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MICHELLE R. FAJMAN
RECORDER

AFFIDAVIT
RESCINDING and REVOKING INTEREST IN REAL ESTATE

Wendell G. Solomon, being duly sworn upon his oath, states as follows:

1. My name is Wendell G. Solomon, II and I am over 18 years of age.
2. I executed an Affidavit of Interest on March 6, 2011, which was duly recorded with the Lake County Recorder on March 8, 2011 as **Document No. 2011 013214**.
3. The Affidavit of Interest purported to assert my interest in certain parcels of real estate in Lake County (A copy of the Affidavit is attached hereto as **Exhibit A**).
4. Since recording my Affidavit of Interest, the Circuit Court of Lake County has denied my claim against the Estate of Lillian Zieseniss Cause No. 45CO1-1101-ES-008. (A copy of the Order of the Circuit Court is attached hereto as **Exhibit B**).
5. Pursuant to the Order of the Circuit Court, my Affidavit of Interest fails.
6. I hereby **RESCIND** and **REVOKE** my Affidavit of Interest and waive any claim to the subject real estate.

I affirm under penalties for perjury that the above statements are true and correct.

Wendell G. Solomon II # 7/26/11
Wendell G. Solomon, II

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 26 day of August, 2011.

My Commission Expires: October 10, 2015
County of Residence: Marion Notary Public - Printed Name: Stephen D. Chastain

This Instrument prepared by: Ann Marie Woolwine, Burke Costanza & Carberry LLP
9191 Broadway, Merrillville, IN 46410

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. Ann Marie Woolwine

Stephen D. Chastain
Stephen Chastain

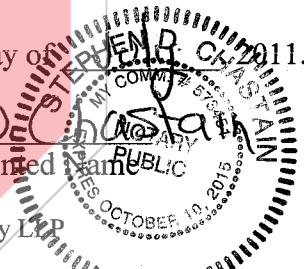
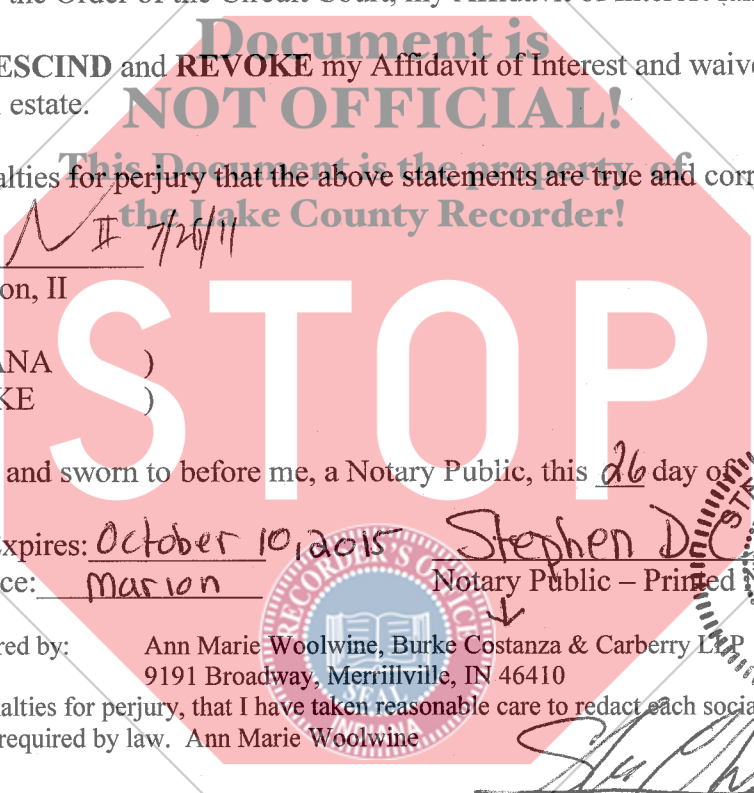
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AUG 03 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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2011 013214

STATE OF INDIANA
LAKE COUNTY
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2011 MAR -8 PM 2:34

