STATE OF INDIANA SS: 98052457 COUNTY OF LAKE AFFIDAVIT OF THOMAS A. DEMIK Thomas A. DeMik, being first duly sworn upon his oath disposes and says: 1.) He is familiar with the terms of the Revocable Marital Trust Andrew W. DeMik, executed July 26, 1983. 2.) On October 26, 1995, Bank One, Merrillville, N.A., the successor trustee of the Andrew W. DeMik Trust, as amended, resigned as successor trustee. 3.) Thereafter, Thomas A. DeMik and Ann K. Hickey, sole beneficiaries of the Trust appointed themselves as successor trustees, and Thomas A. DeMik and Ann K. Hickey, as of this date are the duly appointed and acting successor trustees of the Trust of Andrew W. DeMik, as amended. Thomas A. DeMik STATE OF INDIANA, COUNTY OF LAKE, SS: Subscribed and sworn before me, the undersigned, a Notary Public in and for Lake County, Indiana, this 18th day of June, 1998., personally appeared Thomas A. DeMik, who personally appeared and acknowledged the execution of the foregoing instrument. 10-2-01 (signature) Notary Public My commission expires: Paula Barrick County of Residence: (Printed)

This instrument was prepared by: William F. Carroll, Attorney at Law 101 N. Main Street FILED

Crown Point, Indiana 46307 (219-663-1298)

JUL 09 1998

SAM ORLICH AUDITOR LAKE COUNTY

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Resignation of Successor Trustee

Bank One Merrillville, NA, named Successor Trustee of the Andrew W. DeMik Trust dated July 26, 1983, as Amended by Document dated December 22, 1987, and by Document entitled Second Amendment to Trust dated August 17, 1993, hereby exercises its power pursuant to ARTICLE VIII, Sec. 8.02, of said Trust and hereby resigns as Successor Trustee, effective immediately. Thirty (30) day Notice waived.

Dated: October 24 , 1995.

Document is

NOT OF Bank One Merrillville, NA

This Document is the property of the Lake County Recorder

Trust Officer

Appointment of Successor Trustees

Thomas A DeMik and Ann K. Hickey, sole beneficiaries of the Trust of Andrew W. DeMik Trust dated July 26, 1983, as Amended by Document dated December 22, 1987, and by Document entitled Second Amendment to Trust dated August 17, 1993, hereby waive thirty (30) day Notice of resignation by Bank One Merrillville, NA, and acknowledge that said Bank One Merrillville, NA, holds no assets of the Trust, has undertaken no administration of the Trust, and is without obligation for any accounting with regard to said Trust.

The undersigned Thomas A. DeMik and Ann K. Hickey, being the sole and only beneficiaries of the Trust, pursuant to to their right under ARTICLE VIII, Sec. 8.02, hereby appoint themselves, Thomas A. DeMik and Ann K. Hickey as Successor Trustees and accept the duties and obligations of Trustees pursuant to said Andrew W. DeMik Trust, as Amended, commencing immediately, upon resignation of Bank One Merrillville, NA.

