
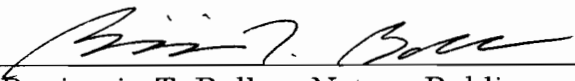


Affiant's Signature 
Name Printed Thomas R. Philpot
Address 10145 Idlewild Lane
Highland, IN 46322

Subscribed and sworn to before me, a Notary Public, this 11th day of March, 2010.




Benjamin T. Ballou, Notary Public
A Resident of Lake County

My Commission Expires:
November 21, 2015

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

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.


Benjamin T. Ballou

This instrument prepared by: Benjamin T. Ballou
Attorney at Law
8700 Broadway
Merrillville, Indiana 46410

65883.1
17,717



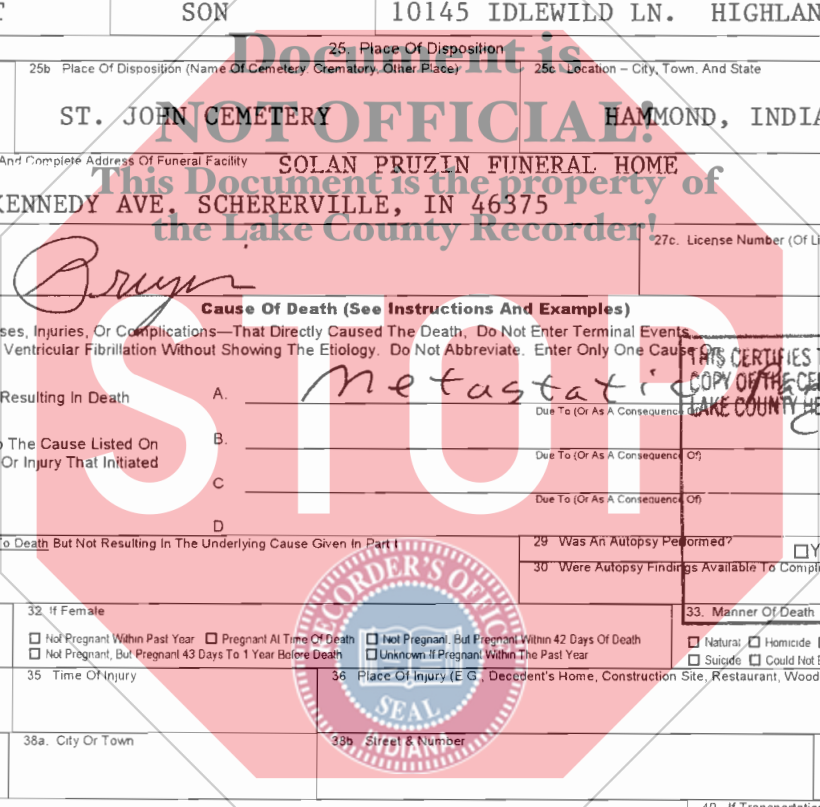


INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3402-09

State No.

Form containing fields for decedent's name (KATHRYN SAVIANO), date of death (SEPT. 29, 2009), birth date (DEC. 12, 1929), residence (MUNSTER, INDIANA), cause of death (Metastatic Cancer), and certifier information (JOHN A. HOEHN, D.O.).



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. OCT 02 2009