MICHELLE D. FAJMAN
RECORDER

AFFIDAVIT OF INTEREST

Wendell G. Solomon, being duly sworn upon his oath, states as follows:

1. My name is Wendell G. Solomon and I am over 18 years of age.
2. I have personal knowledge of the facts surrounding the 1986 deed and the transfer parcel owned by my grandparents, Albert and Lillian Frances Zieseniss.
3. Attached as Exhibit A is a Deed dated November 14, 1986 ("1986 Deed") executed by my grandparents conveying six parcels of land to me.
4. Attached as Exhibits B are the detailed legal descriptions per parcel ID for each parcel of land in the 1986 Deed. I am attaching these detailed legal descriptions to clarify the cursory legal descriptions in the 1986 Deed pursuant to the direction of the Lake County Recorder's Office following a rejection of the 1986 Deed for recording.
5. Attached as Exhibit C is a letter from my grandparents to me, explaining their conveyance in the 1986 Deed and instructing that the original deed was to be maintained in their safe deposit box until their deaths.
6. Attached as Exhibit D is a death certificate of my grandfather Albert H. Zieseniss, who died on March 24, 2005.
7. Attached as Exhibit E is a death certificate of my grandmother, Lillian Frances Zieseniss who died on January 18, 2011.
8. I do not have an original of the 1986 deed.
9. I intend to claim my interest in these six parcels and now record this Affidavit and attached exhibits as notice to all other parties claiming any interest.

I affirm under penalties for perjury that the above statements are true and correct.

Wendell G. Solomon If 3/6/2011
Wendell G. Solomon

This Instrument prepared by: Ann Marie Woolwine, Burke Costanza & Carberry LLP
9191 Broadway, Merrillville, IN 46410

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. Ann Marie Woolwine

AMOUNT \$ 250
 CASH _____ CHARGE _____
 CHECK # 6897
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK RM

051434
EXHIBIT
 "A"

FILED

MAR 08 2011

PEGGY MULINGA NATIONA
LAKE COUNTY AUDITOR

QUITCLAIM DEED

Notice: This is a Legally Binding Document. Consult your attorney if you do not understand any part of it.

THIS QUITCLAIM DEED, is made on the 14 day of November, 1986, by and between, Albert Hood Zieseniss (Mar. 11, 1921)("First Party") whose residence and/or mailing address is 13213 Iowa Street Crown Point Indiana 46307 and Wendell Gene Solomon II (Mar.26,1982)("Second Party") whose residence and/or mailing address is 2600 Wells Street Lake Station Indiana 46405.

In consideration for the sum of -0- DOLLARS(\$-0-) paid by the Second Party, the First Party does hereby remise, release and forever quitclaim to the Second Party any right, title, interest and claim which the First Party has in and to the Following described real property, together with any improvements thereon:

DESCRIPTION OF PROPERTY (including any improvements)

LEGAL DESCRIPTION; N2 S. 6. 03AC. W2. NW. NW. S. 27 T. 34 R. 3. 015A.
PARCEL OR ID NUMBER; 003-03-07-0021-0030 Cd/
PROPERTY ADDRESS 116 E 135TH AVE

LEGAL DESCRIPTON ; N2. STRIP 115x550FT. W2. NW. NW. S. 27 T. 34 R.9. 725AC
PARCEL OR ID NUMBER; 003-03-07-0021-0029 Cd/
PROPERTY ADDRESS; 101 E 134TH AVE

LEGAL DESCRIPTION; WLY. PT N. 13. 8 CHAIN'S SW. SE. S. 23 T. 34 R.8 6. 74AC.
PARCEL OR ID NUMBER 003-03-07-0019-0039 Cd/
PROPERTY ADDRESS 13129 IOWA ST

LEGAL DESCRIPTION; W. 22FT. OF W. 13AC. OF NE. SE. S. 23 T. 34 R.8 . 667AC.
PARCEL OR ID NUMBER; 003-03-07-0019-0006 Cd/
PROPERTY ADDRESS; 2999 E 129TH AVE

