STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

STATE OF INDIANA
) 2005 044713
) SS:
COUNTY OF LAKE

2005 JUH - 1 DO SHES MICHAEL A DODAWA FIECOWANA



AFFIDAVIT OF SUCCESSOR TRUSTEE VINCENT E. HOWARD AND FLORENCE L. HOWARD DECLARATION OF TRUST

We, Judith K. Howard, Barbara G. Lyons and Joyce L. Stage, being of legal age and duly sworn upon oath, depose and state as follows:

- 1. That Vincent E. Howard and Florence L. Howard were married on January 3, 1942.
- 2. That Vincent E. Howard and Florence L. Howard executed a Declaration of Trust dated October 23, 1997.
- 3. That the Trust was not revoked or amended.
- 4. That Vincent E. Howard died on January 9, 1998, at which time his surviving spouse, Florence L. Howard, became the sole Trustee (Death Certificate).
- 5. That Florence L. Howard died on January 31, 2003 (Death Certificate).

 the Lake County Recorder!
- 6. That Article VII of the above-referenced Trust provides that Judith K. Howard and Barbara G. Lyons, will serve as Successor Co-Trustees. In the event that either of the aforementioned individuals is unable or unwilling to serve in this capacity, then Joyce L. Stage shall serve as Successor Co-Trustee.
- 7. That the beneficiaries of the Vincent E. Howard and Florence L. Howard Declaration of Trust are:

Judith K. Howard Barbara G. Lyons Joyce L. Stage 464 Anthony Street, Glen Ellyn, IL 60137 8348 Parrish Place, Highland, IN 46322 9904 Tyler Street, Crown Point, IN 46307

Judith K. Howard, Co-Successor Trustee of the Barbara G. Lyons, Successor Trustee of the Vincent E. Howard and Florence L. Howard Trust Vincent E. Howard and Florence L. Howard Trust cent E. Howard and Florence L. Howard Trust STATE OF INDIANA)) SS: COUNTY OF LAKE Before me, the undersigned, a Notary Public, in and for said County and State, this 4th day of May, 2005, personally appeared Judith K. Howard, Barbara G. Lyons and Joyce L. Stage, Co-Successor Trustees of the Vincent E. Howard and Florence L. Howard Trust dated October 23, 1997 and acknowledged the execution of the above instrument to be their voluntary act and deed, for the uses and purposes therein stated. the Lake County Recorder! IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written. This instrument prepared by: Brian P. Popp, Attorney at Law 200 East 89th Place, Suite 200, Merrillville, IN 46410 Telephone: 219/756-7677

That Affiants make this affidavit for the purpose of causing the proper title and

8.

transfer of trust assets.

