ORGAN DONATION CLAUSE

I, do NOT wish to donate any of my organs to medical science for educational purposes.

TESTATRIX Blossie L. McCullum

The declarant has been personally known to us, and we believe her to be of sound mind. We did not sign the declarant's signature above for or at the direction of the declarant. We are not a parent, spouse, or child of the declarant. We are not entitled to any part of the declarant's estate nor are we directly financially responsible for the declarant's medical care. We are competent and at least eighteen years old.

WITNESS SIGNATURE Ada Roberts

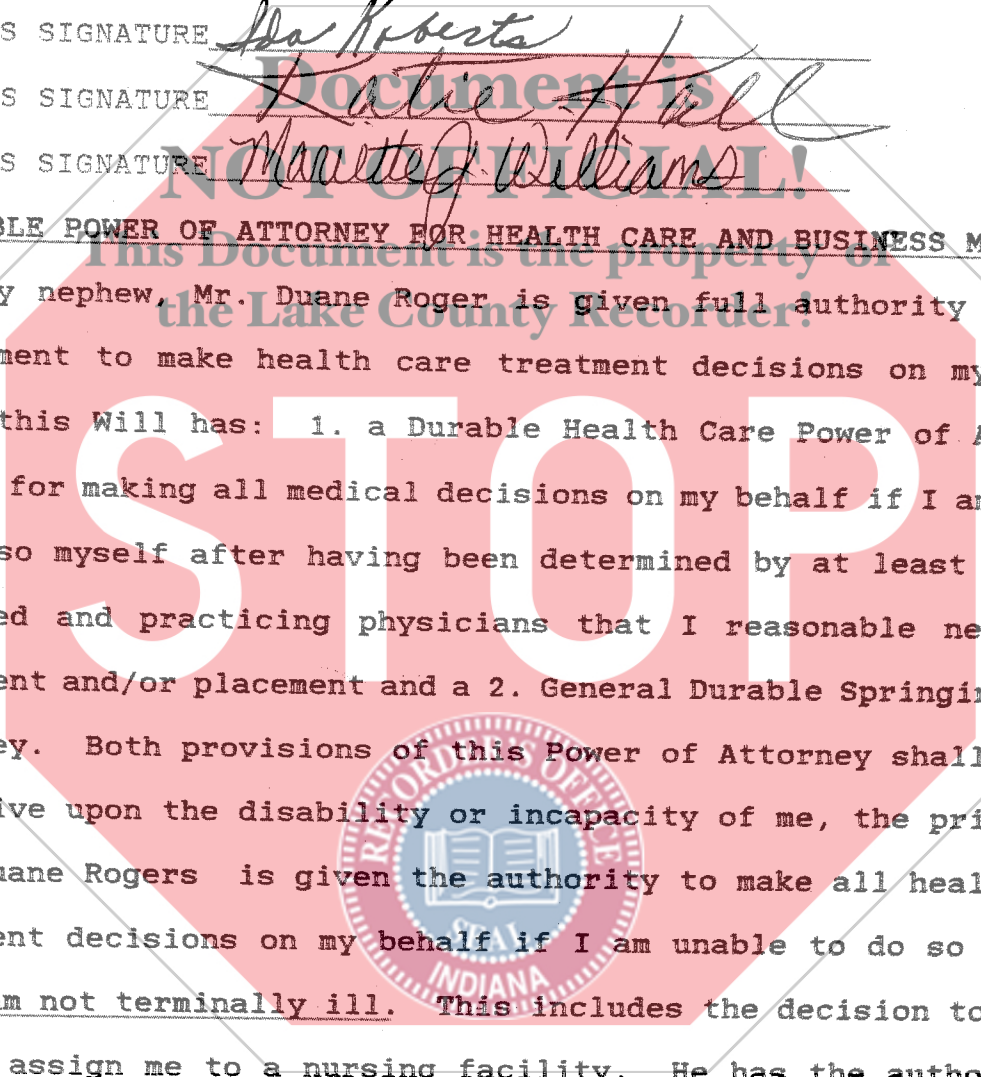
WITNESS SIGNATURE Laticia Hall

WITNESS SIGNATURE Maurette Williams

DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND BUSINESS MATTERS

My nephew, Mr. Duane Roger is given full authority in this instrument to make health care treatment decisions on my behalf since this Will has: 1. a Durable Health Care Power of Attorney (HCPA) for making all medical decisions on my behalf if I am unable to do so myself after having been determined by at least two (2) licensed and practicing physicians that I reasonable need such treatment and/or placement and a 2. General Durable Springing Power Attorney. Both provisions of this Power of Attorney shall become effective upon the disability or incapacity of me, the principal.

Mr. Duane Rogers is given the authority to make all health care treatment decisions on my behalf if I am unable to do so myself, and I am not terminally ill. This includes the decision to assign or not assign me to a nursing facility. He has the authority to sign or not sign none, some or all documents to assign or not assign me to a nursing home. He is not to be held personal or financially responsible for such decision. All costs incurred from such decisions are to be paid from my assets, if any. 2. I give my said nephew, Duane Rogers General Durable Power of Attorney



B.L. Mc

for conducting all my Personal Business Matters on my behalf, where I become unable to do so myself, and they have a medical statement from my physician in addition to this document. My nephew, Duane Roger, as named shall have full and complete power and authority to conduct all of my personal business transactions the same as I could do. This includes depositing in, and/or withdrawing from, my banking accounts money to conduct business on my behalf. He is given the authority to cash all my pension and social security and any other checks where I am payor and/or payee to pay reasonable my bills, debts and fees on my behalf.

BURIAL WISHES

**Document is**  
My burial wishes are that my remains be cremated.

**NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**

Testatrix: *Blossie L. McQuillem*

Witness: *Joe Roberts*      Witness: *Tatie Hill*      Witness: *Maritzy Willem*

**STOP**

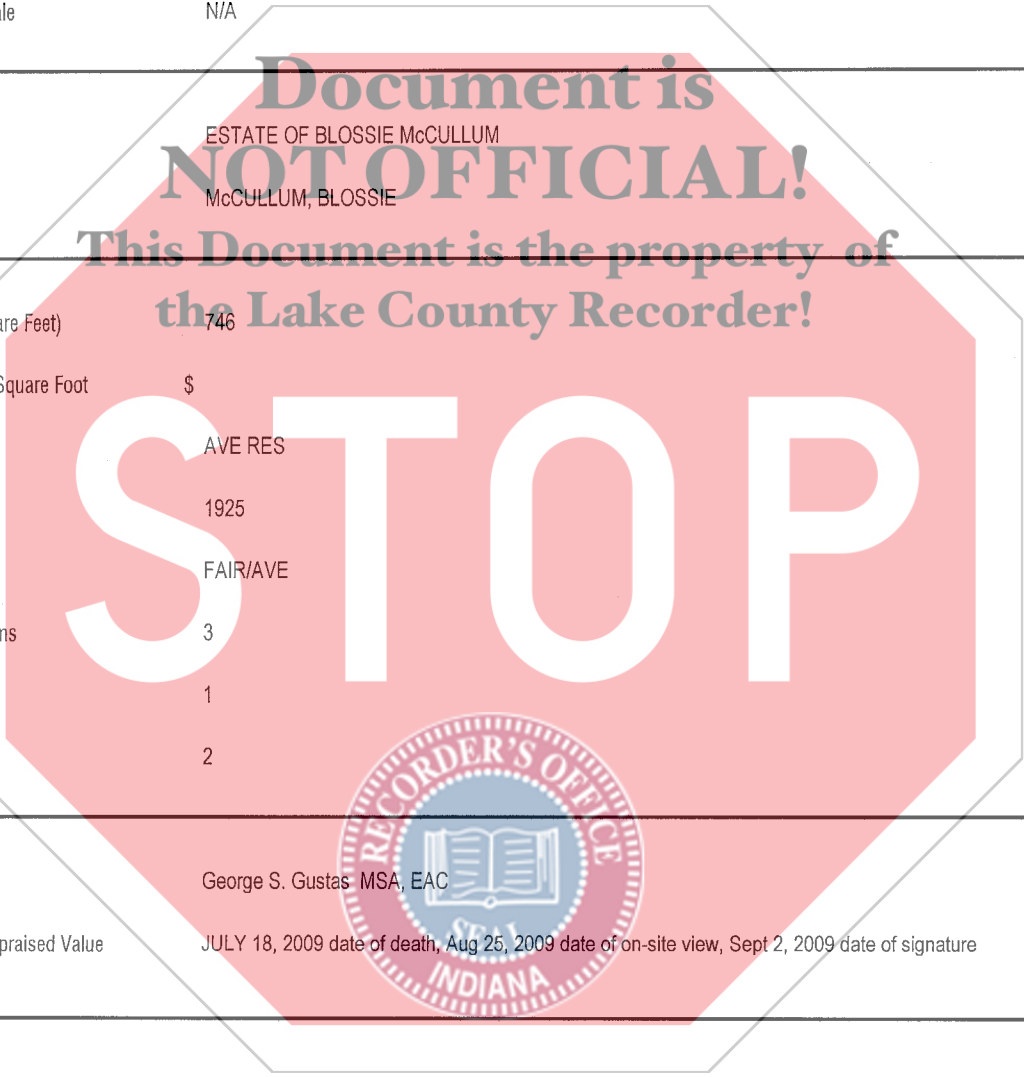
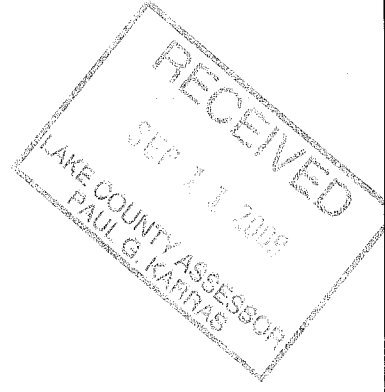