LEGAL DESCRIPTION; NE. 1-4 OF SE. 1-4 EX. W. 22FT. & EX. E, 26 1-3 AC. S. 23 T.34 R. 12.333AC
PARCEL OR ID NUMBER; 003-03-07-0019-0043 Cd/
PROPERTY ADDRESS: 3001 E 129TH AVE

LEGAL DESCRIPTION; N. 208. 75' OF S. 722.325' OF W. 208.75 FT. SW. SE. S 23 T34 R8 EX S. 16. 77FT.
PARCEL OR ID NUMBER; 003-03-07-0019-0025 Cd 1/1
PROPERTY ADDRESS; 13213 IOWA ST

DWELLING CONSTRUCTION YEAR 1860 single family 1.50 story height and yard structures
Add release of Dower, Curtesy or Spousal Rights, if applicable:

Lillian Frances Alexander Zieseniss release all spousal rights, and does hereby remise, release and forever quitclaim to Second Party any right, title, interest and claim which the First Party has in and to the described real property, together with any improvements thereon:

George E Beebe Decedent;

EXHIBIT

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In is understood that conveyance is made without covenants or warranties of any kind, either express or implied.

IN WITNESS WHEREOF; The First Party has sign and sealed this Quitclaim Deed on the above date.
Witness the First Party:

Lillian Ziesenis

Albert Ziesenis

STATE OF INDIANA
COUNTY OF PORTER

On November 14, 1986 before Johnna Solph NOTARY PUBLIC,
personally appeared Albert Hood Ziesenis and Lillian Frances Ziesenis proved to me on the basis of
satisfactory evidence to be the persons whose names are subscribed into the within instrument and
acknowledged to me that they executed the same in their authorized capacities, and that by their
signature on the instrument the persons, executed the instrument.
Witness my hand and official seal.

Johnna Solph

My Commission expires 10-16-90
Witness: the Second Party (after our death)

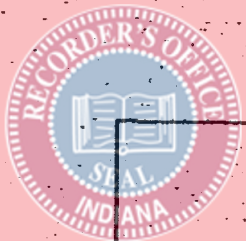
Wendell G. Solomon II 2/15/11

Subscribed and sworn to before me
this 14th day of NOV 1986
Johnna Solph
Notary Public for the State of INDIANA
County of PORTER
My commission expires 10-16-90

STATE OF INDIANA
COUNTY OF TIPPECANOE

Document is the property of
ON 2/15/11 before me. KAL M. KALA MANN NOTARY PUBLIC,
personally appeared Wendell Gene Solomon II (born March 26 1982) personally known to me (or
proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the
within instrument and acknowledged to me that he executed the same in his authorized capacity, and
that by his signature on the instrument the person, executed the instrument.
Witness my and official seal.

*Wendell G. Solomon II
1750 Lewiston Dr. W
Westfield, IN 46074*



Ziesenis to Solomon

QUITCLAIM DEED

Dated:

EXHIBIT
tabler
A

Old Parcel ID: 003-03-07-0021-0030
New Parcel ID: 45-16-27-100-007.000-041

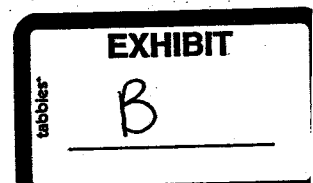
The North Half of the following described tract: The South 13 1/3 chains of the West Half of the Northwest Quarter of the Northwest Quarter of Section 27, excepting therefrom the West 115 feet thereof, containing 11.03 acres, and also excepting therefrom the North 5 acres off of said South 11.03 acres set forth in the Warranty Deed from Edward H. Zieseniss and Carrie L. Zieseniss, his wife, to John Patz, dated March 8, 1919, and recorded March 12, 1919, in Deed Record 255 on page 335 of the Recorder's Office of Lake County, Indiana, containing 6.03 acres, more or less, all in Township 34 North, Range 8 West of the 2nd P.M., all in Lake County, in the State of Indiana

