

Affidavit of Heirship

We, RICHARD PHILPOT AKA RICHARD PHILPOT JR Being

duly sworn, affirm, under the penalties for perjury that we are adults under no mental or physical incapacity or disability and am competent to testify to the facts set forth in this Affidavit and state as follows:

1. We are the only heirs of KATHYRN PHILPOT, who died on SEPTEMBER 29, 2009 in LAKE County, IN, as evidenced by the attached certified copy of her death certificate.

2. At the time of her death, KATHYRN PHILPOT did not have a Last Will and Testament.

3. There was no Federal Estate tax due as a result of the death of Kathyrn Philpot

4. There was no Indiana Inheritance tax due as a result of the death of Kathyrn Philpot

5. The payment of the claims of creditors, if any, has been made, including the expenses of the last illness and death. To my knowledge, there are no outstanding claims of creditors of Kathyrn Philpot

6. There are no estate proceedings currently pending as a result of the death of Kathyrn Philpot

FURTHER AFFIANTS SAYETH NOT

[Signature]



[Signature]

11/03/2011
Date

[Signature]
Tom Philpot

Fidelity-Highland 920111929

2011 069740

2011 DEC -5 AM 10:32

MICHELLE L. JOHNSON
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

NOV 29 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

004464 22.00
HUNTER
FN
LR

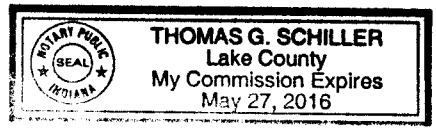
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said county and state,
personally appeared FIZEL PHILPOT and
acknowledge the execution of the affidavit to be his/her voluntary act, this 03
day of NOVEMBER, 2011.

[Signature]

My commission expires: 5/27/2016

My county of residence is: LAKE



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.

[Signature]

Thomas Schiller
Document is NOT OFFICIAL!

This instrument prepared by:
Tom Philpot

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



STATE OF Texas)
) SS:
COUNTY OF Harris)

Before me, the undersigned, a Notary Public in and for said county and state,
personally appeared Richard Philpot AKA Richard Philpot Jr. and
acknowledge the execution of the affidavit to be his/her voluntary act, this 20th
day of October, 2011.



A handwritten signature in black ink that reads "Kalli Gonzalez".

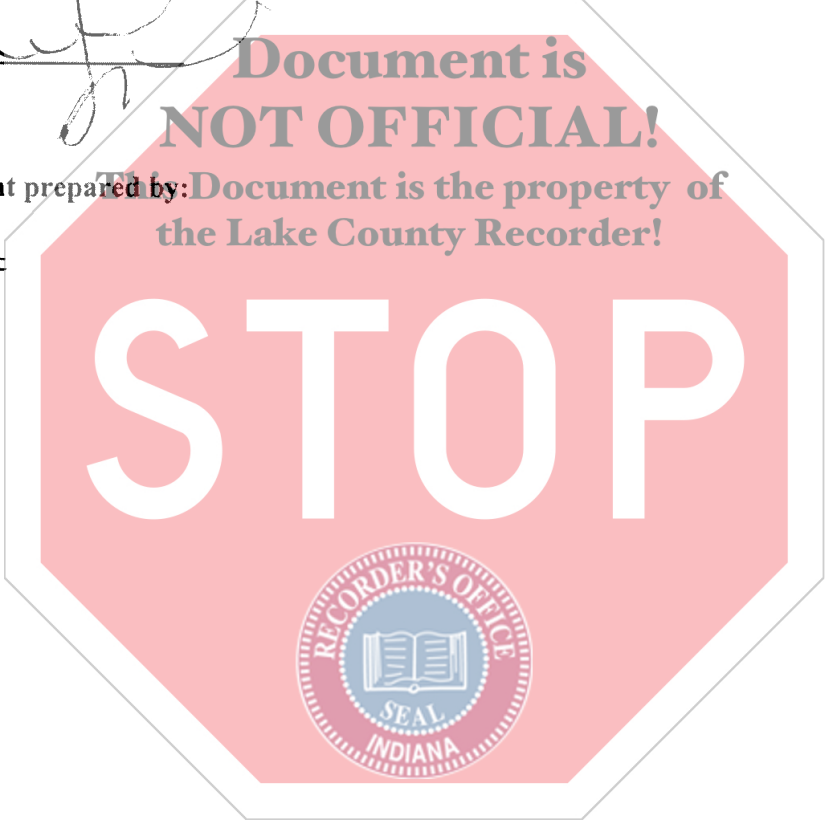
My commission expires: _____

My county of residence is: Harris, TX

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.

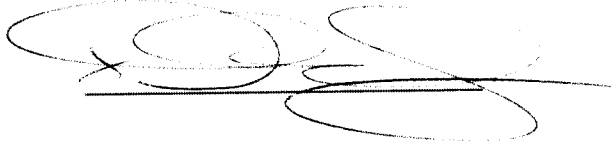
A handwritten signature in black ink that reads "Kalli Gonzalez".

This instrument prepared by:
Tom Philpot



STATE OF IN)
COUNTY OF Lake) SS:

Before me, the undersigned, a Notary Public in and for said county and state,
personally appeared Tom Philpot and
acknowledge the execution of the affidavit to be his/her voluntary act, this 21st
day of November, 2011.