This instrument was prepared by **ATTORNEY JOHN HENRY HALL,**  
1937 MADISON STREET, P.O. BOX 1498, GARY, INDIANA 46407, Telephone  
and Fax 1 (219) 883-7711, mobile phone 1 (219) 765-1714.



**SUMMARY OF SALIENT FEATURES**

<b>SUBJECT INFORMATION</b>	Subject Address	2057 CONNECTICUT ST
	Legal Description	JOHN GUNZENHAUSER'S 2nd ADD, ALL LOT 3 BLOCK 3
	City	GARY
	County	LAKE
	State	IN
	Zip Code	46407-2619
	Census Tract	18089-0117.00
	Map Reference	23844
<b>SALES PRICE</b>	Sale Price	\$ N/A
	Date of Sale	N/A
<b>CLIENT</b>	Client	ESTATE OF BLOSSIE McCULLUM
	Owner	McCULLUM, BLOSSIE
<b>DESCRIPTION OF IMPROVEMENTS</b>	Size (Square Feet)	746
	Price per Square Foot	\$
	Location	AVE RES
	Age	1925
	Condition	FAIR/AVE
	Total Rooms	3
	Bedrooms	1
	Baths	2
<b>APPRAISER</b>	Appraiser	George S. Gustas MSA, EAC
	Date of Appraised Value	JULY 18, 2009 date of death, Aug 25, 2009 date of on-site view, Sept 2, 2009 date of signature
<b>VALUE</b>	Final Estimate of Value	\$ 6,000



Client	ESTATE OF BLOSSIE McCULLUM		File No.	Estate of Blossie McCullum
Property Address	2057 CONNECTICUT ST			
City	GARY	County	LAKE	State IN Zip Code 46407-2619
Owner	McCULLUM, BLOSSIE			

**APPRAISAL AND REPORT IDENTIFICATION**

This Appraisal Report is one of the following types:

Self Contained (A written report prepared under Standards Rule 2-2(a), pursuant to the Scope of Work, as disclosed elsewhere in this report.)

Summary (A written report prepared under Standards Rule 2-2(b), pursuant to the Scope of Work, as disclosed elsewhere in this report.)

Restricted Use (A written report prepared under Standards Rule 2-2(c), pursuant to the Scope of Work, as disclosed elsewhere in this report, restricted to the stated intended use by the specified client or intended user.)

**Comments on Standards Rule 2-3**

I certify that, to the best of my knowledge and belief:

- The statements of fact contained in this report are true and correct.
- The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions and are my personal, impartial, and unbiased professional analyses, opinions, and conclusions.
- I have no (or the specified) present or prospective interest in the property that is the subject of this report and no (or the specified) personal interest with respect to the parties involved.
- I have no bias with respect to the property that is the subject of this report or the parties involved with this assignment.
- My engagement in this assignment was not contingent upon developing or reporting predetermined results.
- My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.
- My analyses, opinions and conclusions were developed and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice.
- I have made a personal inspection of the property that is the subject of this report.
- No one provided significant real property appraisal assistance to the person signing this certification. (If there are exceptions, the name of each individual providing significant real property appraisal assistance is stated elsewhere in this report.) P.M. Morrison aided in the research, development & typing of this report.

**Comments on Appraisal and Report Identification**  
 Note any USPAP related issues requiring disclosure and any State mandated requirements:

This appraisal report is on Classic Form #2055 with interior & exterior view of the subject and exterior view of the comps. The Income Approach to Value and the Cost New Approach to Value was not considered for this assignment.

The intended use of this appraisal is to set value for inheritance tax purposes. The clients and the intended users of this report are the Estate of Blossie McCullum, Mr. Duane Rogers & their legal representatives.

The appraised value is of date of death 7-18-2009. The on site view of the subject & comps was 8-25-2009 and the signature of this report dated 9-2-2009. Copy of the appraisal report given to Mr. Duane Rogers on 9-2-2009 by personal pick up at the appraisal office.

<b>APPRAISER:</b>	<b>Co-Appraiser:</b>
Signature: <u>George S. Gustas</u>	Signature: _____
Name: <u>George S. Gustas MS, EAC</u>	Name: _____
Date Signed: <u>July 18, 2009 / Sept 2, 2009</u>	Date Signed: _____
State Certification #: <u>CR49400002</u>	State Certification #: _____
or State License #: _____	or State License #: _____
State: <u>IN</u>	State: _____
Expiration Date of Certification or License: <u>6/30/2010</u>	Expiration Date of Certification or License: _____
Inspection of Subject:	Inspection of Subject:
<input type="checkbox"/> None <input checked="" type="checkbox"/> Interior <input checked="" type="checkbox"/> Exterior	<input type="checkbox"/> None <input type="checkbox"/> Interior <input type="checkbox"/> Exterior
Date of Inspection: <u>August 25, 2009</u>	Date of Inspection: _____



FannieMae

Summary Appraisal Report Morrison Appraisal Service

Desktop Underwriter Quantitative Analysis Appraisal Report

File No. Estate of Blossie McCullum

THIS SUMMARY APPRAISAL REPORT IS INTENDED FOR USE BY THE LENDER/CLIENT FOR A MORTGAGE FINANCE TRANSACTION ONLY.

Property Address 2057 CONNECTICUT ST City GARY State IN Zip Code 46407-2619
Legal Description JOHN GUNZENHAUSER'S 2nd ADD, ALL LOT 3 BLOCK 3 County LAKE
Assessor's Parcel No. 45-08-10-358-009.000-004 Tax Year 2007/08 R.E. Taxes \$ 00.00 Special Assessments \$ -
Borrower N/A Current Owner McCULLUM, BLOSSIE Occupant [ ] Owner [ ] Tenant [X] Vacant
Neighborhood or Project Name NORTH EAST GARY MARKET AREA Project Type [ ] PUD [ ] Condominium HOA \$ N/A /Mo.
Sales Price \$ N/A Date of Sale N/A Description / \$ amount of loan charges/concessions to be paid by seller NONE KNOWN
Property rights appraised [X] Fee Simple [ ] Leasehold Map Reference 23844 Census Tract 18089-0117.00

Note: Race and the racial composition of the neighborhood are not appraisal factors.
Location [X] Urban [ ] Suburban [ ] Rural Property values [ ] Increasing [ ] Stable [X] Declining
Built up [X] Over 75% [ ] 25-75% [ ] Under 25% Demand/supply [ ] Shortage [ ] In balance [X] Over supply
Growth rate [ ] Rapid [ ] Stable [X] Slow Marketing time [ ] Under 3 mos. [X] 3-6 mos. [ ] Over 6 mos.
Neighborhood boundaries SUBJECT LOCATED SOUTH OF 15th AVE, NORTH OF 25th AVE, EAST OF BROADWAY & WEST OF OHIO ST. OLDER ESTABLISHED MARKET. VARIETY OF HOUSE AGES, SIZES, STYLES. BOARD UPS & VACANT
PROPERTIES MIXED IN WITH OWNER OCCUPIED. DECLINING MARKET, LOW DEMAND

