

8

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 046881

2011 AUG 26 AM 10:41

**AFFIDAVIT OF SURVIVORSHIP**

MICHAEL J. TROMAN  
RECORDER

Comes now HARRY ZIESENISS, being duly sworn upon his oath, and states as follows:

1. That the affiant is the Personal Representative of the Estate of Lillian Zieseniss Cause No. 45C01-1101-ES-008 and the adult son of the decedent, LILLIAN ZIESENISS and the predeceased, ALBERT H. ZIESENISS.

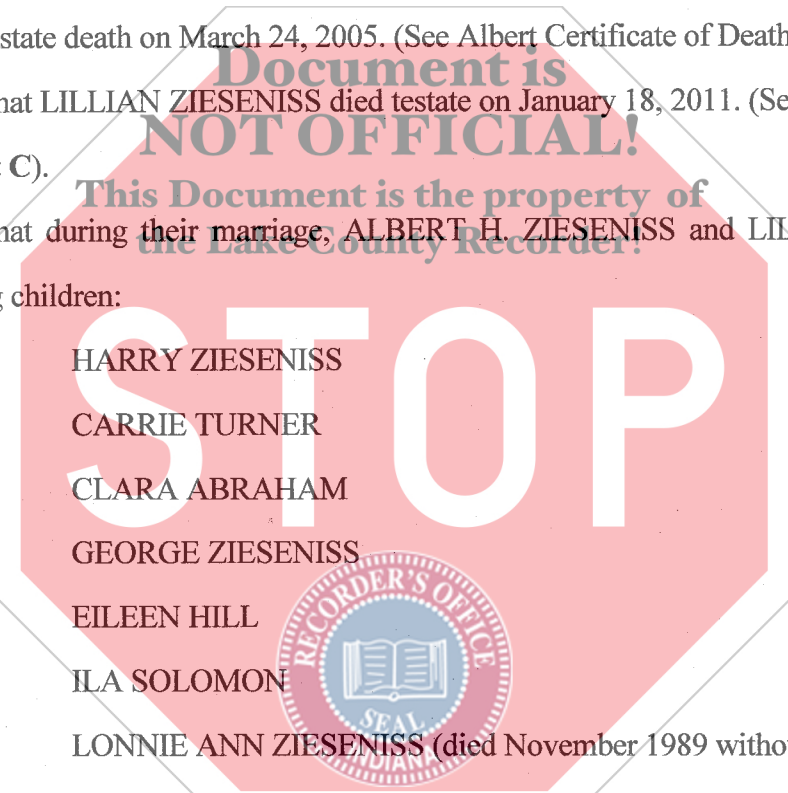
2. That ALBERT H. ZIESENISS was born on March 11, 1921 and LILLIAN ZIESENISS was born on August 6, 1926. They married on October 6, 1944. (See Marriage Certificate – **Exhibit A**).

3. That ALBERT and LILLIAN ZIESENISS remained so married until ALBERT ZIESENISS' intestate death on March 24, 2005. (See Albert Certificate of Death – **Exhibit B**).

3. That LILLIAN ZIESENISS died testate on January 18, 2011. (See Lillian Certificate of Death-**Exhibit C**).

4. That during their marriage, ALBERT H. ZIESENISS and LILLIAN ZIESENISS had the following children:

- a. HARRY ZIESENISS
- b. CARRIE TURNER
- c. CLARA ABRAHAM
- d. GEORGE ZIESENISS
- e. EILEEN HILL
- f. ILA SOLOMON
- g. LONNIE ANN ZIESENISS (died November 1989 without surviving issue)
- h. WILLIAM ZIESENISS (died August 2006 - leaving 2 surviving issue  
CLAY ZIESENISS and CODY ZIESENISS)



**FILED**

**055158**

**AUG 26 2011**

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

# 25  
CR# 2697  
CA

5. That the heirs outlined in the Last Will and Testament of LILLIAN ZIESENISS are identical to the intestate heirs of her predeceased husband ALBERT ZIESENISS as outlined in Paragraph 4 above. (See Last Will – Exhibit D).

