

Real property commonly known as 6605 Missouri Avenue, Hammond, Indiana 46323 and legally described as follows:

Lots 47 and 48, Block 11, and the South one-half (1/2) of vacated Vine Street adjacent Manufacturer's Addition to Hammond, as show in Plat Book 2, page 23, Lake County, Indiana

Commonly known as 6605 Missouri Avenue, Hammond, Indiana 46323

Parcel Number: 45-07-10-128-013.000-023

Approximate fair market value: \$29,000

7. Pursuant to I.C. § 29-1-7-23, said property devolved to the Judith Mae Gray Trust Dated October 26, 2000, upon the decedent's death, whereby the Affiants, in their capacity as Successor Co-Trustees, are entitled to delivery of the above-stated property as the designated devisees and legatees of the aforementioned property under the Last Will and Testament of Judith Mae Gray.

8. The Affiants request that the transfer agent of the Lake County Auditor's Office transfer the above parcel to Becky Brakley and Danny Brakley, as Successor Co-Trustees of the Judith Mae Gray Trust Dated October 26, 2000.

9. The Affiants hereby charge themselves with the responsibility of proper disbursement of the aforementioned property according to the provisions of the Last Will and Testament of Judith Mae Gray and the Judith Mae Gray Trust Dated October 26, 2000, and hereby agree to hold harmless the Lake County Auditor's Office from any liability with regard to the transfer of the above real property.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

540332

45-07-10-128-013.000-023

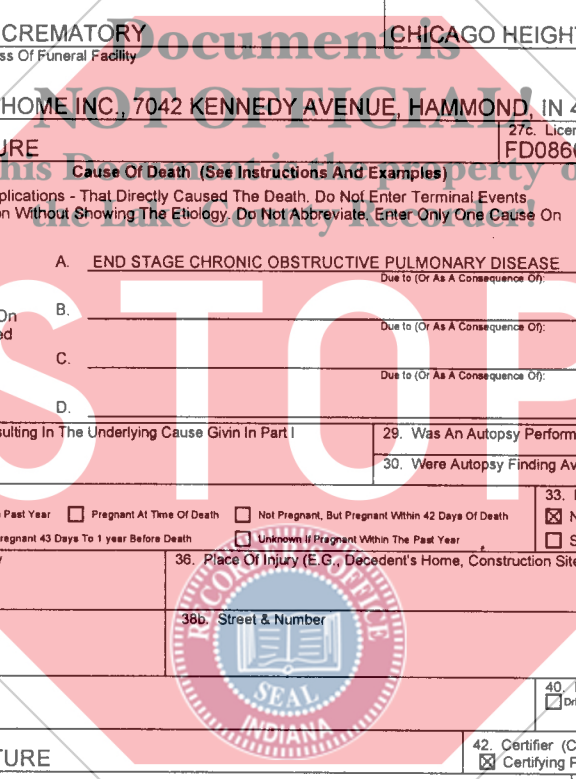


Local No 000147

EDR No 000000207828

State No

1. Decedent's Legal Name (First, Middle, Last) JUDITH MAE GRAY				1a. Maiden Name (If female) BRAKLEY		2. Sex FEMALE	3. Time Of Death 03:30 AM	4. Date Of Death (Month/Day/Year) 07/06/2011	
5. Social Security Number [REDACTED]	6a. Age - Yrs 64	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) 02/03/1947		8. Birthplace (City and State or Foreign Country) HAMMOND, 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 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) REGENCY HOSPITAL OF NORTHWEST INDIANA, LLC									
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312					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 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 HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town HAMMOND				
18c. Street And Number 6605 MISSOURI AVENUE						18d. Apt. No.	18e. Zip Code 46323	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) LORAN BRAKLEY JR				23. Mother's Name (First, Middle, Last) LAVERNE BRAKLEY			23a. Mother's Maiden Last Name LEDBETTER		
24. Informant's Name DANNY BRAKLEY		24a. Relationship To Decedent BROTHER		24b. Mailing Address (Street And Number, City, State, Zip Code) 11608 NORTH 557 EAST, DEMOTTE, IN 46310					
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) HEIGHTS CREMATORY		25c. Location - City, Town, And State CHICAGO HEIGHTS, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BOCKEN FUNERAL HOME INC., 7042 KENNEDY AVENUE, HAMMOND, IN 46323					27a. Funeral Home License Number: FH10600033		
27b. Signature Of Indiana Funeral Service Licensee: JOSE G. CORONA, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08601373			
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. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (Or As A Consequence Of):						
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			B. _____ Due to (Or As A Consequence Of):						
			C. _____ Due to (Or As A Consequence Of):						
			D. _____ Due to (Or As A Consequence Of):						
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I HYPERTENSION, ATRIAL FIBRILLATION						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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" 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: KANTILAL S PATEL, 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: KANTILAL S PATEL, 525 527 WEST CHICAGO AVENUE, EAST CHICAGO, IN 46312						44. License Number 01043474A		45. Date Certified 07/11/2011	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 11 2011			