Dimensions 30X125+ (SURVEY NOT SUPPLIED) Site area 3,750 Shape RECTANGLE
Specific zoning classification and description R-5 (RESIDENTIAL MULTI FAMILY DWELLING)
Zoning compliance [X] Legal [ ] Legal nonconforming (Grandfathered use) [ ] Illegal, attach description [ ] No zoning
Highest and best use of subject property as improved (or as proposed per plans and specifications): [X] Present use [ ] Other use, attach description.
Utilities Public Other Public Other Off-site Improvements Type Public Private
Electricity [X] 100 AMP (10CB) Water [X] MUNICIPAL Street ASPH [X] [ ]
Gas [X] NATURAL Sanitary sewer [X] MUNICIPAL Alley Yes - gravel [X] [ ]

Are there any apparent adverse site conditions (easements, encroachments, special assessments, slide areas, etc.)? [ ] Yes [X] No If Yes, attach description.
Source(s) used for physical characteristics of property: [X] Interior and exterior inspection [ ] Exterior inspection from street [ ] Previous appraisal files
[ ] MLS [X] Assessment and tax records [ ] Prior inspection [ ] Property owner [X] Other (Describe): INTERVIEW WITH MR. DUANE ROGERS
No. of Stories ONE Type (Det./Att.) DET Exterior Walls ALUM/VINYL Roof Surface ASPH Manufactured Housing [ ] Yes [X] No
Does the property generally conform to the neighborhood in terms of style, condition and construction materials? [X] Yes [ ] No If No, attach description.
Are there any apparent physical deficiencies or conditions that would affect the soundness or structural integrity of the improvements or the livability of the property?
[ ] Yes [X] No If Yes, attach description.
Are there any apparent adverse environmental conditions (hazardous wastes, toxic substances, etc.) present in the improvements, on the site, or in the immediate vicinity of the subject property? [ ] Yes [X] No If Yes, attach description.

I researched the subject market area for comparable listings and sales that are the most similar and proximate to the subject property.
My research revealed a total of 9 sales ranging in sales price from \$ 1,000 to \$ 16,000
My research revealed a total of 3 listings ranging in list price from \$ 7,500 to \$ 11,000
The analysis of the comparable sales below reflects market reaction to significant variations between the sales and the subject property.

Table with 4 columns: FEATURE, SUBJECT, SALE 1, SALE 2, SALE 3. Rows include Address, Proximity to Subject, Sales Price, Price/Gross Living Area, Data & Verification Sources, VALUE ADJUSTMENTS, Sales or Financing Concessions, Date of Sale/Time, Location, Site, View, Design (Style), Actual Age (Yrs.), Condition, Above Grade, Room Count, Gross Living Area, Basement & Finished Rooms Below Grade, Garage/Carport, EXTERIOR, FURNACE/CENTRAL, Net Adj. (total), Adjusted Sales Price of Comparables, Date of Prior Sale, Price of Prior Sale.

Analysis of any current agreement of sale, option, or listing of the subject property and analysis of the prior sales of subject and comparables: NEITHER SUBJECT NOR COMPS BELIEVED TO HAVE TRANSFERRED TITLE WITHIN PAST THREE YEARS, UNLESS LISTED ABOVE (BASED ON AVAILABLE DATA)
Summary of sales comparison and value conclusion: SUBJECT IS A 1 STORY STYLED HOUSE ON A BASEMENT. ALL COMPS ARE FROM SAME OR SIMILAR COMPETING MARKET AREA. ALL PROPERTIES IN THIS FILE HAVE 2 BEDROOMS. THERE WERE NO 1 BEDROOM COMPS SOLD AT THIS TIME. BATHROOM NOT ADJUSTED. HOWEVER, THE BEDROOM COUNT WAS ADJUSTED. SQ FT ADJUSTED @ \$10p/S/F, IF APPLICABLE. THERE IS NO MARKET MEASURE FOR EXTERIOR SIDING DIFFERENCES & THEREFORE, NO ADJUSTMENTS USED. THERE IS LITTLE CONTRIBUTORY VALUE FOR A GARAGE IN THIS MARKET. Subject was occupied by owner until date of death. It is in fair to average condition, livable but needing some repair. Old roof, peeling exterior paint, missing soffit/fascia in areas, garage needing repair. Interior shows signs of needing plumbing repair. Floor tile damaged or missing in spots. The comps are believed to be in similar ave/fair condition (based on MLS data) & therefore good value indicators for subject. Subject appraised "as is" as of date of death July 18, 2009.

This appraisal is made [X] "as-is", [ ] subject to completion per plans and specifications on the basis of a hypothetical condition that the improvements have been completed, or [ ] subject to the following repairs, alterations or conditions
Research and development aided by P.M. Morrison

BASED ON AN [ ] EXTERIOR INSPECTION FROM THE STREET OR AN [X] INTERIOR AND EXTERIOR INSPECTION, I ESTIMATE THE MARKET VALUE, AS DEFINED, OF THE REAL PROPERTY THAT IS THE SUBJECT OF THIS REPORT TO BE \$ 6,000, AS OF JULY 18, 2009 date of death



**Desktop Underwriter Quantitative Analysis Appraisal Report**

File No. Estate of Blossie McCullum

**Project Information for PUDs** (If applicable) - Is the developer/builder in control of the Home Owners' Association (HOA)?  Yes  No

Provide the following information for PUDs only if the developer/builder is in control of the HOA and the subject property is an attached dwelling unit:

Total number of phases \_\_\_\_\_ Total number of units \_\_\_\_\_ Total number of units sold \_\_\_\_\_

Total number of units rented \_\_\_\_\_ Total number of units for sale \_\_\_\_\_ Data Source(s) \_\_\_\_\_

Was the project created by the conversion of existing buildings into a PUD?  Yes  No If yes, date of conversion: \_\_\_\_\_

Does the project contain any multi-dwelling units?  Yes  No Data Source: \_\_\_\_\_

Are the common elements completed?  Yes  No If No, describe status of completion: \_\_\_\_\_

---

Are any common elements leased to or by the Home Owners' Association?  Yes  No If yes, attach addendum describing rental terms and options.

Describe common elements and recreational facilities: \_\_\_\_\_

**Project Information for Condominiums** (If applicable) - Is the developer/builder in control of the Home Owners' Association (HOA)?  Yes  No

Provide the following information for all Condominium Projects:

Total number of phases \_\_\_\_\_ Total number of units \_\_\_\_\_ Total number of units sold \_\_\_\_\_

Total number of units rented \_\_\_\_\_ Total number of units for sale \_\_\_\_\_ Data Source(s) \_\_\_\_\_

Was the project created by the conversion of existing buildings into a condominium?  Yes  No If yes, date of conversion: \_\_\_\_\_

Project Type:  Primary Residence  Second Home or Recreational  Row or Townhouse  Garden  Midrise  Highrise  \_\_\_\_\_

Condition of the project, quality of construction, unit mix, etc.: \_\_\_\_\_

---

Are the common elements completed?  Yes  No If No, describe status of completion: \_\_\_\_\_

---

Are any common elements leased to or by the Home Owners' Association?  Yes  No If yes, attach addendum describing rental terms and options.

Describe common elements and recreational facilities: \_\_\_\_\_

**PURPOSE OF APPRAISAL:** The purpose of this appraisal is to estimate the market value of the real property that is the subject of this report based on a quantitative sales comparison analysis for use in a mortgage finance transaction.

**DEFINITION OF MARKET VALUE:** The most probable price which a property should bring in a competitive and open market under all conditions requisite to a fair sale, the buyer and seller, each acting prudently, knowledgeably and assuming the price is not affected by undue stimulus. Implicit in this definition is the consummation of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby: (1) buyer and seller are typically motivated; (2) both parties are well informed or well advised, and each acting in what he considers his own best interest; (3) a reasonable time is allowed for exposure in the open market; (4) payment is made in terms of cash in U.S. dollars or in terms of financial arrangements comparable thereto; and (5) the price represents the normal consideration for the property sold unaffected by special or creative financing or sales concessions\* granted by anyone associated with the sale.

\* Adjustments to the comparables must be made for special or creative financing or sales concessions. No adjustments are necessary for those costs which are normally paid by sellers as a result of tradition or law in a market area; these costs are readily identifiable since the seller pays these costs in virtually all sales transactions. Special or creative financing adjustments can be made to the comparable property by comparisons to financing terms offered by a third party institutional lender that is not already involved in the property or transaction. Any adjustment should not be calculated on a mechanical dollar for dollar cost of the financing or concession but the dollar amount of any adjustment should approximate the market's reaction to the financing or concessions based on the appraiser's judgment.

