

AFFIDAVIT OF TRUST

FILED

1. The following is the subject of this Affidavit: **2000 05 1662** JUL 19 PM 1

Lowell S. Johnston, as sole Trustee, or his successors in trust, under The Lowell S. Johnston Living Trust dated May 15, 1995, and any amendments thereto.

2. That **LOWELL S. JOHNSTON** executed a Revocable Living Trust Agreement dated May 15, 1995.

3. That **LOWELL S. JOHNSTON** is the Settlor and current Beneficiary under the terms of said Revocable Living Trust Agreement.

4. That the names and addresses of the currently acting Trustees of the trust are as follows:

Name and Address:

LOWELL S. JOHNSTON
6613 Marshall Avenue
Hammond, Indiana 46323

FILED
JUL 19 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

5. That in the event the Trustee shall become incapacitated within the meaning of Article Five of **THE LOWELL S. JOHNSTON REVOCABLE TRUST AGREEMENT**, dated May 15, 1995, that my son, **J. EDWARD JOHNSTON**, and my son, **DANIEL B. JOHNSTON**, shall act as Co-Successor Incapacity Trustees. That in the event either **J. EDWARD JOHNSTON**, or **DANIEL B. JOHNSTON**, cannot act as Successor Incapacity Trustee that then the other shall act as Successor Incapacity Trustee.

6. That upon the death of the Trustee that my son, **J. EDWARD JOHNSTON**, and my son, **DANIEL B. JOHNSTON**, shall act as Co-Successor Death Trustees. That in the event either **J. EDWARD JOHNSTON**, or **DANIEL B. JOHNSTON**, cannot act as Successor Death Trustee that then the other shall act as Successor Death Trustee.

7. That whomever is serving as Trustee, Successor Incapacity Trustee or Successor Death Trustee shall have the powers granted under Article Eleven of **THE LOWELL S. JOHNSTON REVOCABLE TRUST AGREEMENT**, dated May 15, 1995.

8. That the trust is currently in full force and effect.

9. That attached to this Affidavit and incorporated in it are selected provisions of the trust evidencing the following:

a. **Article One** - Creation of the trust and initial Trustees

b. **Article Nineteen** - Signature page

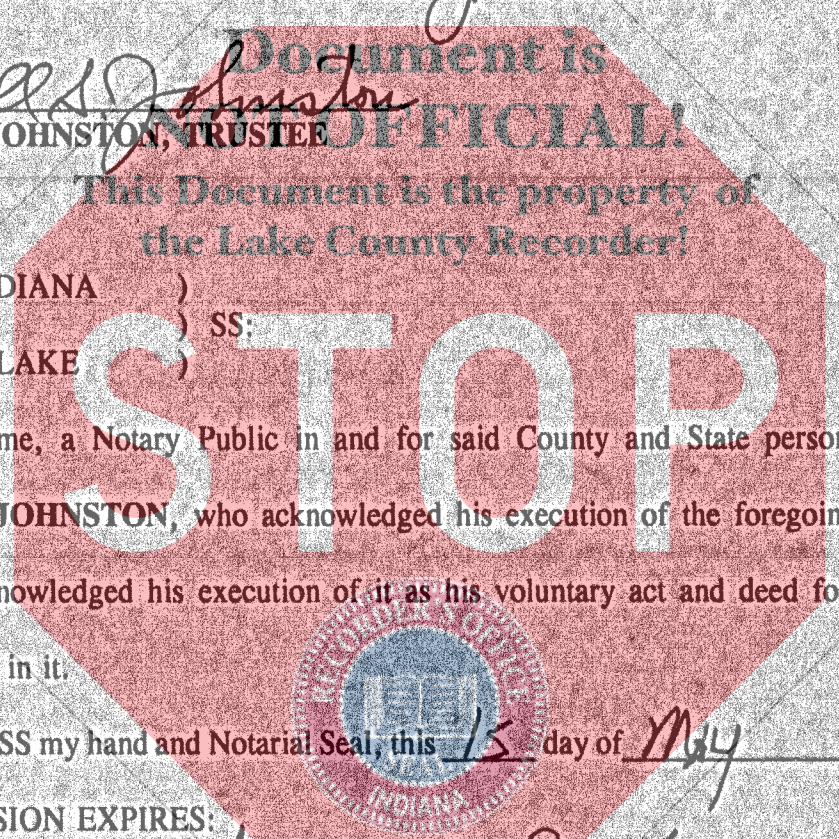
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10. That the trust provisions which are not attached to this Affidavit are of a personal nature and set forth the distribution of trust property. They do not modify the powers of the Trustees.
11. That the signatories of this Affidavit are currently the acting Trustees of the trust and declare that the foregoing statements and the attached trust provisions are true and correct, under penalty of perjury.

I sign this document 15 day of May, 1995.

Lowell S. Johnston
 LOWELL S. JOHNSTON, TRUSTEE



STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

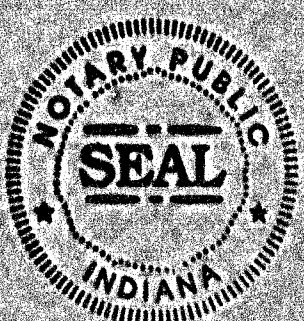
Before me, a Notary Public in and for said County and State personally appeared **LOWELL S. JOHNSTON**, who acknowledged his execution of the foregoing Affidavit of Trust, and acknowledged his execution of it as his voluntary act and deed for the uses and purposes stated in it.

WITNESS my hand and Notarial Seal, this 15 day of May, 1995.

MY COMMISSION EXPIRES:

5/17/97

Alicia L. Gloyeske
 Notary Public: Alicia L. Gloyeske
 Resident County: Porter



This Instrument Prepared by: Alicia Gloyeske
 Attorney At Law
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 Valparaiso, Indiana 46383
 Telephone: (219) 464-9224