6. That as a result, at the time of LILLIAN ZIESENISS' passing on January 18, 2011, she had an ownership interest in the following real estate all in Lake County, Indiana which are now assets of her estate:

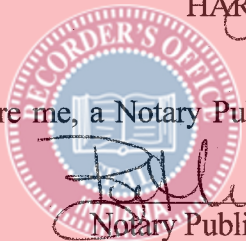
- a. 3001 East 129<sup>th</sup> Avenue - Key #45-16-23-426-002.000-041
- b. 13213 Iowa Street – Key #45-16-23-451-002.000-041
- c. 2999 East 129<sup>th</sup> Avenue – Key #45-16-23-426-001.000-041
- d. 13129 Iowa Street – Key #45-16-23-451-001.000-041
- e. 3303 East 129<sup>th</sup> Avenue – Key #45-16-24-300-001.000-044
- f. 116 East 135<sup>th</sup> Avenue – Key #45-16-27-100-007.000-041
- g. 101 East 134<sup>th</sup> Avenue – Key #45-16-27-100-003.000-041

6. That the gross value of the estate of the decedent, LILLIAN ZIESENISS, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a federal estate tax return. That the decedent's estate is also not subject to Indiana Inheritance Tax.

  
HARRY ZIESENISS, Affiant

STATE OF INDIANA            )  
COUNTY OF LAKE            )

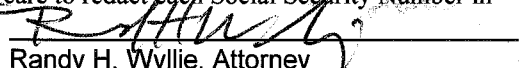
Subscribed and sworn to before me, a Notary Public, this 9<sup>th</sup> day of August, 2011.



  
Beth A. Jague  
Notary Public

County of Residence: Lake  
My Commission Expires: May 25, 2018

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.

  
Randy H. Wyllie, Attorney

This instrument prepared by: RANDY H. WYLLIE, Atty # 17621-64, 429 West Lincoln Hwy, Schererville, IN 46375, Attorney at Law



ZIESENISS, ALBERT HOOD  
TO  
ALEXANDER, LILLIAN FRANCES

BE IT REMEMBERED, That heretofore, to wit:  
on the 2 day of October  
A.D. 1944, 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,  
ZIESENISS, ALBERT HOOD and ALEXANDER, LILLIAN FRANCES  
according to the laws of the State of Indiana.

IN TESTIMONY WHEREOF, I WALTER R. MYBECK,  
Clerk of the Lake Circuit Court, hereunto subscribe my  
name and affix the seal of said court, at Crown Point,  
this 2 day of October, 1944

/s/WALTER R. MYBECK  
Clerk Lake Circuit Court

BE IT FURTHER REMEMBERED, That afterwards, to wit: on the, 10 day  
of October, 1944 the following Certificate of Marriage was filed in my office,  
to wit:

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

STATE OF INDIANA, LAKE COUNTY, ss:

THIS CERTIFIES, That I joined in Marriage as Husband and Wife  
ZIESENISS, ALBERT HOOD and ALEXANDER, LILLIAN FRANCES  
on the 6 day of October, 1944

/s/KENDALL E. SANDS/MINISTER

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 ZIESENISS, ALBERT HOOD\* & \*ALEXANDER, LILLIAN FRANCE  
Male Born: March 11, 1921  
Female Born: August 6, 1926

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 22 day of April, 2005.

Thomas R. Philpot  
Clerk Lake Circuit Court  
Jan 27 06  
Deputy

Exhibit "A"