**STATEMENT OF LIMITING CONDITIONS AND APPRAISER'S CERTIFICATION**

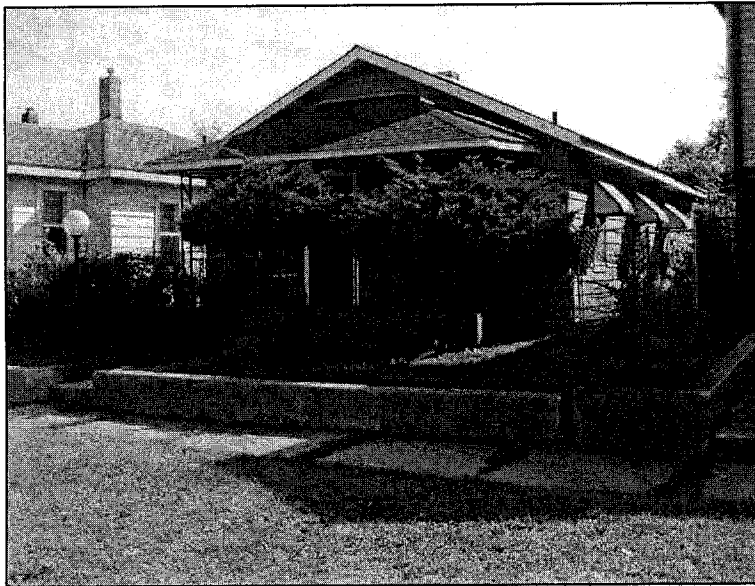
**CONTINGENT AND LIMITING CONDITIONS:** The appraiser's certification that appears in the appraisal report is subject to the following conditions:

1. The appraiser will not be responsible for matters of a legal nature that affect either the property being appraised or the title to it. The appraiser assumes that the title is good and marketable and, therefore, will not render any opinions about the title. The property is appraised on the basis of it being under responsible ownership.
2. The appraiser has provided any required sketch in the appraisal report to show approximate dimensions of the improvements and the sketch is included only to assist the reader of the report in visualizing the property and understanding the appraiser's determination of its size.
3. The appraiser will not give testimony or appear in court because he or she made an appraisal of the property in question, unless specific arrangements to do so have been made beforehand.
4. The appraiser has noted in the appraisal report any adverse conditions (such as, but not limited to, needed repairs, the presence of hazardous wastes, toxic substances, etc.) observed during the inspection of the subject property or that he or she became aware of during the normal research involved in performing the appraisal. Unless otherwise stated in the appraisal report, the appraiser has no knowledge of any hidden or unapparent conditions of the property or adverse environmental conditions (including the presence of hazardous wastes, toxic substances, etc.) that would make the property more or less valuable, and has assumed that there are no such conditions and makes no guarantees or warranties, expressed or implied, regarding the condition of the property. The appraiser will not be responsible for any such conditions that do exist or for any engineering or testing that might be required to discover whether such conditions exist. Because the appraiser is not an expert in the field of environmental hazards, the appraisal report must not be considered as an environmental assessment of the property.
5. The appraiser obtained the information, estimates, and opinions that were expressed in the appraisal report from sources that he or she considers to be reliable and believes them to be true and correct. The appraiser does not assume responsibility for the accuracy of such items that were furnished by other parties.
6. The appraiser will not disclose the contents of the appraisal report except as provided for in the Uniform Standards of Professional Appraisal Practice.
7. The appraiser must provide his or her prior written consent before the lender/client specified in the appraisal report can distribute the appraisal report (including conclusions about the property value, the appraiser's identity and professional designations, and references to any professional appraisal organizations or the firm with which the appraiser is associated) to anyone other than the borrower; the mortgagee or its successors and assigns; the mortgage insurer; consultants; professional appraisal organizations; any state or federally approved financial institution; or any department, agency, or instrumentality of the United States or any state or the District of Columbia; except that the lender/client may distribute the report to data collection or reporting service(s) without having to obtain the appraiser's prior written consent. The appraiser's written consent and approval must also be obtained before the appraisal can be conveyed by anyone to the public through advertising, public relations, news, sales, or other media.
8. The appraiser has based his or her appraisal report and valuation conclusion for an appraisal that is subject to completion per plans and specifications on the basis of a hypothetical condition that the improvements have been completed.
9. The appraiser has based his or her appraisal report and valuation conclusion for an appraisal that is subject to completion, repairs, or alterations on the assumption that completion of the improvements will be performed in a workmanlike manner.



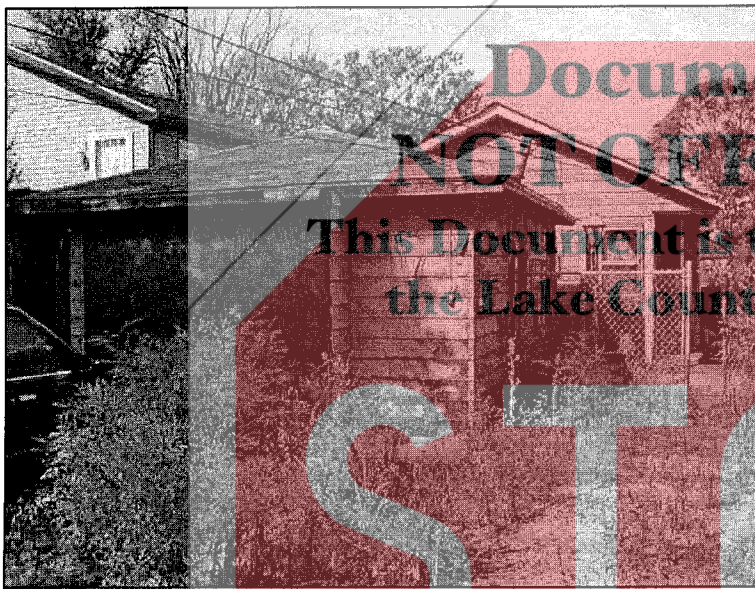
**Subject Photo Page**

Client	ESTATE OF BLOSSIE McCULLUM			
Property Address	2057 CONNECTICUT ST			
City	GARY	County	LAKE	State IN Zip Code 46407-2619
Owner	McCULLUM, BLOSSIE			

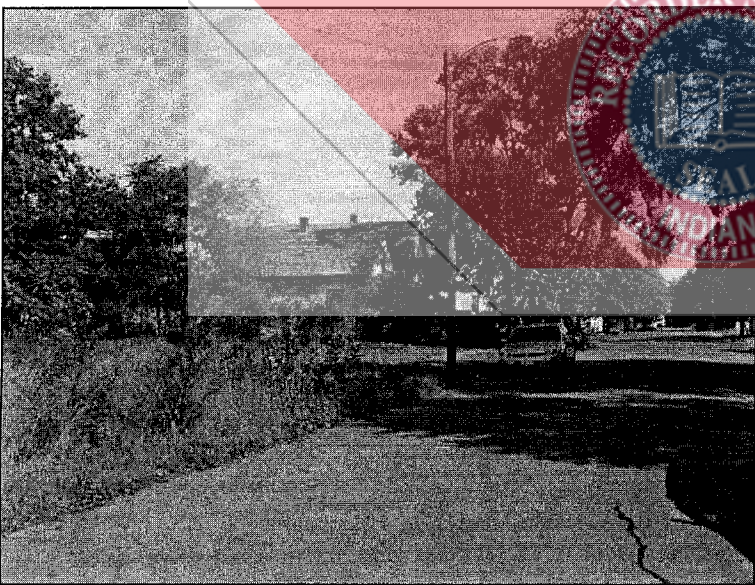


**Subject Front**

2057 CONNECTICUT ST  
 Sales Price N/A  
 Gross Living Area 746  
 Total Rooms 3  
 Total Bedrooms 1  
 Total Bathrooms 2  
 Location AVE RES  
 View RESIDENTIAL  
 Site 30X125+-  
 Quality  
 Age 1925