Old Parcel ID: 003-03-07-0021-0029
New Parcel ID: 45-16-27-100-003.000-041

The North Half of the following described tract: A strip of ground 115 feet wide over and across a part of the West Half of the Northwest Quarter of the Northwest Quarter of Section 27, Township 34 North, Range 8 West in Lake County, Indiana, said strip being more particularly described as follows: Beginning at the Southwest corner of the Northwest Quarter of the Northwest Quarter of Section 27 and running thence North along the West line of said Northwest Quarter, a distance of 550 feet, more or less, to a point which is 115 feet due West of the Northwest corner of the tract of land now owned by Edward Zieseniss; thence East 115 feet; thence South parallel with and 115 feet from the West line of said Northwest Quarter a distance of 550 feet, more or less, to the South line of said Northwest Quarter; thence West 115 feet to the place of beginning, and containing in all 1.44 acres, more or less.

Old Parcel ID: 003-03-07-0021-0039
New Parcel ID: 45-16-27-100-001.000-041

Part of the North 13.8 Chains of the Southwest Quarter Southeast Quarter, Section 23, township 34 North, Range 8 West of the 2nd P.M., and more particularly described as follows: Commencing at a point 530.345 feet North of the Southwest corner of the Southwest Quarter Southeast Quarter of said Section; thence continuing North along the West line of said Southwest Quarter Southeast Quarter 789.655 feet, more or less, to the Northwest corner of the above said Southwest Quarter Southeast Quarter; thence East along the North line of the above said Southwest Quarter Southeast Quarter 143.60 feet to the Southerly right of way line of State Road No. 53; thence Southeasterly along the Southerly right of way line of the above said State Road No. 53, 399.10 feet, more or less, to a point which is 465.14 feet East of the West line of the above said Southwest Quarter Southeast Quarter; thence South parallel with the West line of the above said Southwest Quarter Southeast Quarter a distance of 570.80 feet; thence West 465.14 feet to the place of beginning, except the South 191.98 feet of the West 208.75 feet of the above described parcel, and containing 6.74 acres more or less, in Lake County, Indiana.



Old Parcel ID: 003-03-07-0019-0043
New Parcel ID: 45-16-23-426-002.000-041

The Northeast Quarter of the Southeast Quarter of Section 23, Township 34 North, Range 8 West of the 2nd P.M., excepting the West 22 feet and excepting the East 26 1/3 acres, in Lake County, Indiana.

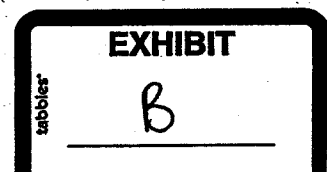
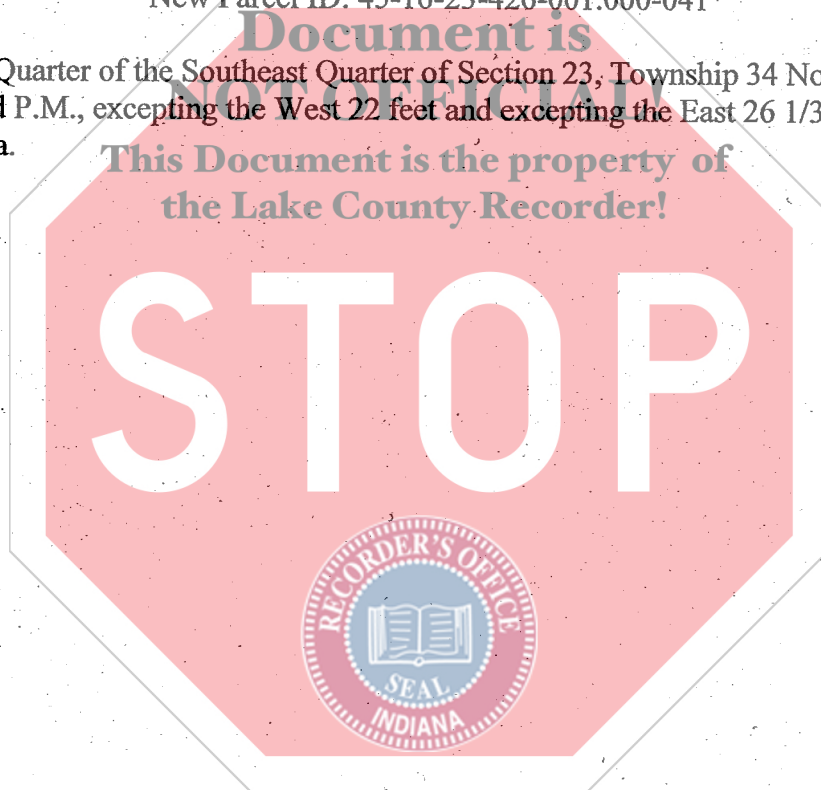
Old Parcel ID: 003-03-07-0019-0025
New Parcel ID: 45-16-23-426-002.000-041