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

THIS CERTIFIES THE FOLLOWING IS A TRUE / COMPLETE COPY OF DEATH ON FILE WITH

is voluntary and the refusal.*	nere will be no penalty for	INDIANA	STATE	E DEPA	ARTM	ENT (OF H	FΔIIH		ALIH DEPAI		
Local No	20			IFICATI	E OF I	DEATH	Н	St: <u>Jar</u>	12,1978 >	Hammond	Health Commission	
		ERIES ARE CONFIDENTIAL	PER IC 16-1-	19-3								
TYPE/PRINT IN	DECEASED—NAME (First M Vincent E)			2 SEX Ma	_	38 TIME OF DEAT		OF DEATH (Mont		
PERMANENT	4. *SOCIAL SECURITY NUMBER	5a AGE—Last Birthda	y 5b UN	DER 1 YEAR	5c UNDE					nuary 9	or Foreign Country)	
BLACK INK	712-16-7655	(Years)	Mon	ths Days	Hours	Minutes		il 5, 1906			· ·	
	8a WAS DECEDENT A US VETERAN?	86 YEAR LAST SERVED IN				9a	PLACE OF	DEATH (Check only one	See instruction	cago, I	Llinois	
	YES 1945		HOSPITA	HOSPITAL Inpatient			1	R Nursing Home				
			ER/Outpatient DOA				Residence					
DECEDENT	9b. FACILITY NAME (If not institut				i		OCATION OF DEATH	9d COU	9d COUNTY OF DEATH			
	6824 Wavelan		Hamm					La	Lake			
	10. MARITAL STATUS (Specify) Married	e Lies	12a DECEDENTS USUAL OCCUPATION (Grand during most of working life Do not use Liesenfelt Chief clerk									
	13a. RESIDENCE-STATE		13c CITY, TOWN, OR LOCATION				13d STREET AND NU	ILLANS	Transportation R.R.			
	Indiana	Lake	He	ammond				6824 Wa		Διτο		
	13e ZIP CODE 13f INSIDE CIT	15 WAS	15 WAS DECEDENT OF HISPANIC ORIGI				CE—American Indian.	17 DECEDENT'S EDUCATION				
	46323 13g ON A FAR		Y? No Yes (If yes specify Cuban Mexican Puerto Rican etc.)			an. Bi	Black, White, etc		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			
	'x(№ E						White	12		Conego (India 3 1)		
PARENTS	18. FATHER'S NAME (First, Middle					19 MOT	HER'S NAM	E (First Middle, Maiden S	urname)			
	John Howard					Vi	ctori	a II	nknown			
INFORMANT	20a. INFORMANT'S NAME (Type)		20b MAILING	Tip Code) 20c Relationship								
	Florence Howa	ļ	6824 Waveland Ave., Hammond, IN									
	218 METHOD OF DISPOSITION	☐ Entombment	21b DATE	E AND PLACE	OF DISPOSI	ION (Name	of cemetery.		te LOCATION-	-City or Town S		
	Buriel Cremation Donation Doher (Speci	other	other place) January 12, 1998 St. John Cemetery					Hammond, INdiana				
DISPOSITION	22e EMBALMER'S NAME		1/100			Cemet						
DISPOSITION	James W. Gho	lston /	226	100419		nt i	2	3. WAS DEATH REPORT		ER?		
	240 SIGNATURE OF JUNEPAL DI	THECTOR INC.	TO	i	10453	CI 52	Vir	gil Huber 1 Kennedy	Funeral	Home	3002007	
G I	arrest, shock, or IMMEDIATE CAUSE (Final disease or condition		e on each line	e Cou	inty]	-	a cardiac or	respiratory			Approximate interval Between Onset and Death 7.7	
CAUSE OF DEATH	resulting in death)	b	S = A =	OR AS A CONSEQUENCE OF)					1525			
DLATA	Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	a live	me	ONSEQUENCE	4					/	551	
-	DADT I O	d.								·	•	
	PART II. Other significant conditions	S - Conditions contributing to dear	th but not previ	ously stated in	Parti	7. WAS DE	CEDENT	28a WAS AN	UTOBEY	205 14505 1115	000.	

CAUSE OF DEATH

CERTIFIER

29s CERTIFIER (Check only one)

☐ Homicide

296 SIGNATURE AND TITLE OF CEPTIF

34g. DATE PRONOUNCED DEAD (Month. Day, Year)

HEALTH **OFFICER**

16 DonaldES 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/P Donald E. Stork D.O. 31. HEALTH OFFICERS SIGNATOR A COMPLEX

HEALTH OFFICER On the basis of ex

CORONER

29c. MEDICAL LICENSE NO 02001332

ath occurred at the time, data, and place, and due to the o

28a. WAS AN AUTOPSY PERFORMED? (Yes or no)

No

32 DATE FILED (Month Day, Year)

JANUARU

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

No

7905 Calumet Ave., Munster, 46321 remuda M,D,

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

27. WAS DECEDENT
PREGNANT OR 90 DAYS
POSTPARTUM7
(Yes or no)

No

33 MANNER OF DEATH 34a. DATE OF INJURY 34b TIME OF 34c INJURY AT WORK? 34d. DESCRIBE HOW INJURY OCCURRED (Month. Day, Year) INJURY Natural Pending Investigation No 34n. PLACE OF INJURY -building, etc. (Specify) -At home, farm, street, factory, office 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time date, and place, and due to the cause(s) as stated

No State Form 10110 (R4/3-93) Deathcer/PD 1 SDH06-004

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. * INDIANA STATE DEPARTMENT OF HEALTH THIS CERTIFIES THE FOLLOWING IS A TRUE AND COURT OF DEATH ON FILE WITH THE HARMOND HUMBER OF PARTMENT. Local No... § 7 S Feb 4.2003 Problem 90 retrict 5 to D. Date issued Hammond Health Commissioner CERTIFICATE OF DEATH THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 TYPE/PRINT 1. DECEASED-NAME (First Middle Last)

