



East of the Southwest corner of the SE 1/4 of the SE 1/4 of said Section 11; thence North parallel to the West line of said SE 1/4 of the SE 1/4 a distance of 60.00 feet; thence East parallel to the South line of said Section 11 a distance of 151.2 feet thence South parallel to the West line of said SE 1/4 of the SE 1/4 of said Section 11, a distance of 60 feet to the South line of said Section 11, thence West 151.2 feet to the point of beginning, containing 0.208 acres, more or less, St. John Township, Lake County, Indiana.  
Subject to an easement over the West 10 feet thereof.

Commonly known as: 1114 Highway #330, Griffith, IN 46319

Affiant further states that he knows of his own knowledge that the value of the gross estate of the above decedent, ELEANOR LEESE a/k/a ELEANOR B. LEESE, at the time of her death, within the meaning of the Federal Estate Tax laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate Tax.

Affiant further states that he has paid any inheritance tax due to the State of Indiana by him as a result of decedent's interest in this property that he held jointly with the decedent.

Affiant further states, that to the best of his knowledge, after decedent's death, all outstanding debts and obligations of the decedent, ELEANOR LEESE a/k/a ELEANOR B. LEESE, including funeral expenses and expense of last illness, were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent that would adversely affect this property or the transfer thereof.

Affiant makes this Affidavit for the purpose of having the name of the deceased joint owner, ELEANOR LEESE a/k/a ELEANOR B. LEESE, removed from the title to said real estate.

Affiant further sayeth not this 16th day of July, 2013.

  
Robert G. Steffan, Affiant

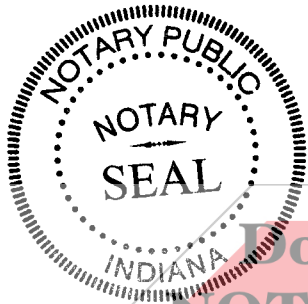


STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared ROBERT G. STEFFAN, who acknowledged the execution of this instrument this 16th day of July, 2013.

*Theresa L. Clements*

NOTARY PUBLIC SIGNATURE

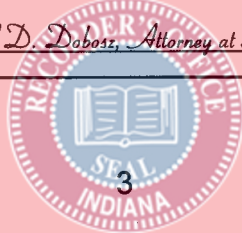


**Theresa L. Clements**  
Notary Public, State of Indiana  
Lake County  
My Commission Expires:  
07/07/2016



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.

*Michael D. Dobosz, Attorney at Law*





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 003846

EDR No 00000294116

State No 054707

1. Decedent's Legal Name (First, Middle, Last) <b>ELEANORE B LEESE</b>			1a. Maiden Name (if female) <b>BILAK</b>			2. Sex <b>FEMALE</b>		3. Time Of Death <b>10:40 AM</b>		4. Date Of Death (Month/Day/Year) <b>12/10/2012</b>	
5. Social Security Number <b>96</b>		6a. Age - Yrs <b>96</b>		6b. Under 1 Year Months <b>96</b>		6c. Under 1 Month Days <b>96</b>		6d. Under 1 Day Hours <b>96</b>		6e. Under 1 Hour Minutes <b>96</b>	
7. Date of Birth (Month/Day/Year) <b>03/26/1916</b>			8. Birthplace (City and State or Foreign Country) <b>HAMMOND, 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 checked="" 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) <b>4828 WEST 73RD AVENUE</b>						12. City Or Town, State, And Zip Code <b>SCHERERVILLE, IN, 46375</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			16. Decedent's Usual Occupation <b>SECRETARY</b>		
17. Kind Of Business/Industry <b>INLAND STEEL</b>						18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		
18b. City Or Town <b>SCHERERVILLE</b>						18c. Street And Number <b>4828 WEST 73RD AVENUE</b>		18d. Apt. No.		18e. Zip Code <b>46375</b>	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						19. Decedent's Education <b>MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)</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>MICHAEL BILAK</b>			23. Mother's Name (First, Middle, Last) <b>HELENA BILAK</b>		
24. Informant's Name <b>LOU ANN STEFFAN</b>						24a. Relationship To Decedent <b>FRIEND</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>907 WEST PINE PLACE, GRIFFITH, IN 46319</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 CARROLL CREMATORY</b>		
25c. Location - City, Town, And State <b>GARY, IN</b>						26. 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. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. END STAGE DEMENTIA</b>			27a. Funeral Home License Number <b>FH10600026</b>		
27b. License Number (Of Licensee) <b>FD08700086</b>						27c. Name And Complete Address Of Funeral Facility <b>WHITE FUNERAL HOME &amp; CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319</b>			27d. Approximate Interval From Death <b>MONTHS</b>		
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>NONE</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 checked="" 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)		
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 checked="" 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>ASHIR WAHAB, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			44. License Number <b>01067982A</b>		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ASHIR WAHAB, 1573 N. CLINE AVENUE, GRIFFITH, IN 46319</b>						45. Date Certified <b>12/11/2012</b>			47. *Alc:		
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>					
49. For Registrar Only - Date Filed (Month/Day/Year): <b>DEC 11 2012</b>						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

State Form 53385 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Exhibit "A"

I hereby affirm that I have redacted all SOCIAL SECURITY NUMBERS ON THIS DOCUMENT. ATTORNEY MICHAEL D. JOHNSON