Dated: 10.27.20

On K Hickey

Ann K. Hickey

933 Saddlebrook Drive

Zionsville, IN 46077

SSN: 309-56-8038

Thomas A. DeMik

4405 South 9th Street

1a Sohns

Arlington, VA 22204 SSN: 311-48-7504

| BB. WAS DECEDENT A U.S. VETERAN? V. S. 1946 BB. FACILITY NAME (If not institution, give street and number) 8225 ALEXANDER 10. MARITAL STATUS (Specify) WILDOW 11. SURVIVING SPOUSE (If wife give maiden name) 12. DECEDENT done during in product 13. RESIDENCESTATE 13. COUNTY 13. CITY. TOWN OR LOCATION 13. ZIP CODE 13. INSIDE CITY LIMITS 14. CITIZEN OF WHAT COUNTRY? 13. VAS DECEDENT OF HISPANIC ORI MARKEN PUETO FICEN. etc.) 13. WAS DECEDENT OF HISPANIC ORI MARKEN PUETO FICEN. etc.) 13. WAS DECEDENT OF HISPANIC ORI MARKEN PUETO FICEN. etc.) WHAT COUNTRY? 13. S. A. WILLIAM DEMIR 20. INFORMANT S NAME (Fype/Print) 20. INFORMANT S NAME (Type/Print) 20. MAILING ADDRESS (Siree | 36 TIME OF DEATH Male 4:15P. M October 13, 1995 AY 6. Date Of Birth (Ma Day Yr) AY 8. Date Of Birth (Ma Day Yr) AY 9. Date Of Birth (Ma Day Yr) AY 1916 AR 9. Date Of Birth (Ma Day Yr) AR 1916 AR 9. Date Of Birth (Ma Day Yr) AR 1916 AR 1916 AR 1916 AR 1916 AR 2016 AR |
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| ## COUNTY HEALTH COMMISSIONER Continue | 25 NAME ADDRESS AND LICENSE NUMBER OF FLINERAL HOME |
| PAST II. Other addition of process of each but not previous CAMPORIO Course last PAST II. Other addition of process of each but not previous CAMPORIO Course last PAST II. Other addition of process of each but not previous CAMPORIO Course last PAST II. Other addition of the process of each but not previous CAMPORIO Course last PAST II. Other addition of the process of each but not previous CAMPORIO Course last PAST II. Other addition of the process of each but not previous CAMPORIO Course last PAST II. Other addition of the past of the previous CAMPORIO COURSE COURSE On the basis of examination and/or investigation, in my opinion. deat PAST II. Other addition of the past of examination and/or investigation, in my opinion. deat PAST II. Other addition of the past of examination and/or investigation, in my opinion. deat PAST II. Other addition of the past of examination and/or investigation. In my opinion. deat | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Eller Brady FH83000825 8510 Lakeshore dr. Cedar Lake Indiana 46303 |
| 29a. CERTIFIER Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the interpretation and/or investigation, in my opinion. death occurred at the interpretation and/or investigation, in my opinion, death occurred at the interpretation and/or investigation, in my opinion, death occurred at the interpretation and/or investigation, in my opinion, death occurred at the interpretation and/or investigation, in my opinion, death occurred at the interpretation and/or investigation, in my opinion, death occurred at the interpretation and/or investigation, in my opinion, death occurred at the interpretation and/or investigation, in my opinion. | Interval Batwe Onset and Dec |
| (Check only MEALTH OFFICER On the basis of examination and/or investigation, in my opinion. deat CORONER On the basis of examination and/or investigation, in my opinion, deat | PREGNANT OR 90 DAYS PERFORMED? (Yes or no) 288. WAS AN AUTOPSY PERFORMED? (Yes or no) COMPLETION OF CAUSE OF DEATH? (Yes or no) |
| | n, death occurred at the time, date, and place, and due to the cause(s) as stated. |
| The A star | 29c. MEDICAL LICENSE NO 29d. DATE SIGNED (Month Day, Yo |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) BERITARDO SI W (-WA) 1121 | N 201N 1 N 66767 |
| 31 HEALTH OFFICER'S SIGNATURE WEDANDED. Willie | 32. DATE FILED (Month. Day, Year) |
| | WORK? 34d. DESCRIBE HOW INJURY OCCURRED |
| Netural Pending Investigation Accident Suicide Could not be Determined. 34e PLACE OF INJURY—At home, farm, street, fectory office building, etc (Specify) | 14 (OCAYO) (Sure Care Care Care Care Care Care Care Ca |
| 34g DATE PRONOUNCED DEAD (Month Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yea or no) # ye | 34f LOCATION (Street and Number or Rural Route Number, City or Town, State) |

Part of the Northwest 1/4 of the Southeast 1/4 of Section 21, Township 35 North, Range 9 West of the 2nd Principal Meridian, in the Town of Schererville, Lake County, Indiana, more particularly described as follows: Commencing at the Northwest corner of the Southeast 1/4 of said Section 21; thence South 88 degrees 27 minutes 02 seconds East, along the North line of said Southeast 1/4, a distance of 295.42 feet to the true Point of Beginning; thence continuing South 88 degrees 27 minutes 02 seconds East, along the North line of said Southeast 1/4, which line is also the South boundary line of HILBRICHAUS ACRES, 2ND ADDITION as shown in Plat Book 63, page 29, in the Office of the Recorder of Lake County, Indiana, a distance of 1020.32 feet to a point lying 0.71 feet West of the East line of the Northwest 1/4 of said Southeast 1/4; thence South 0 degree 06 minutes 17 seconds West, along the occupied West boundary of THE ESTATES AT BRISTOL FARMS, PHASE 1, as shown in Plat Book 66, page 50, in the Office of the Recorder of Lake County, Indiana, a distance of 1320.93 feet to a point lying on the South line of the Northwest 1/4 of said Southeast 1/4, which point lies 0.40 feet West of the Southeast corner thereof; thence North 89 degrees 29 minutes 24 seconds West, along the South line of the Northwest 1/4 of said Southeast 1/4, a distance of 935.28 feet to a point that lies 383.05 feet Easterly of the Southwest corner of said Northwest 1/4; thence North 0 degree 06 minutes 17 seconds East, a distance of 332.84 feet; thence South 89 degrees 53 minutes 43 seconds East, a distance of 255.00 feet; thence North 0 degree 06 minutes 17 seconds East, a distance of 600.00 feet; thence North 89 degrees 53 minutes 43 seconds West, a distance of 340.00 feet; thence North 0 degree 06 minutes 17 seconds East, a distance of 390.87 feet to the Point of Beginning.