The North 208.75 feet of the South 722.325 feet of the West 208.75 feet of the Southwest Quarter of the Southeast Quarter of Section 23, Township 34 North, Range 8 West of the 2nd Principal Meridian in Lake County, Indiana, containing 1 acre, more or less, subject, however, to any legal highways or right of ways.

Except the North 16.77 feet of the South 530.345 feet of the West 208.75 feet of the Southwest Quarter of the Southeast Quarter of Section 23, Township 34 North, Range 8 West of the 2nd P.M., in Lake County, Indiana.

Old Parcel ID: 003-03-07-0019-0006
New Parcel ID: 45-16-23-426-001.000-041

The Northeast Quarter of the Southeast Quarter of Section 23, Township 34 North, Range 8 West of the 2nd P.M., excepting the West 22 feet and excepting the East 26 1/3 acres, in Lake County, Indiana.



Albert Zieseniss
13213 Iowa Street
Crown Point, Indiana 46307-8337
219-663-3153

14 Nov 1986

Wendell Gene Solomon II
2600 Wells Street
Lake Station Indiana 46405

Dear Wendell,

I and your Grandmother are so ashamed and sorry about what has happen. We are deeding our Indiana real estate to you. We expect you to look after your mother, (Ila May Zieseniss (Solomon) born Sept. 1, 1959, your sister, (Carrie Elisabeth Solomon) born Apr. 28, 1979 and your cousin (Jeanne Marie Zieseniss) born Jan. 10 1980.. Enclosed is a copy of the Quit Claim Deed to be filed after our deaths. The original is in the safe deposit box at our bank.

Lillian F. Zieseniss
Lillian Frances Zieseniss

Albert Zieseniss
Albert Hood Zieseniss

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

Virgadell Bateman
Virgadell Bateman
6527 E. St Rd#8
Crown Point Indiana 46307
219-663-1425

Wayne E Bateman Sr
Waynee Bateman
6527 E St Rd #8
Crown Point Indiana 46307
219-663-1425