**Subject Rear & Garage**

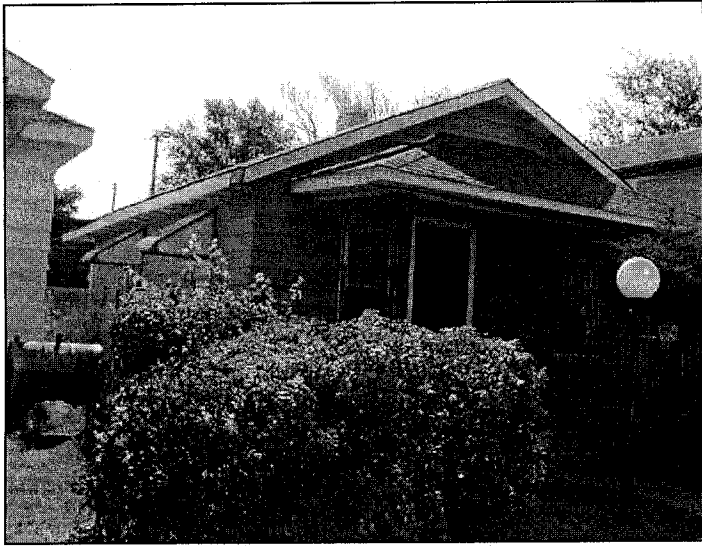


**Subject Street**

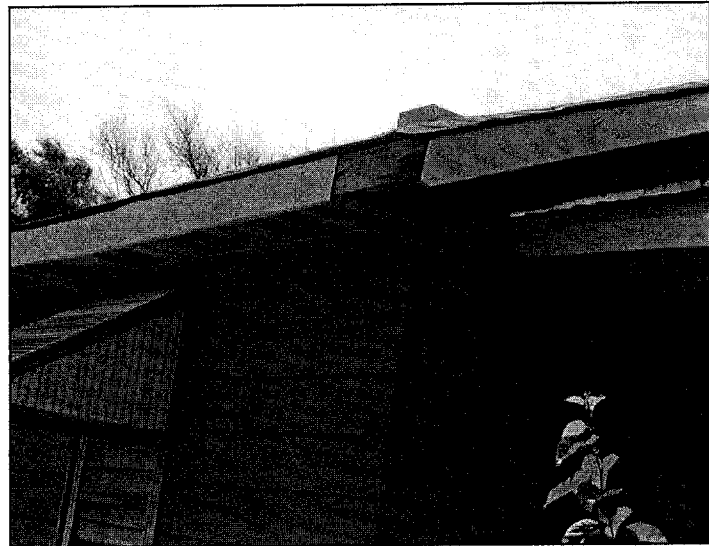


### Photograph Addendum

Client	ESTATE OF BLOSSIE McCULLUM				
Property Address	2057 CONNECTICUT ST				
City	GARY	County	LAKE	State	IN Zip Code 46407-2619
Owner	McCULLUM, BLOSSIE				



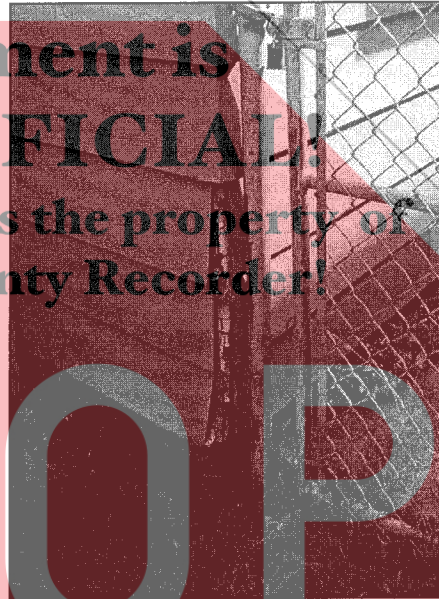
Front



Alum soffit / fascia missing on house



House side



Corners missing



Rear of house, roofing older & shows some patchwork

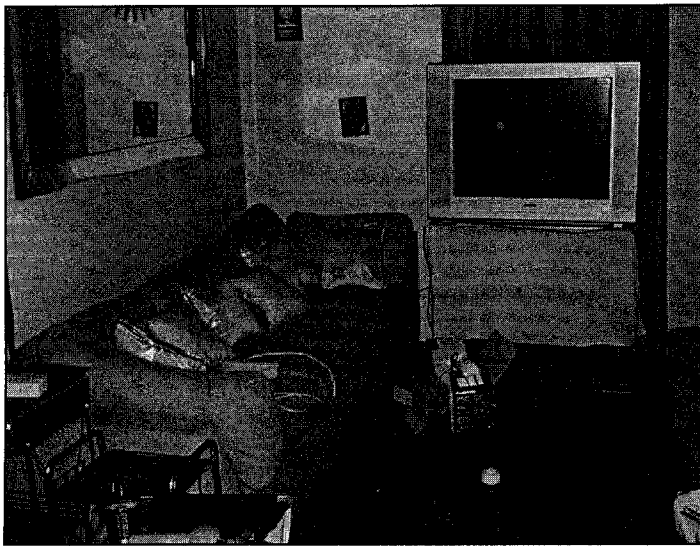


Rear of house & side of garage (peeling paint on garage, door needs repair)

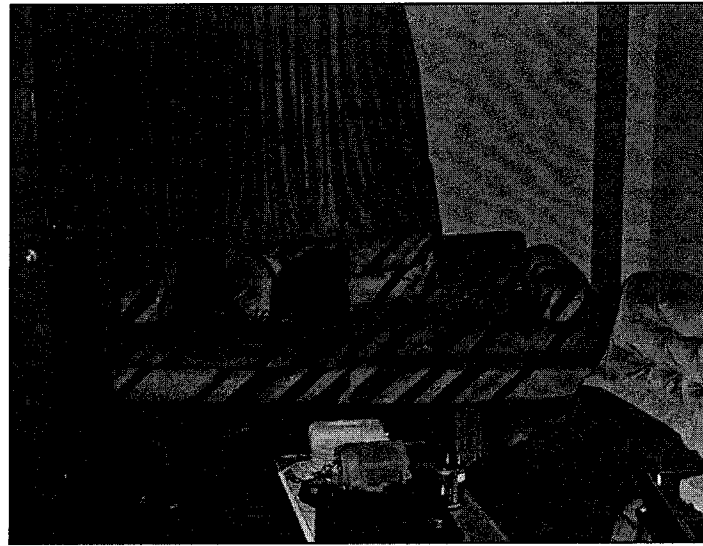


### Photograph Addendum

Client	ESTATE OF BLOSSIE McCULLUM		
Property Address	2057 CONNECTICUT ST		
City	GARY	County LAKE	State IN Zip Code 46407-2619
Owner	McCULLUM, BLOSSIE		



Interior-living room



Interior-living room



Interior-kitchen

Interior-kitchen



Interior-kitchen floor damaged

Interior

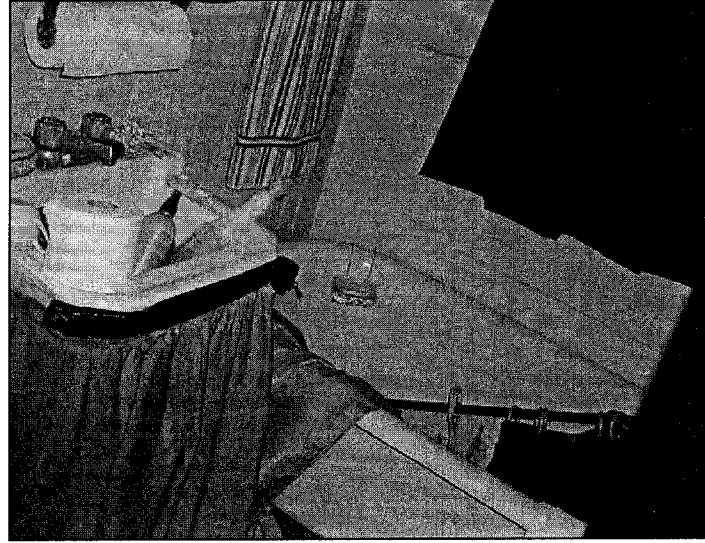


### Photograph Addendum

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Owner	McCULLUM, BLOSSIE		



Interior-bathroom 1



Interior-bathroom 2



Interior-tile floor damaged

Interior-30 gal HWT

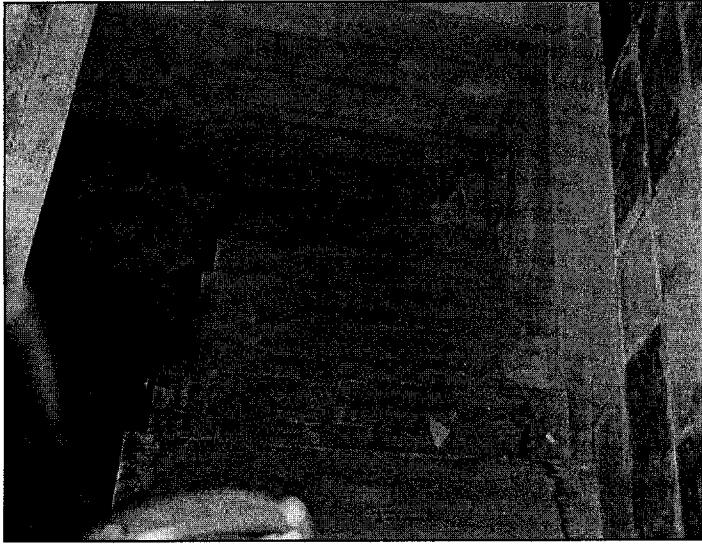
Interior-ceiling tile & light fixture stained

