FILED

OCT 16 1997

SAM ORLICH
AUDITOR LAKE COUNTY

AFFIDAVIT

Key No. 9-228-11

Comes now JO ELLEN HANIFORD who, being duly sworn upon her oath, alleges and says:

1. That On June 28, 1995 Florence M. Hall created the Florence M. Hall Trust, which Trust Agreement appointed Flornce M. Hall as the initial trustee.

2. That Article V, Section 5.02 of said Trust Agreement appoints the Affiant, Jo Ellen Haniford, of Fremont, California as Successor Trustee of said Trust.

3. That said Florence M. Hall died on January 17, 1997, whereupon the Affiant accepted her appointment as, and is currently acting as, Successor Trustee of the Florence M. Hall Trust dated June 28, 1995.

Further Affiant sayeth not.

97070607

Jo Ellen Haniford

STATE OF CALIFORNIA)
) SS:
COUNTY OF Santa Clara

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 OCT 17 PM 9:49

MORRIS W. CARTER
RECORDER

Before me, a Notary Public in and for said County and State, personally appeared Jo Ellen Haniford who acknowledges execution of the foregoing Affidavit as her voluntary act.

Witnes my hand and seal this 13 day of October, 1997.

Orietta Del Canto
Notary Public

My Commission Expires: 1/15/01

SIU1

OFFICIAL SEAL
ORIETTA DEL CANTO
NOTARY PUBLIC - CALIFORNIA
COMMISSION # 1121067
SANTA CLARA COUNTY
My Commission Exp. January 15, 2001

SIU1

This instrument prepared by Debra K. Luke, Attorney at Law

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Ticor-M.O. 213098 Mears

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11 00 AM

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2219-95 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Alfred Neises
2. SEX: Male
3a. TIME OF DEATH: 6:45A M
3b. DATE OF DEATH (Month, Day, Yr.): October 1, 1995
4. SOCIAL SECURITY NUMBER: 317-32-6652
5a. AGE—Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day, Yr.): AUG 1, 1908
7. BIRTHPLACE (City and State or Foreign Country): Chicago, IL
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 9516 Colorado St
9c. CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dorothy Neises/Huseman
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Farmer
12b. KIND OF BUSINESS/INDUSTRY: Farming
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Crown Point
13d. STREET AND NUMBER: 9516 Colorado St.
13e. ZIP CODE: 46307
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 (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Thomas Neises
19. MOTHER'S NAME (First, Middle, Maiden Surname): Katherine Spect

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Dorothy Neises
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9516 Colorado St. Crown Point, IN. 46307
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): OCT 4, 1995 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: Marty Andersen
22b. EMBALMER'S LICENSE NO.: FD01005205
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Larry Deisen
24b. LICENSE NUMBER (of Licensee): FD09000013
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FH83001253 Geisen Funeral Home, Inc. 109 N East St, Crown Point, IN46307

CAUSE OF DEATH

26. PART I. Enter the diseases, 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): a. Metastatic prostate cancer — Approximate Interval Between Onset and Death:

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

DUE TO (OR AS A CONSEQUENCE OF): b.

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last: OCT 03 1995

DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

PART II. Other significant conditions contributing to death but not previously stated in Part I:

Alexander D. Williams, M.D.
LAKE COUNTY HEALTH COMMISSIONER

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one):
☒ 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.

29b. SIGNATURE AND TITLE OF CERTIFIER: X
29c. MEDICAL LICENSE NO: 567-E
29d. DATE SIGNED (Month, Day, Year): 10/2/95

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): James Gentleman D.O., 1121 S. Indiana Ave., Crown Point, IN 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander D. Williams, M.D.
32. DATE FILED (Month, Day, Year): Oct. 3, 1995

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. 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):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.