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

INDIAN STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 942-05

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

IDENTIFIANTS

INFORMANT

DISPOSITION

USE OF AUTHORITY

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>ALBERT H. ZIESENISS</b>				2. SEX <b>Male</b>		3a. TIME OF DEATH <b>8:01 P M</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>March 24, 2005</b>				
4. *SOCIAL SECURITY NUMBER <b>303-32-0020</b>		5a. AGE—Last Birthday (Years) <b>84</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) <b>March 11, 1921</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Crown Point, Indiana</b>		
8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? -----		9a. 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				
9b. FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital Southlake Campus</b>					9c. CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville</b>			9d. COUNTY OF DEATH <b>Lake</b>				
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Lillian Frances Alexander</b>			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Steel Worker</b>			12b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) <b>U.S. Steel Company</b>				
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Crown Point</b>			13d. STREET AND NUMBER <b>13213 Iowa Street</b>					
13e. ZIP CODE <b>46307</b>		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		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) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>5</b> College (1-4 or 5+) <b>5</b>		
18. FATHER'S NAME (First, Middle, Last) <b>Edward Zieseniss</b>						19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Carrie Hood</b>						
20a. INFORMANT'S NAME (Type/Print) <b>Lillian Frances Zieseniss</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>13213 Iowa St., Crown Point, IN 46307</b>				20c. Relationship <b>Wife</b>				
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) <b>April 2, 2005</b> <b>Maplewood Memorial Cemetery Crown Point, Indiana</b>				21c. LOCATION—City or Town, State					
22a. EMBALMER'S NAME <b>Jonathon R. Christiansen</b>			22b. EMBALMER'S LICENSE NO. <b>FD20200095</b>			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b. LICENSE NUMBER (of Licenses) <b>1009893</b>			25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>PRUZIN &amp; LITTLE FUNERAL SERVICE</b> <b>811 E. Franciscan Drive</b> <b>Crown Point, IN 46307 #83001261</b>						
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. <b>Respiratory failure</b> <b>Emphysema</b>						THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT NOV 05 2009						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Respiratory failure</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>Emphysema</b> DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF)						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. <b>Cor Pulmonale</b>						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>		
29a. 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.												
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						29c. MEDICAL LICENSE NO. <b>01035172</b>			29d. DATE SIGNED (Month, Day, Year) <b>4/4/05</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Sharon Harig 8895 Broadway, Merrillville, IN 46410 (219) 738-2081</b>												
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) <b>April 4, 2005</b>						
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			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)						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>Exhibit "B"</b>								



**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No **000179**

EDR No **000000177710**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>LILLIAN FRANCES ZIESENISS</b>				1a. Maiden Name (If female) <b>ALEXANDER</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>10:12 AM</b>	4. Date Of Death (Month/Day/Year) <b>01/18/2011</b>	
5. Social Security Number <b>311-26-2575</b>		6a. Age - Yrs <b>84</b>	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) <b>08/06/1926</b>		8. Birthplace (City and State or Foreign Country) <b>MERRILLVILLE, IN</b>
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) <b>LOWELL HEALTHCARE CENTER</b>									
12. City Or Town, State, And Zip Code <b>LOWELL, IN, 46356</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				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>				
18c. Street And Number <b>13213 IOWA STREET</b>						18d. Apt. No.	18e. Zip Code <b>46307</b>	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education <b>8TH GRADE OR LESS</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>HARRY E ALEXANDER</b>				23. Mother's Name (First, Middle, Last) <b>ISABEL ALEXANDER</b>			23a. Mother's Maiden Last Name <b>ROSENTRADER</b>		
24. Informant's Name <b>HARRY E ZIESENISS</b>			24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>13213 IOWA STREET, CROWN POINT, IN 46307</b>				
25. Place Of Disposition									
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>KELLY-CARROL CREMATION</b>			25c. Location - City, Town, And State <b>GARY, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>PRUZIN &amp; LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307</b>					27a. Funeral Home License Number: <b>FH83001261</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01009893</b>			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. Enter Only One Cause On A Line. Add Additional Lines If Necessary. <b>ACUTE CEREBROVASCULAR ACCIDENT</b> Due to (Or As A Consequence Of): <b>JAN 27 2011</b> Approximate Interval: Onset To Death									
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>COPD, DEMENTIA, PARKINSONISM, CAD</b>									
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 type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But 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"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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: <b>ASRAR AHMED SHEIKH, BY ELECTRONIC SIGNATURE</b>						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>ASRAR AHMED SHEIKH, 17648 MORSE STREET, LOWELL, IN 46356</b>						44. License Number <b>01060322A</b>		45. Date Certified <b>01/22/2011</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 24 2011</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
<b>Exhibit "C"</b>									

**Last Will and Testament  
OF**

**Lillian Zieseniss**

I, Lillian Zieseniss, domiciled in Lake County, Indiana, do make, publish and declare this to be my Last Will and Testament and hereby revoke all wills and codicils previously made by me.

