

- B) MARY B. RANTA, Daughter,
609 A Newcastle Dr., Schererville, IN 46375
- C) JOSEPH EMILE POTRAZA, Son,
8778 Walling Rd., North Royalton, OH 44133;
- D) WENDY FRAZER, Granddaughter,
6940 Firethorn Dr., Beaumont, TX 77708;
- E) DAWN CLARK, Granddaughter,
2710 Raintree Dr., Carrollton, TX 75006;
- F) KYLE POTRAZA, Grandson,
5411 Kingston Dr., Richardson, TX 75082; and
- G) ANDREW POTRAZA, Grandson,
3510 Chellen Dr., Dallas, TX 75234

6. following:

That the probate assets of decedent at the time of her death were comprised of the

- A) A one-fourth (1/4th) interest in real estate located in Lake County, Indiana, having a total assessed value of \$133,100.00, making decedent's interest approximately \$33,275.00, said real estate being commonly known as: **1015 N. Woodlawn Ave., Griffith, IN 46319**; further identified by Parcel **45-07-26-352-006.000-006** and legally described as:

THE WEST 81.22 FEET OF THE SOUTH 57.0 FEET OF TRACT 15, ALL BY LINES MEASURED PARALLEL TO THE NORTH AND WEST LINES THEREOF; IN WEST HAVEN MANOR, A PLANNED UNIT DEVELOPMENT IN THE TOWN OF GRIFFITH, INDIANA, AS PER RECORD PLAT THEREOF APPEARING IN PLAT BOOK 96, PAGE 22, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
TOTAL VALUE:

\$33,275.00

7. That the following list of persons, firms or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant.

A) Hilbrich Law Firm (legal fee):	\$ 550.00
TOTAL:	\$ 550.00

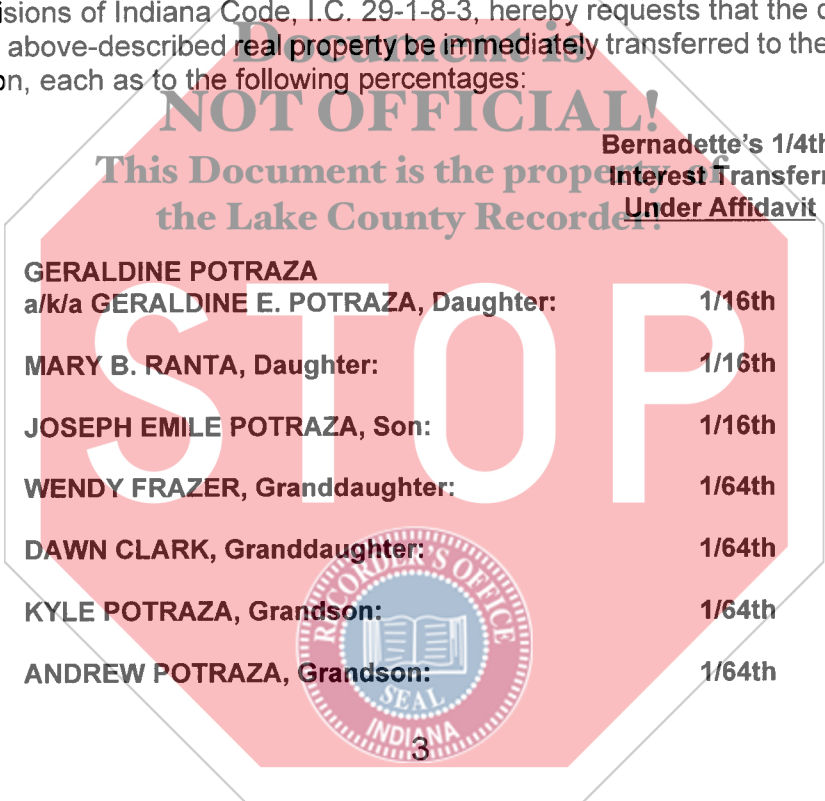
8. That the gross value of the estate of the decedent, BERNADETTE POTRAZA a/k/a BERNADETTE G. POTRAZA, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

9. That no Indiana Inheritance Tax was due by reason of the death of said decedent.

10. That the decedent's funeral bill has been paid in full.

11. That based on all of the above stated facts, the undersigned Affiant, MARY B. RANTA, pursuant to the provisions of Indiana Code, I.C. 29-1-8-3, hereby requests that the decedent's one-fourth (1/4th) interest in the above-described real property be immediately transferred to the following individuals, as tenants in common, each as to the following percentages:

		<u>Bernadette's 1/4th Interest Transferred Under Affidavit</u>	<u>Total New Interest in 100% of Real Estate</u>
A)	GERALDINE POTRAZA a/k/a GERALDINE E. POTRAZA, Daughter:	1/16th	20/64th
B)	MARY B. RANTA, Daughter:	1/16th	20/64th
C)	JOSEPH EMILE POTRAZA, Son:	1/16th	20/64th
D)	WENDY FRAZER, Granddaughter:	1/64th	1/64th
E)	DAWN CLARK, Granddaughter:	1/64th	1/64th
F)	KYLE POTRAZA, Grandson:	1/64th	1/64th
G)	ANDREW POTRAZA, Grandson:	1/64th	1/64th



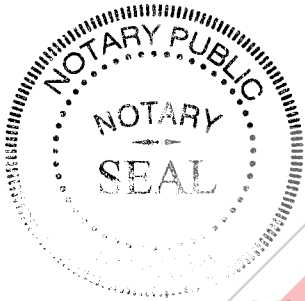
Affiant further sayeth not.

