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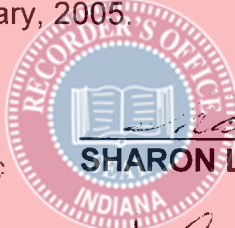
AFFIDAVIT REGARDING SUCCESSOR CO-TRUSTEES

SHARON L. MAJCHROWICZ and LINDA M. GERTZ n/k/a LINDA M. BISHOP,
being first duly sworn upon their oath, allege and state as follows:

1. Sharon L. Majchrowicz currently resides at 8840 Lantern Drive, St. John, Indiana 46375.
2. Linda M. Gertz n/k/a Linda M. Bishop currently resides at 1726 Chestnut, Crown Point, Indiana 46307.
3. That Robert Grodetz and Dollie A. Grodetz entered into a Trust Agreement dated February 9, 1994 which established a revocable trust which was titled as follows: "Grodetz Revocable Living Trust."
4. That Robert Grodetz died on the 5th day of May, 1998.
5. That said Grodetz Revocable Living Trust was amended in total on the 21st day of November, 2001 by Dollie A. Grodetz.
6. Attached hereto is a true and accurate copy of Page 3 of the amended Trust Agreement which shows Sharon L. Majchrowicz and Linda M. Gertz n/k/a Linda M. Bishop named as Co-Successor Trustees of the Trust along with a copy of Page 12 of the amended Trust which includes the signature of the Settlor and Trustee.
7. Dollie A. Grodetz died on the 6th day of April, 2004, as evidenced by her death certificate, a copy of which is attached hereto.
8. That the purpose of this Affidavit is to show that the previous Trustee, Dollie A. Grodetz, is deceased and that upon her death on April 6, 2004, the undersigned became the Co-Successor Trustees and remain the Co-Successor Trustees with full power to act as fiduciary of that Trust Agreement dated February 9, 1994 as amended on November 21, 2001.

Dated this 17th day of January, 2005.

PLEASE RETURN TO:
PROFESSIONALS' TITLE SERVICES, LLC
1000 ROADWAY
MERRILLVILLE, IN 46410



Sharon L. Majchrowicz

SHARON L. MAJCHROWICZ

Linda M. Bishop

LINDA M. GERTZ n/k/a LINDA M. BISHOP

FILED

MAR - 2 2005

**STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR**

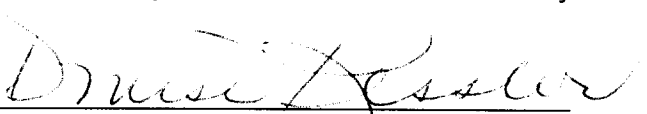
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of January, 2005 personally appeared **Sharon L. Majchrowicz** and acknowledged the execution of the above instrument to be her voluntary act and deed for the uses and purposes therein stated.

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


Denise Kessler, Notary Public

My Commission Expires: June 25, 2008

County of Residence: Porter



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of January, 2005 personally appeared **Linda M. Gertz n/k/a Linda M. Bishop** and acknowledged the execution of the above instrument to be her voluntary act and deed for the uses and purposes therein stated.