FB 1100742 FMT - AR & H&M

BURNET/FIDELITY

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT

EXHIBIT A

LAST WILL AND TESTAMENT

OF

JUDITH MAE GRAY



LAST WILL AND TESTAMENT

OF

JUDITH MAE GRAY

I, JUDITH MAE GRAY, a resident of Hammond, Indiana, hereby revoke all prior Wills and Codicils and make this my Last Will:

ARTICLE ONE

1.01 All expenses of administering my estate and all estate, inheritance, transfer, legacy or succession taxes, or death duties (excluding, however, any tax imposed under chapter 13 of the Internal Revenue Code of 1986 on a generation-skipping transfer which is not a direct skip), and any interest and penalties thereon, which may be assessed or imposed with respect to my estate, or any part thereof, wheresoever situated, whether or not passing under my Will, including the taxable value of all policies of insurance on my life and of all transfers, powers, rights, or interests includable in my estate for the purpose of such taxes and duties, shall be paid out of my residuary estate as an expense of administration and without apportionment, and shall not be prorated or charged against any of the other gifts in this Will or against property not passing under this Will.

1.02 The foregoing provisions to the contrary notwithstanding, my executor shall request the Trustee under the JUDITH MAE GRAY TRUST DATED OCTOBER 26, 2000, to pay any expenses, debts and taxes which cannot be paid out of my probate estate without necessitating (a) the abatement of any non-residuary devise or legacy, or (b) the sale of assets which are not, in the sole opinion of my executor, readily marketable.

J.M.G.

ARTICLE TWO

2.01 I give, devise and bequeath the entire residue of my estate to the Trustee of the JUDITH MAE GRAY TRUST DATED ~~OCTOBER 26~~ 2000, created by me under a certain trust agreement with myself as Trustee, to be held, administered and distributed by said Trustee pursuant to the terms and provisions of said trust agreement, as amended at any time before or after the date of this Will. If that trust agreement has been revoked or is not otherwise in existence at the date of my death, I give, devise and bequeath the entire residue of my estate to the Trustee therein named, to be held, administered and distributed pursuant to the terms and provisions of that trust agreement.

ARTICLE THREE

3.01 I hereby name Becky Brakley as Executrix of this my Last Will. In the event she is unable or unwilling to serve, I name Danny Brakley as Executor of this my last Will. I request that the personal representative named herein be permitted to serve in such capacity without the necessity of posting any bond, if possible. In the event that this is not possible, it is my wish and desire that such bond be fixed at the lowest amount possible under the practice of the court having jurisdiction over my estate. Should administration or ancillary administration of my estate be required in any jurisdiction in which my said personal representative shall be unable or unauthorized to act, then I name as Administrator or Ancillary Administrator With Will Annexed of my estate such person or corporation as may be appointed by my principal personal representative. My said personal representative shall have full power and discretion, without order of court, to do any and all things necessary for the complete administration of my estate, including the power to lease, mortgage and to sell at public or private sale any and all real or personal property belonging to my estate; to compound, compromise or otherwise settle or adjust any and all claims, charges, debts, and demands against or in favor of my estate; to litigate, compound or settle inheritance, estate, transfer or succession taxes assessed by reason of my death, and gift, income or other taxes assessed against me or my estate; to continue to hold any assets or any increase thereof received as part of my estate; to invest funds available for investment in stocks, bonds, notes or other property as my personal representative deems prudent; to hold assets in the name of a nominee; to distribute directly to any beneficiary such portion or