Interior-sink back up - plumbing repair needed

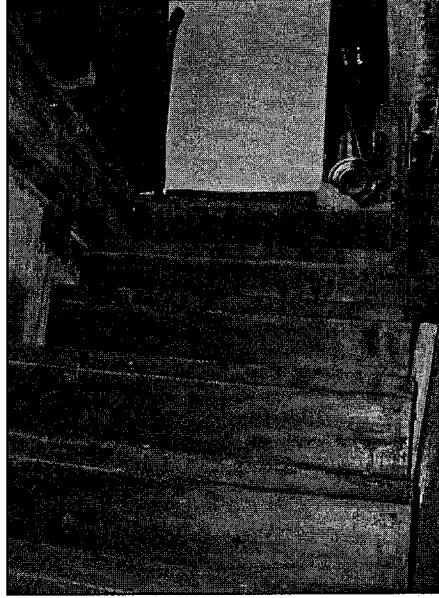


**Photograph Addendum**

Client	ESTATE OF BLOSSIE McCULLUM		
Property Address	2057 CONNECTICUT ST		
City	GARY	County LAKE	State IN Zip Code 46407-2619
Owner	McCULLUM, BLOSSIE		



Interior-narrow stairs to unfinished basement



Interior-stairs from basement to main floor



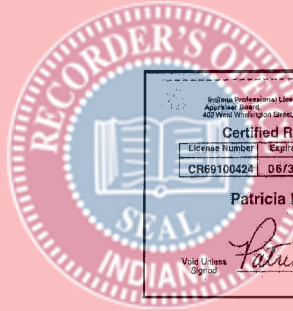
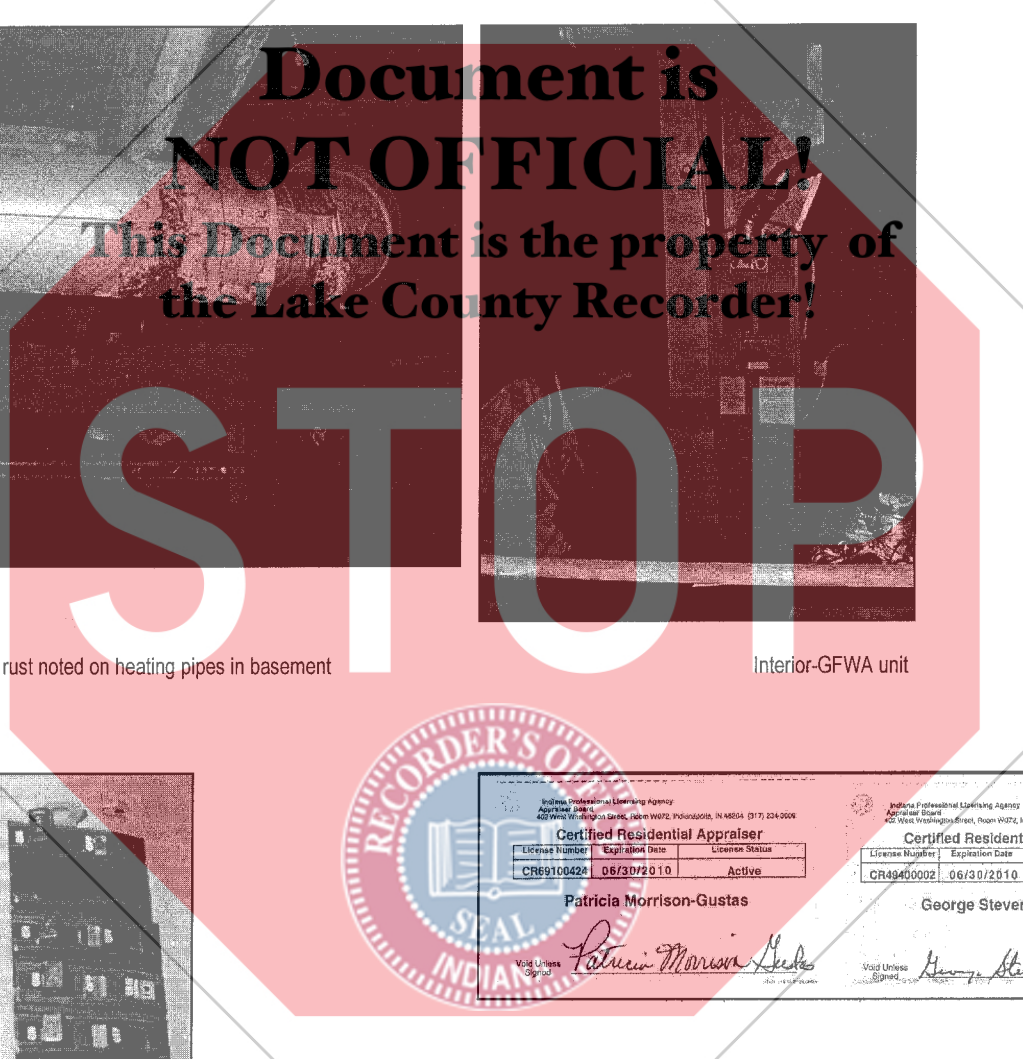
Interior-some rust noted on heating pipes in basement



Interior-GFWA unit



Interior-elec box

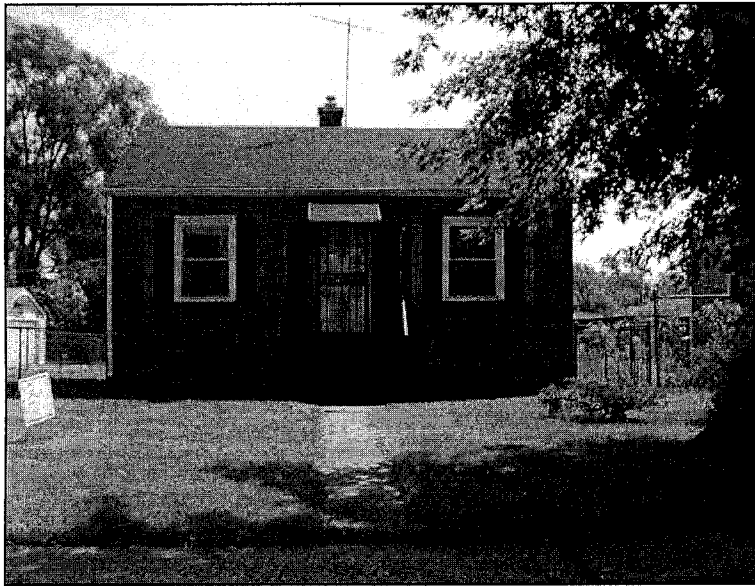


Indiana Professional Licensing Agency Appraiser Board 400 West Washington Street, Room 1027, Indianapolis, IN 46204 (317) 224-2008			Indiana Professional Licensing Agency Appraiser Board 400 West Washington Street, Room 1027, Indianapolis, IN 46204 (317) 224-2008		
Certified Residential Appraiser			Certified Residential Appraiser		
License Number	Expiration Date	License Status	License Number	Expiration Date	License Status
CR69100426	06/30/2010	Active	CR49400002	06/30/2010	Active
Patricia Morrison-Gustas			George Steven Gustas		
 Void Unless Signed			 Void Unless Signed		



