

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA
AFFIDAVIT OF TRUST
THE STANLEY AND MARY BILICKI
REVOCABLE LIVING TRUST

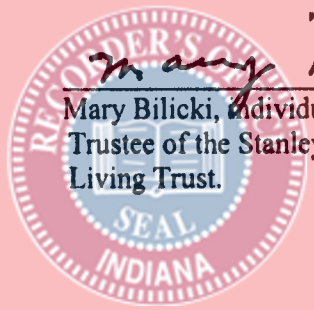
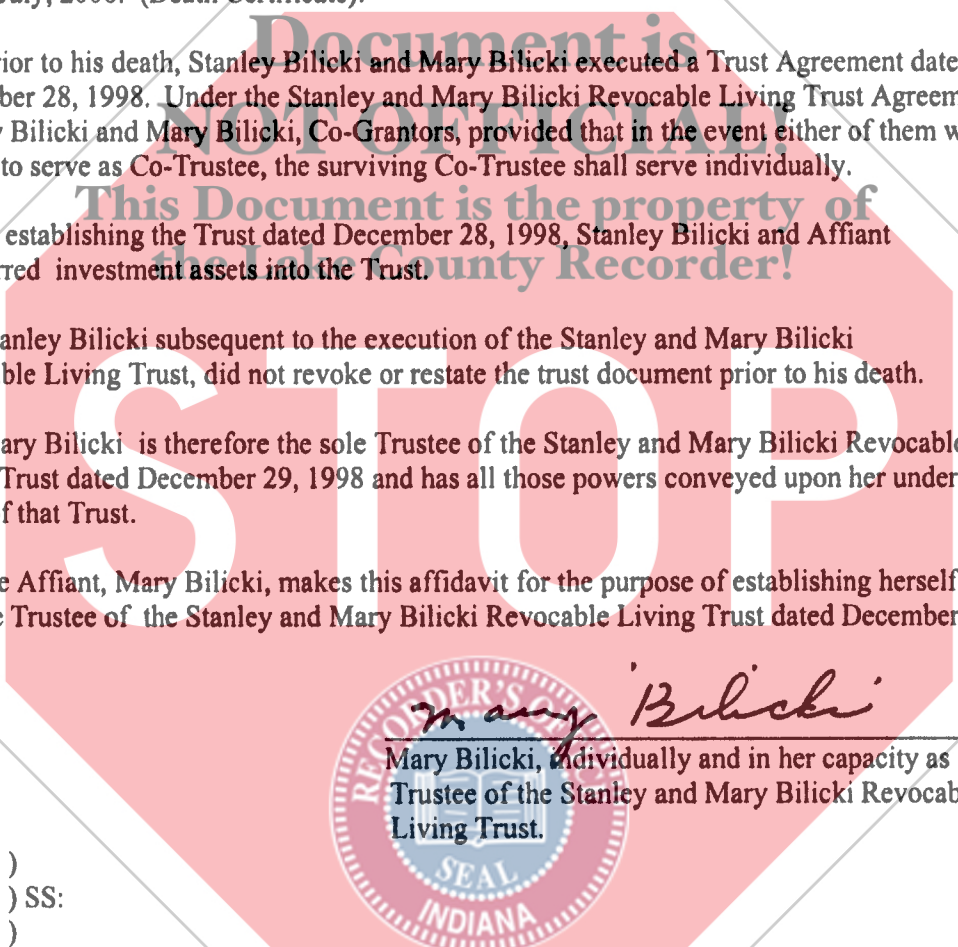
2000 057213

2000 AUG 10 11:10:00

2000 AUG 10 11:09:59

I, MARY BILICKI, being of legal age and duly sworn, depose and state as follows:

1. That the Affiant is the surviving Co-Grantor and Co-Trustee of the above-named trust and the surviving spouse of Stanley Bilicki, who died a resident of Lake County, Indiana on the 22nd day of July, 2000. (Death Certificate).
2. That prior to his death, Stanley Bilicki and Mary Bilicki executed a Trust Agreement dated December 28, 1998. Under the Stanley and Mary Bilicki Revocable Living Trust Agreement, Stanley Bilicki and Mary Bilicki, Co-Grantors, provided that in the event either of them were unable to serve as Co-Trustee, the surviving Co-Trustee shall serve individually.
3. That in establishing the Trust dated December 28, 1998, Stanley Bilicki and Affiant transferred investment assets into the Trust.
4. That Stanley Bilicki subsequent to the execution of the Stanley and Mary Bilicki Revocable Living Trust, did not revoke or restate the trust document prior to his death.
5. That Mary Bilicki is therefore the sole Trustee of the Stanley and Mary Bilicki Revocable Living Trust dated December 29, 1998 and has all those powers conveyed upon her under the terms of that Trust.
6. That the Affiant, Mary Bilicki, makes this affidavit for the purpose of establishing herself as the sole Trustee of the Stanley and Mary Bilicki Revocable Living Trust dated December 28, 2000.



Mary Bilicki
Mary Bilicki, individually and in her capacity as Trustee of the Stanley and Mary Bilicki Revocable Living Trust.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, this 29th day of July, 2000, personally appeared Mary Bilicki, Co-Grantor of the Stanley and Mary Bilicki Revocable Living Trust dated December 28, 1998 and acknowledged the execution of the above instrument to be her voluntary act and deed, for the uses and purposes therein stated.

AUG 10 2000

WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

My Commission Expires: July 25, 2001



PETER BENJAMIN
LAKE COUNTY AUDITOR
Brian P. Popp
Brian P. Popp, Notary Public
Resident of Porter County

This instrument prepared by: Brian P. Popp, Attorney at Law, 200 East 80th Place, Suite 200, Merrillville, IN 46410
Mail to: Brian P. Popp, P. O. Box 10794, Merrillville, IN 46411

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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

State No.

Local No. 1759-00

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

INFORMANTS

DISPOSITION

USE OF PATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) STANLEY M. BILICKI		2 SEX Male	3a TIME OF DEATH 6:20 A M	3b DATE OF DEATH (Month Day Yr) July 22, 2000
4 SOCIAL SECURITY NUMBER 313-07-2887	5a AGE—Last Birthday (Years) 84	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) January 16, 1916
7 BIRTHPLACE (City and State or Foreign Country) Moonrun, Pennsylvania	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) Southlake Nursing & Rehab Center	9c CITY, TOWN OR LOCATION OF DEATH Merrillville	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Mary Dombrowski	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker	12b KIND OF BUSINESS/INDUSTRY U.S. Steel	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 7250 Arthur Blvd./Apt. 121	
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM <input checked="" type="checkbox"/> No <input 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+)		18 FATHER'S NAME (First Middle, Last) Roman Bilicki	
19 MOTHER'S NAME (First Middle, Maiden Surname) Veronica Naguszewska		20a INFORMANT'S NAME (Type/Print) Mary Bilicki		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7250 Arthur Blvd/121, Merrillville, IN 46410		20c Relationship Wife		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) July 26, 2000 Calvary Cemetery		21c LOCATION—City or Town, State Portage, Indiana	
22a EMBALMER'S NAME Amy DeMunck	22b EMBALMER'S LICENSE NO. FI29900059	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR 	24b LICENSE NUMBER (of Licensee) 1009893	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410		
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. THIS CERTIFICATE IS VALID FOR THE STATE OF INDIANA. COMPLETE COPY OF THIS CERTIFICATE OF DEATH MUST BE FILED WITH THE STATE DEPT. OF HEALTH. DUE TO (OR AS A CONSEQUENCE OF) Colon CA.				Approximate Interval Between Onset and Death
DUE TO (OR AS A CONSEQUENCE OF) Pneumonia				
DUE TO (OR AS A CONSEQUENCE OF) JUL 31 2000				
PART II Other (light and conditions). Conditions contributing to death but not previously stated in Part I 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) ---		
29a 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.	29b SIGNATURE AND TITLE OF CERTIFIER 			
29c MEDICAL LICENSE NO. 01025591		29d DATE SIGNED (Month, Day, Year) 7-31-00		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Alexander Stemer, M.D., 761 - 45th Avenue, Munster, IN 46321 (219) 922-3002				
31 HEALTH OFFICER'S SIGNATURE 				32 DATE FILED (Month, Day, Year) July 31, 2000
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <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.		