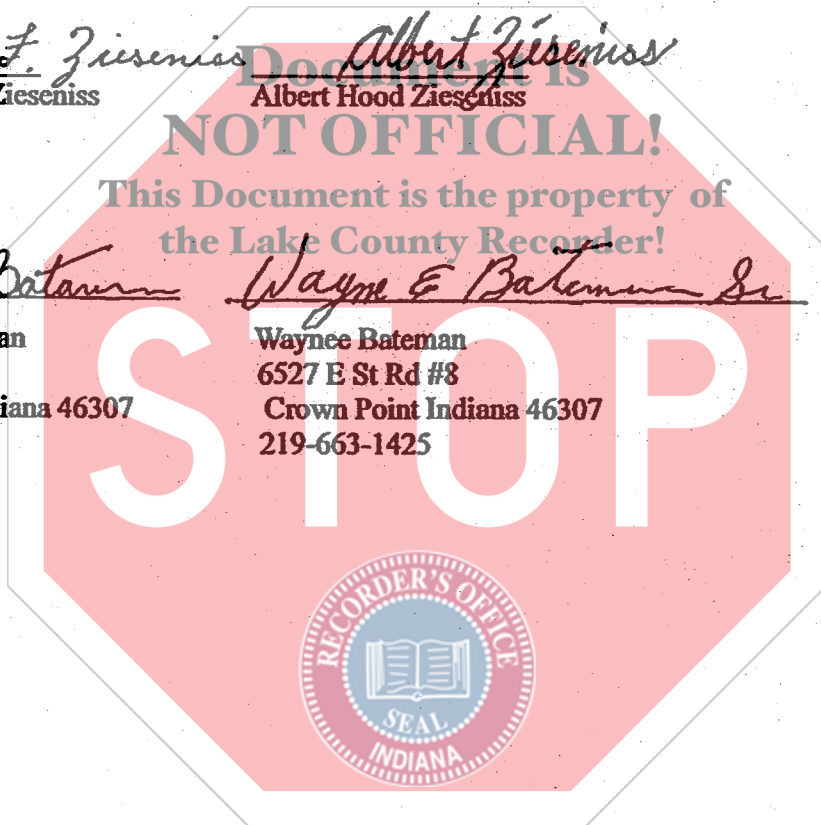


EXHIBIT
C

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Cal. No. 942-05

State No. _____

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

PE/PRINT
IN
PERMANENT
LACK INK

DECEDENT

IDENTIFIERS

INFORMANT

DISPOSITION

USE OF
ATH.

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) ALBERT H. ZIESENISS		2. SEX Male	3a. TIME OF DEATH 8:01 P.M.	3b. DATE OF DEATH (Month, Day, Year) March 24, 2005
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Year) 84	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr) March 11, 1921
7. BIRTHPLACE (City and State or Foreign Country) Crown Point, Indiana	8a. WAS DECEDENT A U.S. VETERAN? NO			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus		9b. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Lillian Frances Alexander	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Worker	12b. KIND OF BUSINESS/INDUSTRY U.S. Steel Company	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Crown Point	13d. STREET AND NUMBER 13213 Iowa Street	
13e. ZIP CODE 46307	13f. RESIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g. ON A FARM <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) _____ College (1-4 or 5+) 5		18. FATHER'S NAME (First, Middle, Last) Edward Zieseniss		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Carrie Hood		20a. INFORMANT'S NAME (Type/Print) Lillian Frances Zieseniss		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13213 Iowa St., Crown Point, IN 46307		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) April 2, 2005 Maplewood Memorial Cemetery, Crown Point, Indiana		21c. LOCATION—City or Town, State
22a. EMBALMER'S NAME Jonathon R. Christiansen		22b. EMBALMER'S LICENSE NO. FD20200095	22c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
23a. SIGNATURE OF FUNERAL DIRECTOR 		23b. LICENSE NUMBER (of Licensed) 1009893	23c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN & LITTLE FUNERAL SERVICE 811 E. Franciscan Drive Crown Point, IN 46307 #83001261	
24. PART I Enter the disease, injuries, or complications that caused the death. Do not enter non-specific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Respiratory failure				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Emphysema				
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 Cor Pulmonale				
25. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO				
26. WAS AN AUTOPSY PERFORMED? (Yes or no) NO				
27. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A				
28a. 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 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.				
28b. SIGNATURE AND TITLE OF CERTIFIER 		28c. MEDICAL LICENSE NO. 01035172	28d. DATE SIGNED (Month, Day, Year) 4/4/05	
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Sharon Harig 8895 Broadway, Merrillville, IN 46410 (219) 738-2081				
30. HEALTH OFFICER'S SIGNATURE 				31. DATE FILED (Month, Day, Year) April 4, 2005
32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY	33c. INJURY AT WORK? (Yes or no)
33d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		33e. DESCRIBE HOW INJURY OCCURRED		
34. DATE PRONOUNCED DEAD (Month, Day, Year)		34b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