**ARTICLE I  
Payment of Debts, Expenses and Taxes**

Subject to the following limitations, my Executor, hereinafter named, shall pay out of the residue of my estate all my legal debts enforceable as claims against my estate, any expenses of my last illness, funeral and burial, any expenses of administering my estate and all taxes which are payable by reason of my death:

No payments shall be made from amounts received by my executor or the trustee of any trust created by this will by virtue of my beneficiary designation of any pension, profit sharing or Keough benefits, or any individual retirement account benefits or of any other retirement plan benefits if to do so would make those benefits subject to federal estate taxation at my death; and

**ARTICLE II  
Residuary Estate**

All the rest, residue and remainder of my property, of whatever nature and wherever situated, and whether acquired by me before or after the execution of this Will, including all property as to which effective disposition shall not be made by this Will for any cause, is hereby given to my children, in equal shares. Should any of my children not survive my death, and I hereby acknowledge that my son William Zieseniss has already passed on, then in that event, the share intended for that child shall be given to that child's children who survive my death.

**ARTICLE III  
Executor**

I appoint my son, Harry Zieseniss as Executor of this Will.

**ARTICLE IV  
Miscellaneous Provisions**

**Section 4.1. Meaning of Terms.**

**Clause 4.1 (a). Children.** All references hereto to my "children" shall mean and refer to:

Clara Abraham  
Eileen Hill  
George Zieseniss  
Lonnie Ann Zieseniss, who died without issue  
William Zieseniss, who died with issue  
Harry Zieseniss  
Ila Solomon  
Carrie Turner

All references herein to a "child of mine" shall mean and refer to one of my children. All provisions for my children are stated within this will. If a child is not provided for in either instrument, then such is my desire and is made without oversight.

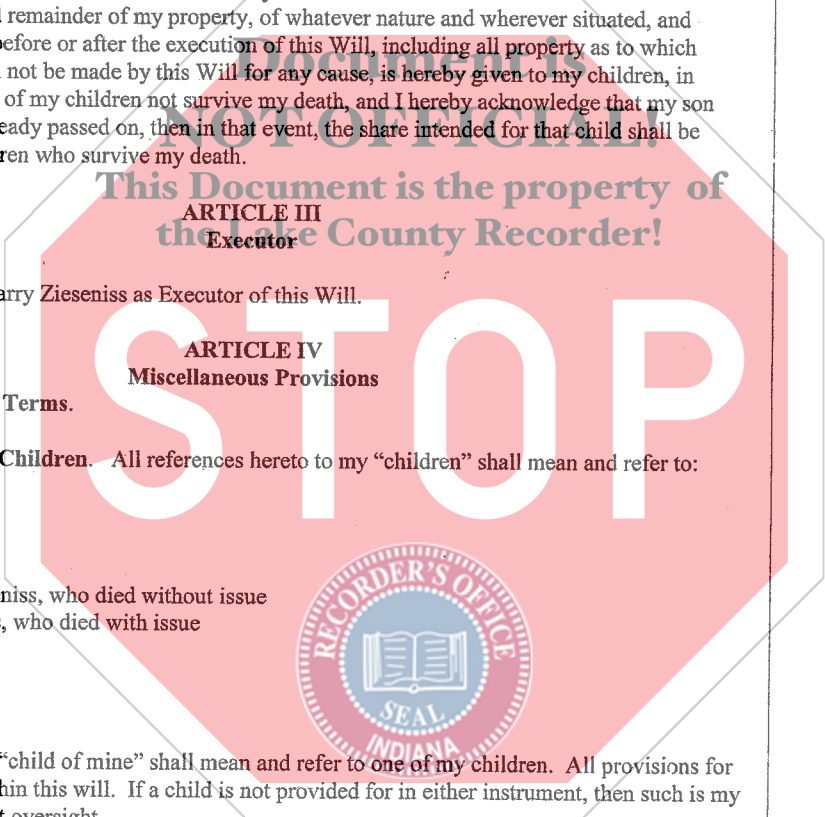
*Lillian Zieseniss*  
Lillian Zieseniss

Exhibit "D"

5001 1101 ES 00  
Filed in Clerk's Office

JAN 25 2011

*M. J. Brown*  
CLERK LAKE CIRCUIT COURT



# Last Will and Testament OF

**Lillian Zieseniss**

(Page 2)

**Clause 4.1 (b). Descendants.** In every case under the provisions of this Will in which any interest in my estate or in any trust hereunder has been given to the "descendants" of a person, or it is directed that a share of the property of any trust is provided that any payment or distribution may be made to such descendants, the persons entitled or eligible to receive such interest shall include the immediate and remote lawful descendants of that person (including anyone lawfully adopted by that person or by one of his descendants, if adopted prior to attaining the age of ten years, and the descendants of any such adopted person), whether born before or after the date of my death, but living at the time fixed for the payment, distribution or setting aside of such property. Except as otherwise provided above, the descendants of a person shall be determined according to, and shall take by right of representation under, the rule, per stirpes, with the stirpes or stock headed by the person whose descendants they are said to be.