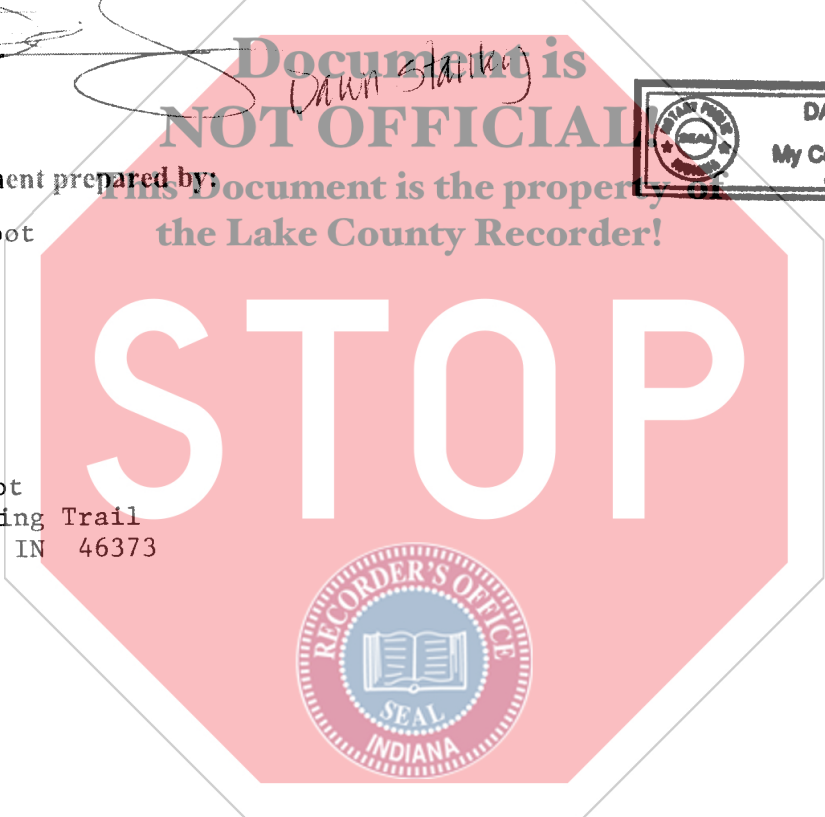
My commission expires: 7/29/18

My county of residence is: Lake

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.



This instrument prepared by:
Tom Philpot



Mail To:
Tom Philpot
8770 Winding Trail
St. John, IN 46373



No: 920111929

LEGAL DESCRIPTION

Lot 84, White Oak Estates of Highland, Block 3, an Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 83 page 80, in the Office of the Recorder of Lake County, Indiana.

4507-32-257-018.000-026



I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER 619940		
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED NAME FIRST MIDDLE LAST 1. RICHARD T. PHILPOT			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 11-22-96 (Nov. 22, 1996)			
	COUNTY OF DEATH 4. COOK		AGE—LAST BIRTHDAY (MYS) 5a. 67	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. 5-19-29 (May 19, 1929)		
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. CHICAGO		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. RUSH PRESBYTERIAN ST. LUKES			IF HOSP. OR INST. INDICATE D.O.A. OF EMER. PAT. INPATIENT (SPECIFY) 6c. INPATIENT		
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. EAST CHICAGO (IND)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Mrs. KATHYRN. PHILPOT		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO		
	SOCIAL SECURITY NUMBER 10. [REDACTED]		USUAL OCCUPATION 11a. INSPECTOR	KIND OF BUSINESS OR INDUSTRY 11b. PROSECUTOR		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (9-12) 12. (12) College (1-4 or 5+) _____		
RESIDENCE (STREET AND NUMBER) 13a. 216. Holly Ln.		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. SCHERERVILLE		INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. LAKE			
STATE 13e. IND.		ZIP CODE 13f. 46375	RACE (WHITE, BLACK, AMERICAN INDIAN, OR ISLANDER) (SPECIFY) 14a. W	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. NO YES _____ SPECIFY: _____				
FATHER—NAME FIRST MIDDLE LAST 15. JAMES PHILPOT		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) 16. DOROTHY HUDDLE PHILPOT						
INFORMANT'S NAME (TYPE OR PRINT) 17a. RICHARD PHILPOT		RELATIONSHIP 17b. SON	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 3422 Rolling TR. SPRING, TX. 77381					
18. PART I.		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) Acute Myocardial Infarction					FEW HOURS	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Coronary artery Disease.					Many Year	
PART II. Other identifiable conditions contributing to death but not resulting in the underlying cause given in PART I.		CONSTRUCTIVE PERICARDITIS, POST-HEPATIC CIRRHOSIS					AUTOPSY (YES/NO) 19a. NO	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [] NO []			
(100) (DO NOT ATTEND TO THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. Did Not/Last Seen!		MONTH, DAY, YEAR 11-22-96		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 8:15 P.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE 22a. R. CHHABLANI MD		DATE SIGNED (MONTH, DAY, YEAR) 22b. 11-22-96		ILLINOIS LICENSE NUMBER 22c. 36-45179		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 1725-W. HARRISON. CHICAGO IL. 60612		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. MARVIN S. ROSENBERG MD		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. St. Johns Cemetery		LOCATION CITY/TOWN STATE 24c. Hammond, Indiana		DATE (MONTH, DAY, YEAR) 24d. Nov. 25, 1991		
FUNERAL HOME 25a. Fitzpatrick Funeral Service, LTD, 1912 W. 170th St. Hazel Crest, IL 60429		FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011651		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOV 25 1996		
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]								

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