1 13 L./E FUINT	3-31						2	SEX		3a. TIME OF DE	ATU I	3b. DATE OF DEATH (
IN	Florence	Rose How	ard					Fema	ile	1:17PM		Tonisons 21 2	Month Day Yr)		
PERMANENT	4. SOCIAL SECU	RITY NUMBER		5a. AGE - Last Birthday	5b. UNDER 1 Y	FAR 50 UM	IDER 1 DAY					January 31, 2			
	712-16-76	35		5a. AGE - Last Birthday (Years) 95	Months Day			. I		TH (Mo Day Yr)	7. E	SIRTHPLACE (City and S	State or Foreign Country)		
BLACK INK								Ju	ne 15, 1	5, 1907		West Hammond, IL			
	Ba. WAS DECEDENT A U.S. VETERAN?		8b.	YEAR LAST SERVED IN U.S. ARMED FORCES				9a. Pl	9a. PLACE OF DEATH (Check only one.			See instructions)			
	1				HOSPITAL	☐ Inpatient			- 1						
	No			N/A	1	☐ ER/Outpatient ☐ DOA			OTHER	☐ Nursing Ho	rne L	Other (Specify)			
	9b. FACILITY NAM	ME (If not institu	tion, give	street and number)						Residence					
DECEDENT	6824 Wav	eland Ave	9c. CITY TOWN OR LOCATION OF						DEATH 9d. COUNTY OF DEATH						
						Hammond			i	Lake					
	10. MARITAL STA (Specify)	TUS	11.	SURVIVING SPOUSE (If wife, give maiden name)		12a DECE			DENT'S USUAL OCCUPATION (Give kind of			VIND OF BUOWERS			
	Widowed		None			- u	dolle during most of t			working life. Do not use retired)		12b. KIND OF BUSINESS INDUSTRY			
	13a RESIDENCE	- STATE	13b. CC			Clerk					F	lailroad			
	Indiana	SIAIE				N OR LOCATION			13d	STREET AND N	JMBER				
	mulana		Lake		Hammon	d				824 Wavel:	and A	nd Avenue			
	13e. ZIP CODE	13f. INSIDE CIT		15. WAS DECE	DENT OF HICEAN	OF HISPANIC ORIGIN?					T T T T T T T T T T T T T T T T T T T				
	□ No DX \			Yes WHAT COUNTRY?	IX No	Yes (If yes	specify C	than	16. RACE - American Indian		DECEDENT'S EDUCATION (Specify only highest grade completed)				
	46323 13g. ON A FARM? XX No □ Ye		USA	Mexican, Pu	erto Rican, etc.)	lican, etc.)			Black, White, etc. (Specify)		(Specify only nignest	grade completed)			
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-							White		12						
PAHENTS	18 FATHER'S NAME (First, Middle, Last)				19. 1				. MOTHER'S NAME (First, Middle, Maiden Sur			(imama)			
	John Henr	ry Liesenfe	elt			Margaret Hoffman									
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INFORMANT	•				200. 10	AILING ADDRESS	(Street and	Number o	r Rural Route	Number, City or T	own, State	e, Zip Code) 20c.	Relationship		
}	Judith Calleia				464 Anthony Street, Glen I					L 60137		Daughter			
	21a. METHOD OF DISPOSITION				21b. DATE AND	PLACE OF DISPO	SITION (Na	me of cem	etery cremat			21c. LOCATION - City or Town State			
	X Burial	Cremation	☐ Rem	oval from State					iotory, cromat	biy oi	21c. LOC	ATION - City or Town S	State		
1	Donation	Other (Specify)		1.	February), 2003 : Tosomb C		-							
D10000000000					St. John/Si	Joseph C	emete	ŗy		1	Ham	mond, Indian	a		
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	Jody Zeese	•			FD2010	00056	4 30			No X		HONER?			
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	•					24b. LICENSE NU (of Licensee)	MBER	2	5. NAME AD	DRESS AND LICE	ISE NUME	BER OF FUNERAL HOM	E		
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