all of any trust mentioned herein which would be immediately distributable to such beneficiary upon receipt by the trustee under the provisions of such trust; to exercise on my behalf or on behalf of my estate any disclaimer of property, an interest in property or a power over property, as to any portion or all thereof, and whether passing to me outright or held in trust; and to do all things necessary to be done as I could do, if living.

I have signed this Will consisting of three (3) pages, this 24th day of October, 2000.

Judith Mae Gray (Seal)
JUDITH MAE GRAY

On the date it bears, the foregoing instrument was signed and declared by Judith Mae Gray in our presence as her Will, and at her request and in her presence, and in the presence of each other, we have signed our names as witnesses, believing her to be of sound mind at the time of so signing.

Debra L. Berggren Address 8453 W 84th

Donald R. Williams Address St John, Ln 46373
P.O. Box 108

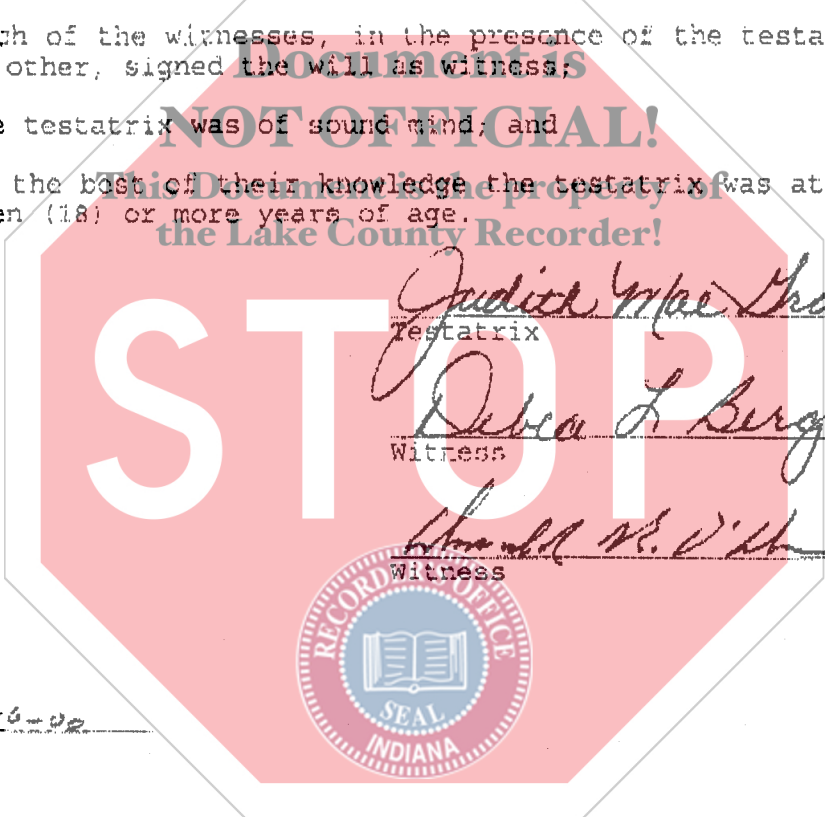


Donald R. Williams

AFFIDAVIT

UNDER THE PENALTIES OF PERJURY, We, Judith Mae Gray, Debra L. Bergren and Sharon M. V. V. V. the testatrix and the witnesses respectively, whose names are signed to the attached or foregoing instrument declare:

1. that the testatrix executed the instrument as her will;
2. that, in the presence of all witnesses, she signed said instrument;
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, signed 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) or more years of age.



Judith Mae Gray
testatrix

Debra L. Bergren
Witness

Sharon M. V. V. V.
Witness

Date: 10-26-08