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STATE OF INDIANA)
) SS:
COUNTY OF LAKE) 98052657

93 JUL 19 11 01 AM
NOTARY PUBLIC

AFFIDAVIT OF THOMAS A. DEMIK

Thomas A. DeMik, being first duly sworn upon his oath disposes and says:

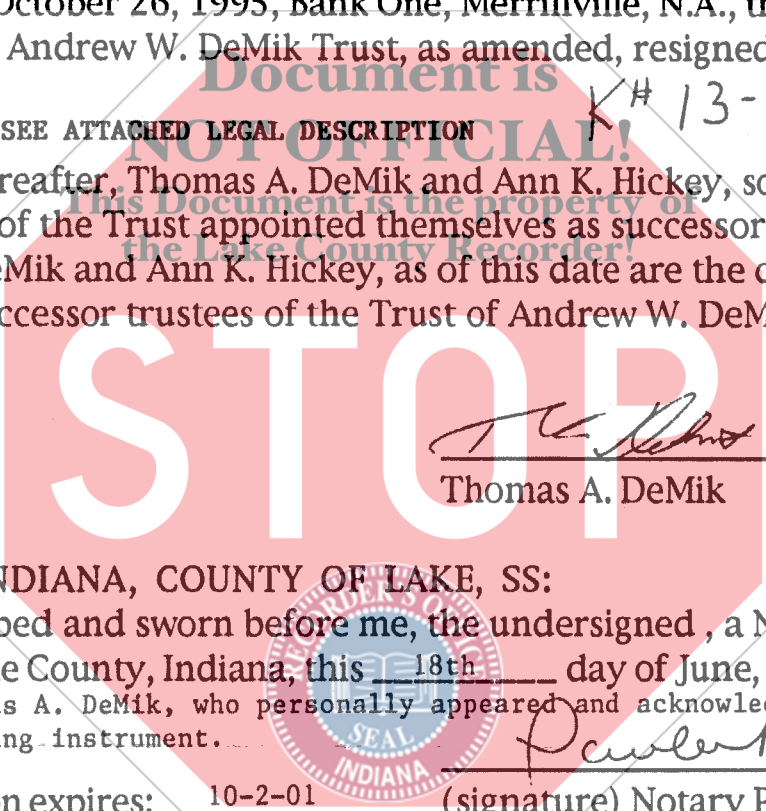
1.) He is familiar with the terms of the Revocable Marital Trust Andrew W. DeMik, executed July 26, 1983.

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.

SEE ATTACHED LEGAL DESCRIPTION

K# 13-9-16

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
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.

Paula Barrick

My commission expires: 10-2-01 (signature) Notary Public

County of Residence: Lake Paula Barrick
(Printed)

This instrument was prepared by: William F. Carroll, Attorney at Law
101 N. Main Street
Crown Point, Indiana 46307
(219-663-1298)

FILED

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 OFFICIAL
Bank One Merrillville, NA

This Document is the property of
the Lake County Recorder
By: [Signature]
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: 10.27.95, 1995.

[Signature]
Ann K. Hickey
933 Saddlebrook Drive
Zionsville, IN 46077
SSN: 309-56-8038

[Signature]
Thomas A. DeMik
4405 South 9th Street
Arlington, VA 22204
SSN: 311-48-7504

Voluntary and there will be no penalty for this filing.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. **2330-95**

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

INFORMANTS

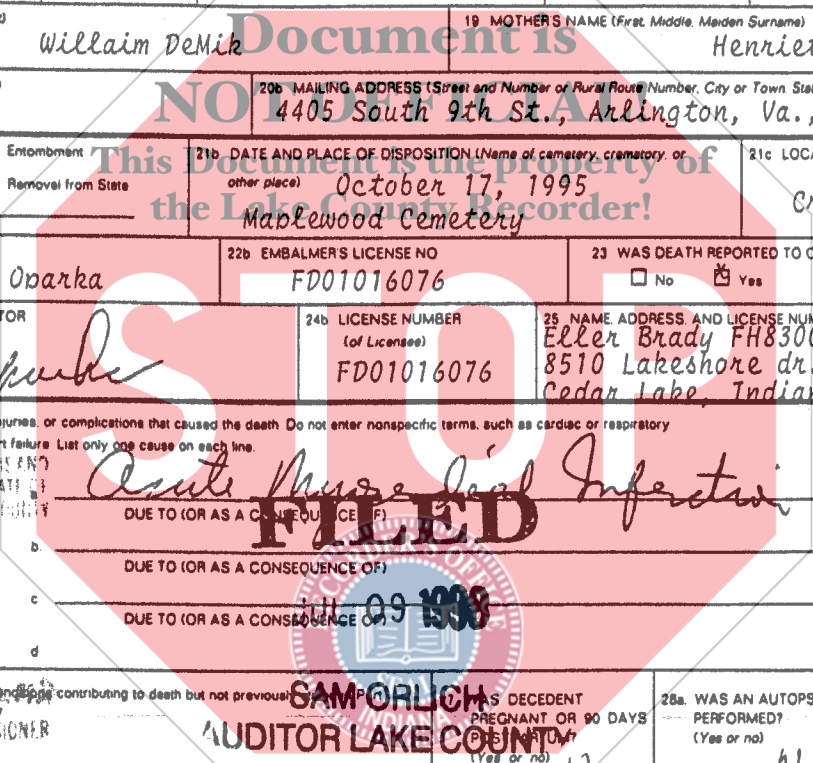
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Andrew William Demik		2 SEX Male	3a TIME OF DEATH 4:15P. M	3b DATE OF DEATH (Month, Day, Yr.) October 13, 1995
4 SOCIAL SECURITY NUMBER 309-14-5168	5a AGE—Last Birthday (Years) 78	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) Nov. 1, 1916
7 BIRTHPLACE (City and State or Foreign Country) Dyer, Indiana	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) 8225 Alexander		9c CITY, TOWN, OR LOCATION OF DEATH Schererville	9d COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widow	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Production Manager	12b. KIND OF BUSINESS/INDUSTRY Chain Manufacturing Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Schererville	13d. STREET AND NUMBER 8225 Alexander	
13e. ZIP CODE 46375	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 12 College (1-4 or 5+) 12		18 FATHER'S NAME (First, Middle, Last) Willaim Demik		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Henrietta Lang		20a. INFORMANT'S NAME (Type/Print) Thomas Demik		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4405 South 9th St., Arlington, Va., 22204		20c. Relationship Son		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 17, 1995 Maplewood Cemetery		21c. LOCATION—City or Town, State Crown Point, Indiana	
22a. EMBALMER'S NAME Fred Oparka		22b. EMBALMER'S LICENSE NO. FD01016076	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Fred Oparka</i>		24b. LICENSE NUMBER (of Licensee) FD01016076	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Eller Brady FH83000825 8510 Lakeshore dr. Cedar Lake, Indiana 46303	
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. Acute Myocardial Infarction				Approximate Interval Between Onset and Death
26. PART II Other significant conditions, conditions contributing to death but not previously reported, or conditions which may have contributed to death but not previously reported.				
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.		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
29a. SIGNATURE AND TITLE OF CERTIFIER <i>Frank A. Lee</i>		29b. MEDICAL LICENSE NO. 01039302	29c. DATE SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) BERNARDO S. WICENIA 1121 S. INDIANA AVE CROWN POINT, IN 46307				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i>				32. DATE FILED (Month, Day, Year)
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> 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.		34i. DATE FILED (Month, Day, Year)		



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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.

NOT OFFICIAL!

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the Lake County Recorder!**

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