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

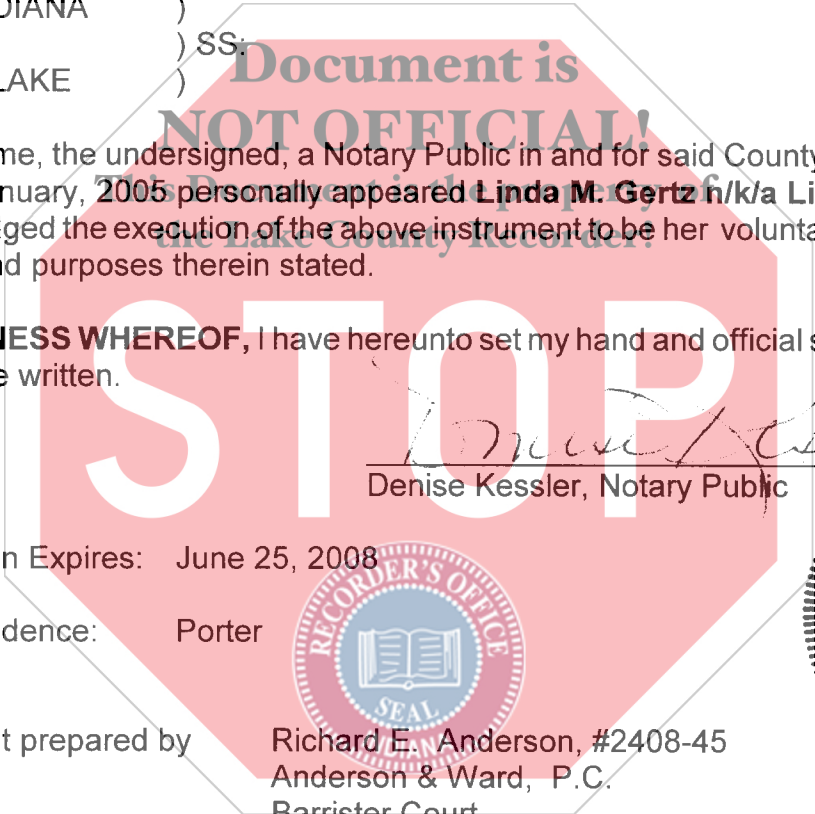

Denise Kessler, Notary Public

My Commission Expires: June 25, 2008

County of Residence: Porter



This instrument prepared by Richard E. Anderson, #2408-45
Anderson & Ward, P.C.
Barrister Court
9211 Broadway
Merrillville, IN 46410
(219) 769-1892



* 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. 914-04

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN
PERMANENT BLACK INK
33758

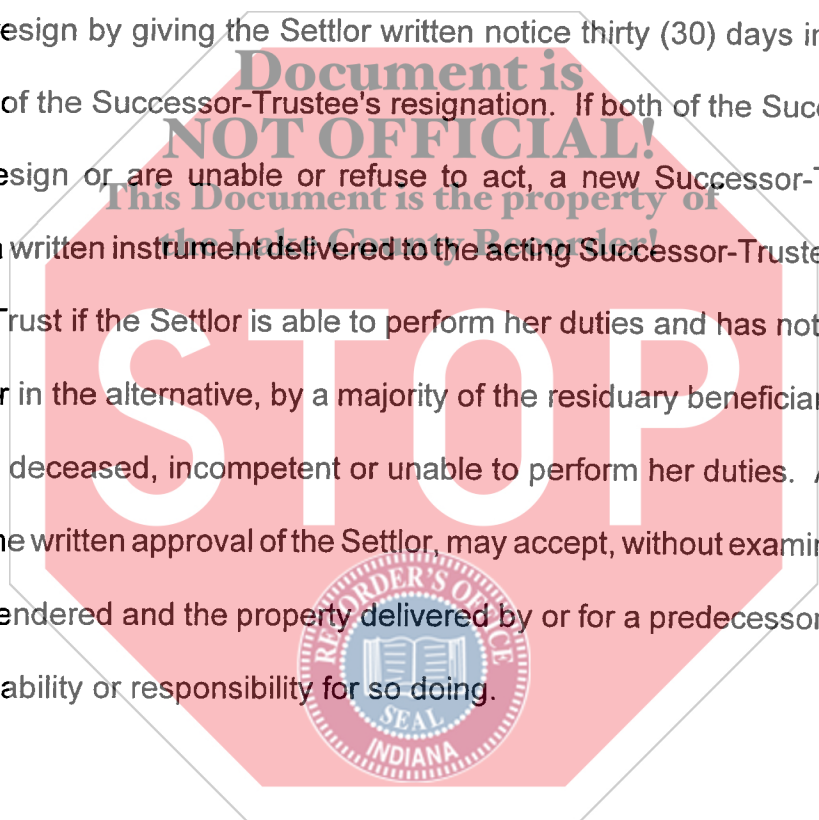
1. DECEASED - NAME (First, Middle, Last) Dollie A. Grodetz		2. SEX Female		3a. TIME OF DEATH 7:10 PM		3b. DATE OF DEATH (Month, Day, Yr.) April 6, 2004	
4. *SOCIAL SECURITY NUMBER 318-03-8380		5a. AGE - Last Birthday (Years) 85		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5c. UNDER 1 DAY Hours: Minutes:	
6. DATE OF BIRTH (Mo., Day, Yr.) April 09, 1918		7. BIRTHPLACE (City and State or Foreign Country) Panama, IL					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		PLACE OF DEATH (Check only one - See instructions)			
HOSPITAL: <input checked="" type="checkbox"/> Inpatient		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) St. Anthony Medical Center				9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed		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.) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 1730 Chestnut Dr.	
13e. ZIP CODE 46307-		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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)		College (1-4 or 5+)		11			
18. FATHER'S NAME (First, Middle, Last) Stephan Havron				19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Jane Hall			
20a. INFORMANT'S NAME (Type/Print) Linda Bishop		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1726 Chestnut Dr. Crown Point, IN 46307				20c. Relationship Daughter	
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) Burial		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 10, 2004 Chapel Lawn Memorial Gardens				21c. LOCATION - City or Town, State Schererville, Indiana	
22a. EMBALMER'S NAME Kevin M. Knaga		22b. EMBALMER'S LICENSE NO. FD20400005		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Kevin M. Knaga</i>		24b. LICENSE NUMBER (of Licensee) FD20400005		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home 109 N. East St., Crown Point, Indiana 46307- FH19900060			
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) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last		a. Ventricular fibrillation DUE TO (OR AS A CONSEQUENCE OF):				Approximate Interval Between Onset and Death Minutes	
		b. Coronary atherosclerosis DUE TO (OR AS A CONSEQUENCE OF):				Years	
		c. _____ DUE TO (OR AS A CONSEQUENCE OF):					
		d. _____ DUE TO (OR AS A CONSEQUENCE OF):					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				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	
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 <i>Theodore W. Brogan</i>		29c. MEDICAL LICENSE NO. 01048142		29d. DATE SIGNED (Month, Day, Year) 4/8/04	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Theodore Brogan M.D. 297 Fansiscan Dr. Suite 203, Crown Point, IN 46307							
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best</i>							
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.			