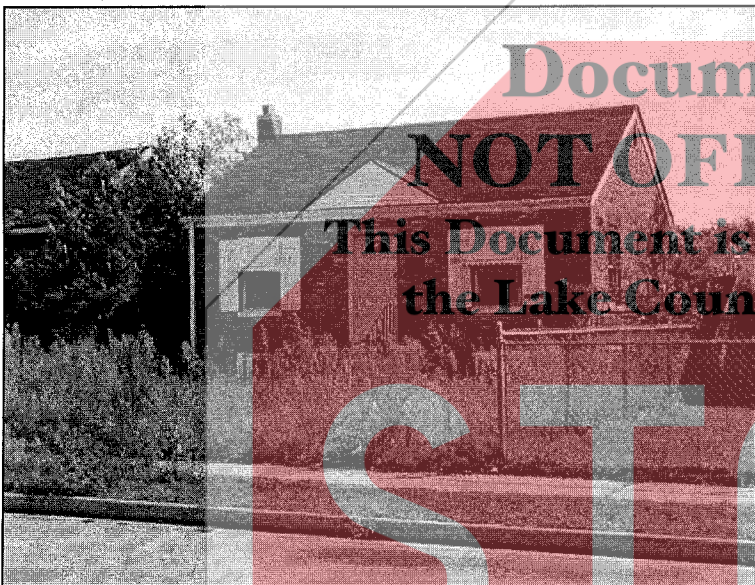
**Comparable Photo Page**

Client	ESTATE OF BLOSSIE McCULLUM			
Property Address	2057 CONNECTICUT ST			
City	GARY	County	LAKE	State IN Zip Code 46407-2619
Owner	McCULLUM, BLOSSIE			



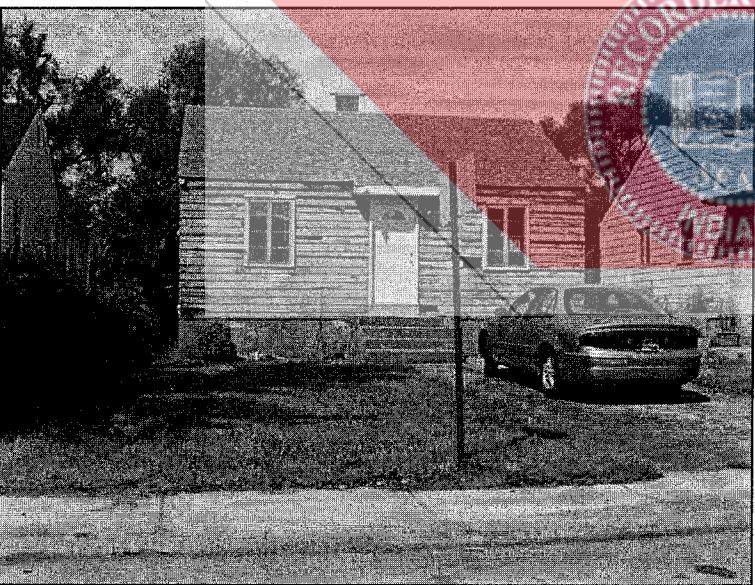
**Comparable 1**

2269 VERMONT ST  
 Prox. to Subject 0.56 miles SE  
 Sale Price 4,000  
 Gross Living Area 672  
 Total Rooms 4  
 Total Bedrooms 2  
 Total Bathrooms 1  
 Location AVE RES  
 View RESIDENTIAL  
 Site 38X124+-  
 Quality  
 Age 1945



**Comparable 2**

2345 MARYLAND ST  
 Prox. to Subject 0.39 miles SE  
 Sale Price 5,500  
 Gross Living Area 672  
 Total Rooms 4  
 Total Bedrooms 2  
 Total Bathrooms 1  
 Location AVE RES  
 View RESIDENTIAL  
 Site 40X121+-  
 Quality  
 Age 1945

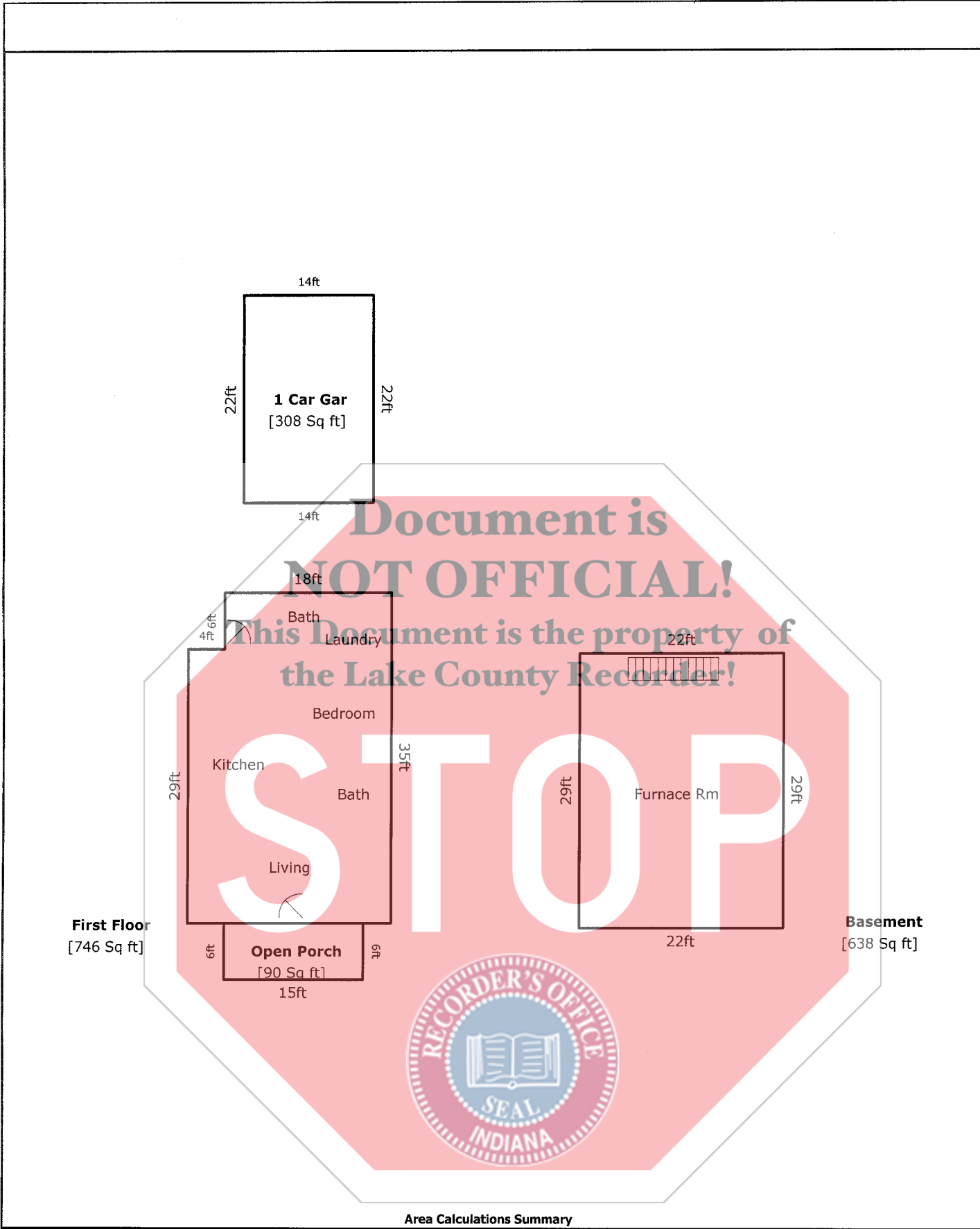


**Comparable 3**

2334 TENNESSEE ST  
 Prox. to Subject 0.71 miles SE  
 Sale Price 6,300  
 Gross Living Area 672  
 Total Rooms 4  
 Total Bedrooms 2  
 Total Bathrooms 1  
 Location AVE RES  
 View RESIDENTIAL  
 Site 40X125+-  
 Quality  
 Age 1951

### Building Sketch

Client	ESTATE OF BLOSSIE McCULLUM		
Property Address	2057 CONNECTICUT ST		
City	GARY	County LAKE	State IN Zip Code 46407-2619
Owner	McCULLUM, BLOSSIE		



**Area Calculations Summary**

Living Area		Calculation Details
First Floor	746 Sq ft	$22 \times 29 = 638$ $6 \times 18 = 108$
<b>Total Living Area (Rounded):</b>	<b>746 Sq ft</b>	
Non-living Area		
1 Car Gar	308 Sq ft	$22 \times 14 = 308$
Basement	638 Sq ft	$29 \times 22 = 638$
Open Porch	90 Sq ft	$6 \times 15 = 90$