**Clause 4.1 (c). Singular, Plural and Masculine Words.** Wherever in this Will a singular word appears, it shall also include the plural whenever required by the context and vice versa. Wherever a masculine pronoun is used herein, it shall also include the feminine or neuter whenever required by the context and vice versa.

**Clause 4.1 (d). Executor.** All references herein to the "executor" of a person's estate shall mean and refer to the executor, administrator, administrator with will annexed, or other personal representative of such person's estate.

**NOT OFFICIAL!**

Article V

Trust for Minor Beneficiaries

**Section 5.1:** Notwithstanding the above provisions, should the proposed distribution occur at a time when any beneficiary is under the age of twenty-three (23) years, then, and in that event, all distributive shares of that beneficiary shall be held in Trust by the surviving parent of that beneficiary, as Trustee, until such time as that beneficiary has reached the age of twenty-three (23), or sooner dies. The Trustee shall have and hold the trust property separately for each trust established and each for the use and benefit of those beneficiaries in accordance with the following provisions:

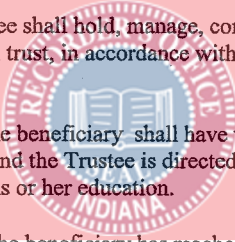
**Clause 5.1(a) Trustee Powers:** The Trustee shall have full and complete power and authority to manage, control, rent, lease, sell, invest and dispose of the property in the trust estate and invest and reinvest the proceeds thereof with the same power and authority as if it were the absolute owner thereof.

**Clause 5.1(b) Trustee Management** The Trustee shall hold, manage, control and disburse the property including principal and interest, held in trust, in accordance with the Trustee's judgment as to the best interests of the beneficiary.

**Clause 5.1(c) Post High School Education:** The beneficiary shall have the opportunity of an education past high school if he or she desires, and the Trustee is directed insofar as the trust estate will permit, to make funds available for his or her education.

**Clause 5.1 (d) Termination of Trust:** When the beneficiary has reached the age of Twenty-Three (23) years or sooner dies, then the Trustee is directed to disburse all remaining funds from the trust to said beneficiary or to his or her estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal unto this my Last Will and Testament consisting of three pages, each signed by me this 8<sup>th</sup> day of March, 2009.

  
*Lillian Zieseniss* (Seal)  
Lillian Zieseniss

# Last Will and Testament OF

**Lillian Zieseniss**  
(Page 3)

We, the undersigned, attesting witnesses, do hereby attest that Lillian Zieseniss signed the above and foregoing instrument, declaring it to be her Last Will and Testament, in our presence, and that we at her request and in her presence, and in the presence of each other, have hereunto affixed our signatures as attesting witnesses.

Douglas R. Kvachkoff of 13910 Chase St., Crown Point, IN 46307  
Douglas R. Kvachkoff

Patricia A. Kvachkoff of ~~710 Michigan St., Lowell, IN 46356~~  
Patricia A. Kvachkoff 13910 Chase St. Crown Point, IN 46307

UNDER PENALTIES FOR PERJURY, We, Lillian Zieseniss, Douglas R. Kvachkoff, and Patricia A. Kvachkoff, the testatrix and witnesses respectively, whose names are signed to the attached or foregoing instrument declare:

1. That the testatrix executed this instrument as her Will.
2. That in the presence of both witnesses, she signed her signature already made.
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 of each other, sign the Will as witness;
5. That the Testatrix was of sound mind; and
6. That to the best of their knowledge the Testatrix was at the time eighteen (18) year or more of age.

Lillian Zieseniss  
Lillian Zieseniss - Testatrix

Douglas R. Kvachkoff  
Douglas R. Kvachkoff - Witness

Patricia A. Kvachkoff  
Patricia A. Kvachkoff - Witness

DATED: This 8<sup>th</sup> day of March, 2009