Mary B. Ranta
MARY B. RANTA, Affiant

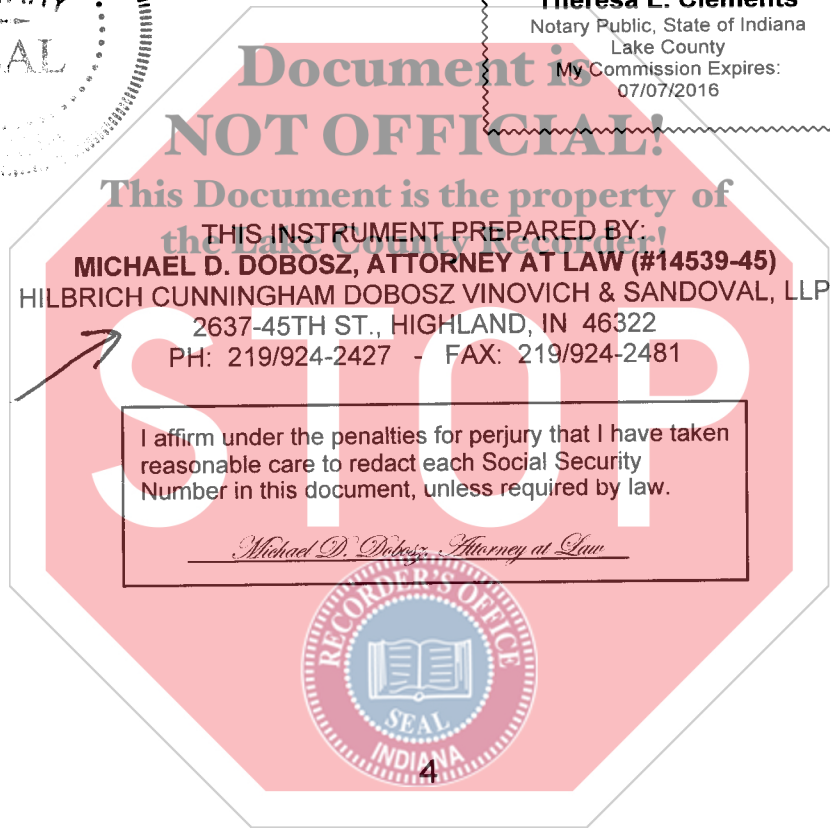
STATE OF INDIANA*****COUNTY OF LAKE*****SS:

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared MARY B. RANTA, who acknowledged the execution of this instrument this 4 day of August, 2014.

Theresa L. Clements
NOTARY PUBLIC SIGNATURE



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





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001219

EDR No 00000256648

State No 017958

1. Decedent's Legal Name (First, Middle, Last) BERNADETTE G POTRAZA				1a. Maiden Name (if female) DE ST AUBIN		2. Sex FEMALE		3. Time Of Death 10:05 PM		4. Date Of Death (Month/Day/Year) 04/19/2012		
5. Social Security Number		6a. Age - Yrs 93		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		
7. Date of Birth (Month/Day/Year) 11/27/1918		8. Birthplace (City and State or Foreign Country) CHICAGO, IL										
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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER												
12. City Or Town, State, And Zip Code DYER, IN, 46311						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 TEACHER		17. Kind Of Business/Industry ST MARYS CATHOLIC SCHOOL		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GRIFFITH			18d. Apt. No.		18e. Zip Code 46319	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 1015 NORTH WOODLAND AVENUE												
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) EMILE DE ST AUBIN						23. Mother's Name (First, Middle, Last) ELSIE DE ST AUBIN			23a. Mother's Maiden Last Name DELFOSE			
24. Informant's Name MARY RANTA			24a. Relationship To Decedent DAUGHTER			24b. Mailing Address (Street And Number, City, State, Zip Code) 609 NEW CASTLE DRIVE APT A., SCHERERVILLE, IN 46375						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ST JOHN ST JOSEPH CEMETERY				25c. Location - City, Town, And State HAMMOND, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319						27a. Funeral Home License Number: FH10600026				
27b. Signature Of Indiana Funeral Service Licensee: RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700086						
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.												
Immediate Cause (Final Disease Or Condition Resulting In Death)												
A. <u>RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of): <u>19 HOURS</u>												
B. <u>SEVERE AORTIC STENOSIS</u> Due to (Or As A Consequence Of): <u>5 YEARS</u>												
C. <u>CONGESTIVE HEART FAILURE-DUE TO AORTIC STENOSIS</u> Due to (Or As A Consequence Of): <u>3 YEARS</u>												
D. _____												
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												
ANEMIA												
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"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Injury At Work <input type="checkbox"/> Injury In Vehicle <input type="checkbox"/> Other (Specify):						
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												
41. Signature, Of Person Certifying Cause Of Death: JOHN P COSGROVE, 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: JOHN P COSGROVE, 221 S ROUTE 41 SUITE I, SCHERERVILLE, IN 46375						44. License Number 02003551A		45. Date Certified 04/23/2012				
46. Additional Funeral Service Provider:												
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 24 2012						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

I CERTIFY THAT I HAVE REDACTED ALL SOCIAL SECURITY NUMBERS FROM THIS DOCUMENT. MICHAEL D. DOBOSZ, ATTORNEY

State Form 53395 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"