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

EXHIBIT
D



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

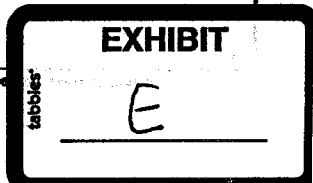
Local No 000179

EDR No 000000177710

State No 002441

1. Decedent's Legal Name (First, Middle, Last) LILLIAN FRANCES ZIESENISS		1a. Maiden Name (if female) ALEXANDER		2. Sex FEMALE	3. Time Of Death 10:12 AM	4. Date Of Death (Month/Day/Year) 01/18/2011	
5. Social Security Number	6a. Age - Yrs 84	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 08/08/1926	
8. Birthplace (City and State or Foreign Country) MERRILLVILLE, IN		9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)	
11. Facility Name (If Not Institution, Give Street and Number) LOWELL HEALTHCARE CENTER				12. City Or Town, State, And Zip Code LOWELL, IN, 46356		13. County Of Death LAKE	
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouses Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER	
17. Kind Of Business/Industry OWN HOME		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT	
18c. Street And Number 13213 IOWA STREET		18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) HARRY E ALEXANDER		23. Mother's Name (First, Middle, Last) ISABEL ALEXANDER		23a. Mother's Maiden Last Name ROSENTRADER			
24. Informant's Name HARRY E ZIESENISS		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 13213 IOWA STREET, CROWN POINT, IN 46307			
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) KELLY-CARROL CREMATION		25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307				27a. Funeral Home License Number FH83001261	
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD01009893					
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.							Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE CEREBROVASCULAR ACCIDENT							DAYS
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							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I							
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Old Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. # Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, Did Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown, If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Car)		37. Date Of Death (Month/Day/Year) FEB 16 2011	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		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: ASRAR AHMED SHEIKH, BY ELECTRONIC SIGNATURE				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: ASRAR AHMED SHEIKH, 17648 MORSE STREET, LOWELL, IN 46356				44. License Number 01060322A		45. Date Certified 01/22/2011	
46. Additional Funeral Service Provider:				47. *Alias:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): JAN 24 2011			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



STATE OF INDIANA)
)SS:
COUNTY OF LAKE)
IN THE MATTER OF THE SUPERVISED)
ESTATE OF:)
LILLIAN ZIESENISS, DECEASED) CAUSE NO. 45CO1-1101-ES-008

ORDER DENYING CLAIM #1

This matter comes before the court for hearing on Claimant WENDELL SOLOMON II's Claim #1. Witnesses sworn, testimony and exhibits received and arguments heard.

IT IS HEREBY ORDERED ADJUDGED AND DECREED that the "Affidavit of Interest" is not admissible under the Indiana Dead Man's Statute I.C. 34-45-2-4 and the 1986 letter received as Exhibit B is not admitted as hearsay.

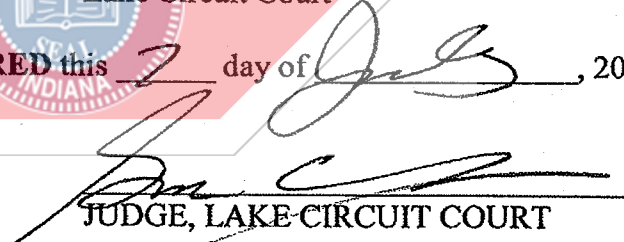
IT IS FURTHER ORDERED ADJUDGED AND DECREED that Claimant's Claim #1 is denied and the Claimant holds no ownership interest in the real estate at issue in this Estate.

IT IS FURTHER ORDERED ADJUDGED AND DECREED that Claimant WENDELL SOLOMON II shall immediately file necessary documentation to REVOKE AND RESCIND the "Affidavit of Interest" he recorded as Document Number 2011-013214 with the Lake County Recorder's Office on March 8, 2011.

ALL OF WHICH IS FOUND AND RECOMMENDED this 30th day of JUNE, 2011.


PROBATE COMMISSIONER,
Lake Circuit Court

ALL OF WHICH IS ORDERED this 7 day of July, 2011.


JUDGE, LAKE CIRCUIT COURT

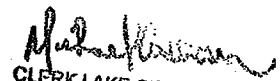
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JUL 13 2011

CLERK LAKE CIRCUIT COURT

EXHIBIT
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"B"