### Location Map

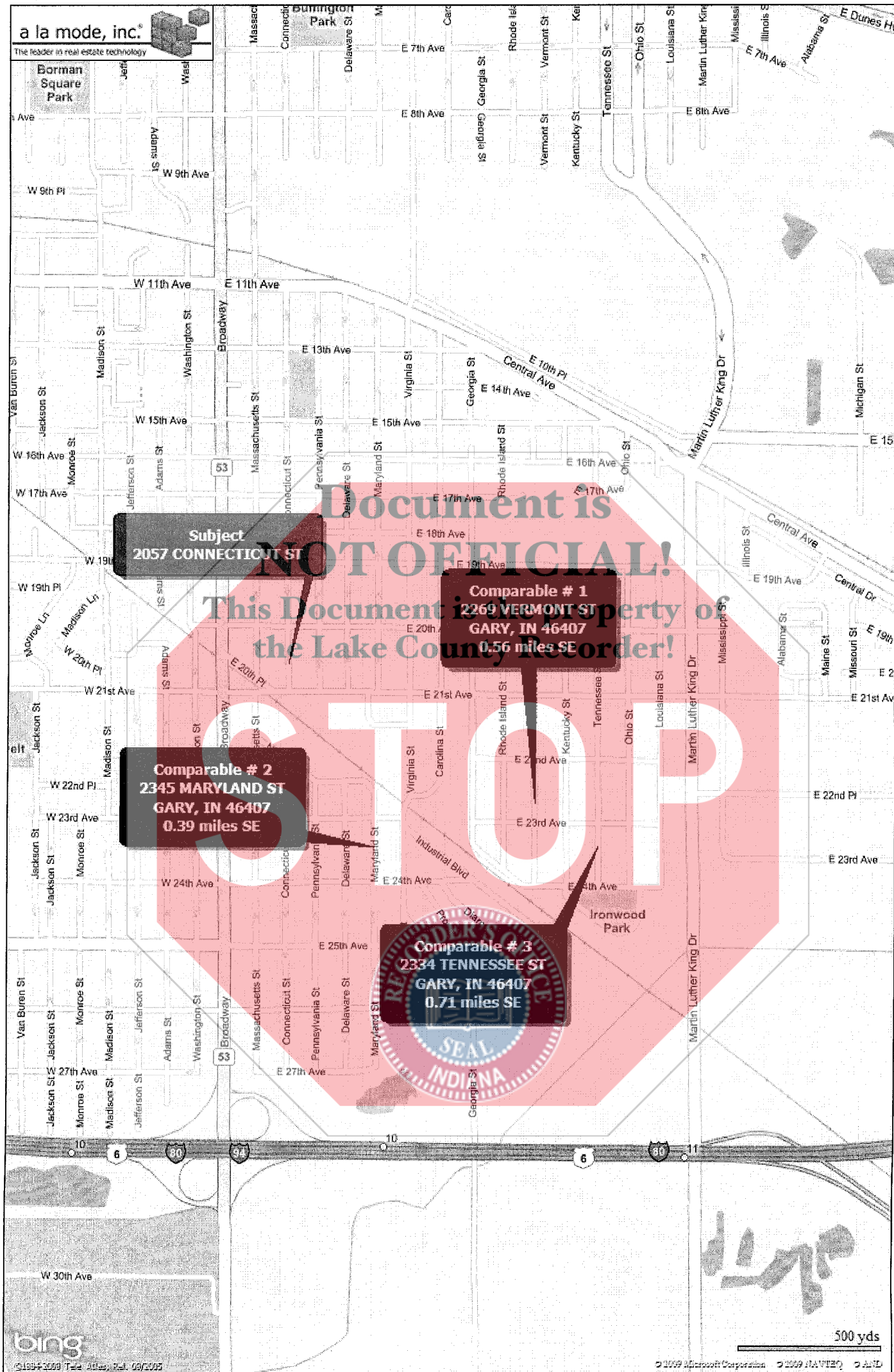
Client	ESTATE OF BLOSSIE McCULLUM		
Property Address	2057 CONNECTICUT ST		
City	GARY	County LAKE	State IN Zip Code 46407-2619
Owner	McCULLUM, BLOSSIE		





### Comparable Sales Map

Client	ESTATE OF BLOSSIE McCULLUM		
Property Address	2057 CONNECTICUT ST		
City	GARY	County	LAKE
State	IN	Zip Code	46407-2619
Owner	McCULLUM, BLOSSIE		

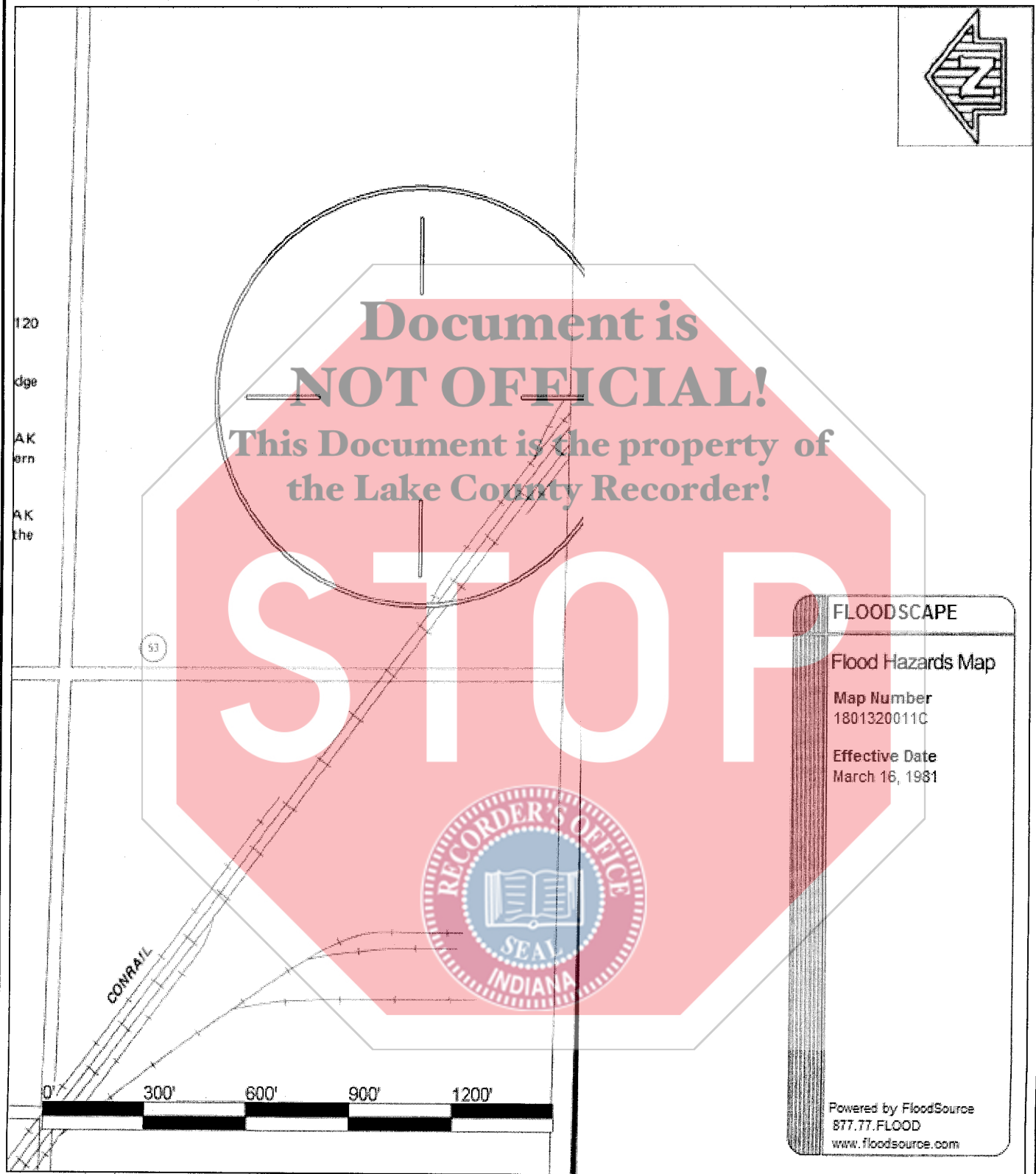


### Flood Map

Client	ESTATE OF BLOSSIE McCULLUM			
Property Address	2057 CONNECTICUT ST			
City	GARY	County	LAKE	State IN Zip Code 46407-2619
Owner	McCULLUM, BLOSSIE			

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**Prepared for:**  
 Morrison Appraisal Service  
 2057 CONNECTICUT ST  
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