STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2005 046250

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JUN -7 AM 9:23

MICHAEL A. BROWN
RECORDER

AFFIDAVIT

Come now Carol Borowski and Alysson Braatz, being duly sworn upon their oath, and state as follows:

1. On July 3, 1995 Mary L. Braatz executed a Revocable Trust Agreement wherein Mary L. Braatz was the Grantor and Settlor of the Trust.

2. Subsequent to that date, the real estate located at 411 Scott Street, Crown Point, Indiana was transferred into the Mary L. Braatz Revocable Trust Agreement.

3. On March 1, 2005 Mary L. Braatz died. Attached as Exhibit "A" is a copy of the death certificate of Mary L. Braatz.

4. Article VIII of the Mary L. Braatz Revocable Trust Agreement provides that Carol Borowski and Alysson Braatz, Mary L. Braatz's daughters, shall become successor Co-Trustees upon the death of Mary L. Braatz.

5. Effective March 1, 2005, Carol Borowski and Alysson Braatz became successor Co-Trustees of the Mary L. Braatz Revocable Trust Agreement.

Further affiants sayeth not.

Carol Borowski
Carol Borowski

Alysson Braatz
Alysson Braatz

Successor Co-Trustees of the Mary L. Braatz Revocable Trust Agreement dated 7/3/95

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN - 6 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 _____ day of _____, 2005, personally appeared Carol Borowski and Alysson Braatz and acknowledged the execution of the foregoing document as their free and voluntary act and deed.

In witness whereof, I hereunder subscribed my name and affix my official seal.

_____, Notary Public

My Commission Expires:

_____

Resident of _____ County

Prepared by: Mark S. Lucas
Lucas, Holcomb & Medrea, LLP
300 E. 90th Drive
Merrillville, IN 46410

TENTION ESTATE: The Social Security # is
requested by this state agency in order to
ue its statutory responsibility. Disclosure is
ntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

al No. 030-05 State No. .....

7286 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

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1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Mary L. Braatz	Female	11:15a M	March 1, 2005

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
317-09-3013	87			Aug. 15, 1917	Chicago, Illinois

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
No	N/A	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
411 Scott St.	Crown Point	Lake

10. MARITAL STATUS (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
Widowed		Housewife	

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Crown Point	411 Scott St.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
46307	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	12	

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Walter Zutinski	Lucille Seweryn

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Carol Borowski	201 Sherwood Dr. Crown Point, In.	Daughter

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____	March 4, 2005 Calumet Park Cemetery	Merrillville, Ind.

22a. EMBALMER'S NAME:	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Anthony S. Rendina Jr.	FD01010402	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Anthony S. Rendina Jr.	FD01010402	Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In46408

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congestive Heart Failure	Years
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.
Chronic Obstructive Pulmonary Disease
Chronic Renal Insufficiency

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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.	29d. DATE SIGNED (Month, Day, Year)
Daniel J. Motyka, DO	02000304	03/03/2005

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
DANIEL J. MOTYKA, DO. - 9130 CONNECTICUT - MERRILLVILLE IN 46410

31. HEALTH OFFICER'S SIGNATURE

32. DATE FILED (Month, Day, Year)

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.
MAY 18 2005

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1