

41-272-25

3

AFFIDAVIT OF DEATH TRUSTEE

1. The following Trust (the "Trust") is the subject of this Affidavit:

ROBERT SHOTTS, Sole Trustee, or his Successors in Trust, under the ROBERT SHOTTS LIVING TRUST, dated June 22, 1993, and any amendments thereto.

2. Section 3(c) of Article Twelve states that in the event of the death of Initial Trustee, Robert Shotts, then Aida M. Shotts shall serve as Death Trustee.

3. The Initial Trustee, Robert Shotts, died on August 10, 1995. A copy of the Death Certificate of Robert Shotts is attached to this Affidavit.

4. The name and address of the currently acting Death Trustee of the Trust is as follows:

Name: AIDA M. SHOTTS
Address: 1243 Cass Street
Gary, Indiana 46403

5. The Trust is currently in full force and effect.

6. This Affidavit shall effect all of the Trust assets including, but not limited to, the following described real estate, which was transferred into the Trust by Deed in Trust dated June 29, 1993, and recorded in the Office of the Recorder of Lake County on June 30, 1993, as Instrument No. 93043331, and more particularly described as follows:

Lot Twenty-five (25), Block Eight (8), as marked and laid down on the recorded plat of Aetna Manor Second Subdivision, in the City of Gary, Lake County, Indiana, as the same appears of record in Plat Book 28, page 39, in the Recorder's Office of Lake County, Indiana.

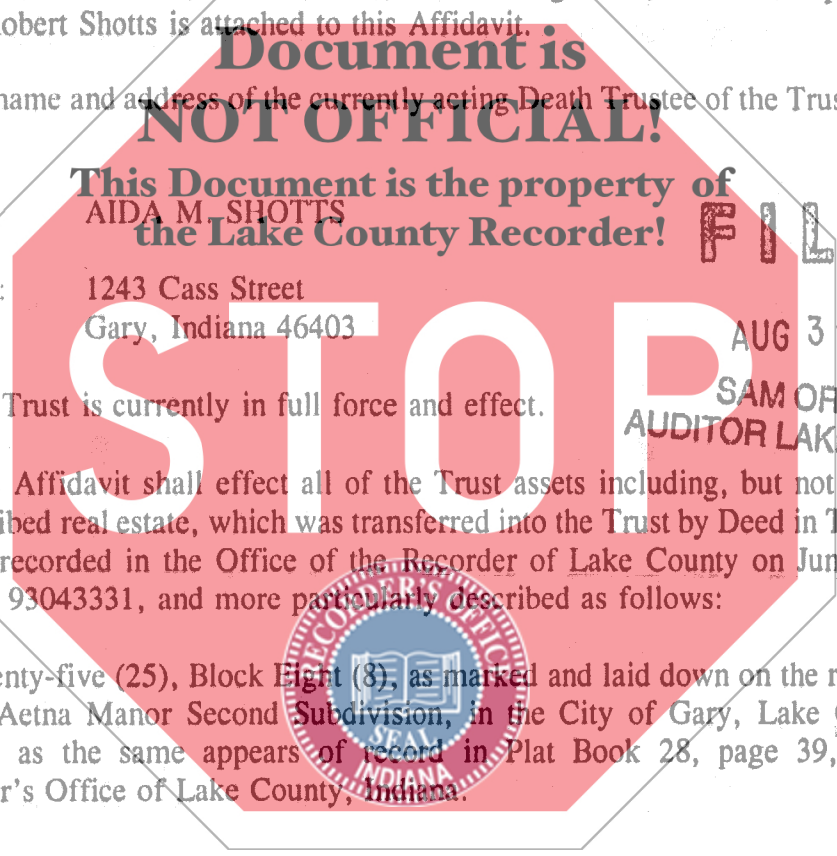
7. The signatory of this Affidavit is the currently acting Death Trustee of the Trust and she declares that the foregoing statements are true and correct, under the penalties of perjury of the laws of the State of Indiana.

8. This Affidavit was executed in the County of Porter, State of Indiana, on the 27th day of Aug, 1995.

Aida Shotts
AIDA M. SHOTTS

001957

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FILED
AUG 31 1995
SAM ORLICH
AUDITOR LAKE COUNTY
95051806
REC'D
FILED FOR...