HIS CERTIFICATE IS DEEMED COMPLETE ONLY IF THE CAUSE OF DEATH IS REPORTED TO THE CORONER
APR 8 2004

When the Settlor dies, the trust created by this Trust becomes irrevocable and may not be amended.

In the event of the death of the Trustee or in the event the Trustee, although not adjudged incompetent, by reason of illness or mental or physical disability is unable to perform the duties of Trustee, or in the event the Settlor is judicially determined to be incompetent; in these events and under those circumstances, the Settlor appoints **SHARON L. MAJCHROWICZ**, currently of St. John, Indiana, and **LINDA M. GERTZ**, currently of Crown Point, Indiana, or the survivor of them, to serve as Co-Successor-Trustees (hereinafter sometimes referred to as "Successor Trustee"). The Successor-Trustee may resign by giving the Settlor written notice thirty (30) days in advance of the effective date of the Successor-Trustee's resignation. If both of the Successor-Trustees at any time resign or are unable or refuse to act, a new Successor-Trustee may be appointed by a written instrument delivered to the acting Successor-Trustee, signed by the Settlor of the Trust if the Settlor is able to perform her duties and has not been adjudged incompetent or in the alternative, by a majority of the residuary beneficiaries of this Trust if the Settlor is deceased, incompetent or unable to perform her duties. Any Successor-Trustee, with the written approval of the Settlor, may accept, without examination or review, the accounts rendered and the property delivered by or for a predecessor trustee without incurring any liability or responsibility for so doing.



G. On any partial or final distribution of the assets of the Trust Estate and on any division of the assets of the Trust Estate into shares or partial shares, the Successor-Trustee may distribute or divide the assets in kind, may distribute or divide undivided interests in the assets, or may sell all or any part of the assets and make distribution or division in cash, in kind, or partly in cash and partly in kind. The decision of the Successor-Trustee, either before or after any division or distribution of the assets, as to what constitutes a proper division of the assets of the Trust Estate is binding on all persons in any manner interested in the trust provided for in this Trust.

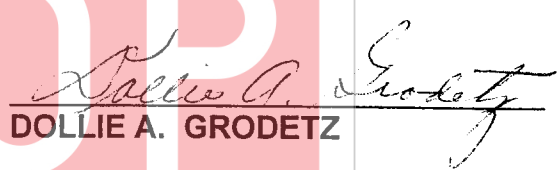
H. Should any provision of this Trust be or become invalid or unenforceable, the remaining provisions of this Trust continue to be fully effective.

IN WITNESS WHEREOF, I, DOLLIE A. GRODETZ have hereunto set my name and DOLLIE A. GRODETZ, as Trustee, has subscribed her name accepting the responsibility as Trustee under this Trust, on the day and year first above written.

SETTLOR:


DOLLIE A. GRODETZ

TRUSTEE:


DOLLIE A. GRODETZ