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared AIDA M. SHOTTS, as Death Trustee under the ROBERT SHOTTS LIVING TRUST dated June 22, 1993, and any amendments thereto, who acknowledged the execution of the foregoing Affidavit of Death Trustee, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS MY HAND AND SEAL this 23 day of August, 1995.

MY COMMISSION EXPIRES:

4-21-99

Clifford J. Rice
Notary Public
Resident County: PORTER

NOT OFFICIAL!

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

THIS INSTRUMENT PREPARED BY:

CLIFFORD J. RICE
RICE & RICE ATTORNEYS
3235 WILLOWCREEK ROAD
PORTAGE, INDIANA 46368
PHONE: (219) 762-7711

"OFFICIAL SEAL"

Clifford J. Rice, Notary Public
Porter County, State of Indiana
My Commission Expires 4/21/99

STOP



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

4cc

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 5890-56-95-0634 CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Robert M. Shotts
2. SEX Male
3a. TIME OF DEATH 2:15p.m
3b. DATE OF DEATH (Month, Day, Yr) August 10, 1995
4. SOCIAL SECURITY NUMBER 313-07-6588
5a. AGE—Last Birthday (Years) 88
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr) Dec. 31, 1906
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill.
8a. WAS DECEDENT A U.S. VETERAN? No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?
9a. PLACE OF DEATH (Check only one. See instructions.)
HOSPITAL: Inpatient, ER/Outpatient, DOA
OTHER: Nursing Home, Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number) 1243 Cass St.
9c. CITY, TOWN OR LOCATION OF DEATH Gary, Indiana
9d. COUNTY OF DEATH Lake

DECEDENT

10. MARITAL STATUS (Specify) Married
11. SURVIVING SPOUSE (If wife, give maiden name) Aida Jones
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Retired Gary Works
12b. KIND OF BUSINESS/INDUSTRY U.S. Steel Co.

DECEDENT

13a. RESIDENCE—STATE Indiana
13b. COUNTY Lake
13c. CITY, TOWN OR LOCATION Gary
13d. STREET AND NUMBER 1243 Cass St.

DECEDENT

13e. ZIP CODE 46403
13f. INSIDE CITY LIMITS No Yes
13g. ON A FARM? No Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? No Yes
16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (11-4 or 5 +) 12

PARENTS

18. FATHER'S NAME (First, Middle, Last) George Shotts
19. MOTHER'S NAME (First, Middle, Maiden Surname) Nola Galvan

INFORMANT

20a. INFORMANT'S NAME (Type/Print) Aida Shotts
20b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 1243 Cass St., Gary, In 46403
20c. Relationship Wife

DISPOSITION

21a. METHOD OF DISPOSITION Burial, Cremation, Removal from State, Donation, Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 14, 1995 Calumet Park Cemetery
21c. LOCATION—City or Town, State Merrillville, Ind.

DISPOSITION

22a. EMBALMER'S NAME Anthony S. Rendina Jr.
22b. EMBALMER'S LICENSE NO. FD01010402
23. WAS DEATH REPORTED TO CORONER? No Yes

DISPOSITION

24a. SIGNATURE OF FUNERAL DIRECTOR Anthony S. Rendina Jr.
24b. LICENSE NUMBER (of Licensee) FD01010402
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In4640

CAUSE OF DEATH

26. PART I: Enter the disease, 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Gastric CA
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
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)
28. WAS AN AUTOPSY PERFORMED? (Yes or no) No
29. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CAUSE OF DEATH

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29a. CERTIFIER (Check only one)
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
[] 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.
[] 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.

CERTIFIER

29b. SIGNATURE AND TITLE OF CERTIFIER
29c. MEDICAL LICENSE NO 101027425
29d. DATE SIGNED (Month, Day, Year) 8-14-95

CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Fernando H. Rivera 3099 Central Ave. Lake Station, IN 46405

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE
32. DATE FILED (Month, Day, Year) AUG 16 1995

HEALTH OFFICER

33. MANNER OF DEATH: Natural, Pending investigation, Accident, Suicide, Homicide, Could not be determined
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED

HEALTH OFFICER

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) 001988

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

HEALTH OFFICER



FILED

AUG 31 1995

SAM ORLICH AUDITOR LAKE COUNTY

001988