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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2005 047442

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JUN -9 AM 10: 17

MICHAEL A. BROWN
RECORDER

AFFIDAVIT

MARIA T. TORRES REVOCABLE LIVING TRUST

I, ROSA MARIA (TORRES) LERMA, being of legal age and duly sworn upon oath, depose and state as follows:

1. That Affiant is the surviving daughter of Maria T. Torres, who died a resident of Lake County, Indiana on the 29th day of May, 2005 (Death Certificate).

2. That prior to her death, Maria T. Torres executed a Trust Agreement dated September 8, 2000. Under this Revocable Living Trust Agreement, Maria T. Torres named her daughter, Rosa Maria (Torres) Lerma, as Successor Trustee.

3. That in establishing the Trust dated September 8, 2000, Maria T. Torres transferred various assets into her Trust.

4. That Maria T. Torres, subsequent to the execution of The Maria T. Torres Revocable Living Trust, did not revoke the trust document prior to her death.

5. That Rosa Maria (Torres) Lerma is the named Successor Trustee in The Maria T. Torres Revocable Living Trust dated September 8, 2000 and, therefore, has all those powers conveyed upon her by The Maria T. Torres Revocable Living Trust as Successor Trustee.

6. That Affiant, Rosa Maria (Torres) Lerma, makes this affidavit for the purpose of causing the proper title and transfer of assets located in The Maria T. Torres Revocable Living Trust.

Rosa Maria Torres Lerma

Rosa Maria (Torres) Lerma, Successor Trustee
of The Maria T. Torres 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 4th day of June, 2005, personally appeared Rosa Maria (Torres) Lerma, Successor Trustee of The Maria T. Torres Revocable Living Trust dated September 8, 2000 and acknowledged the execution of the above instrument to be her voluntary act and deed, for the uses and purposes therein stated.

BRIAN P. POPP
NOTARY PUBLIC, STATE OF INDIANA
PORTER COUNTY
NOTARY SEAL
MY COMMISSION EXPIRES June 25, 2009

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

Notary Public

This instrument prepared by: Brian P. Popp, Attorney at Law
200 East 89th Place, Suite 200, Merrillville, IN 46410
Telephone: 219/756-7677

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN -9 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

00825 12.00 CK 5229 RM

075092

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.

Local No. 171

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Maria T. Torres
2. SEX: Female
3a. TIME OF DEATH: M
3b. DATE OF DEATH (Month, Day, Yr.): May 29, 2005
4. *SOCIAL SECURITY NUMBER: 304-38-8865
5a. AGE—Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): 09-02-1924
7. BIRTHPLACE (City and State or Foreign Country): Mexico
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?:
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): St. Catherine Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: East Chicago
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:
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: East Chicago
13d. STREET AND NUMBER: 3617 Grand Boulevard
13e. ZIP CODE: 46312
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM?: [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? [ ] No [X] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.): Mexican
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Lucio Rivas
19. MOTHER'S NAME (First, Middle, Maiden Surname): Aurelia Lemus Escudero

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Rosemary Torres Lerma
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8825 Branton Ave., Highland, IN 46322
20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) _____
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): June 1, 2005 St. John Cemetery
21c. LOCATION—City or Town, State: Hammond, Indiana
22a. EMBALMER'S NAME: JAMES H. FIFE
22b. EMBALMER'S LICENSE NO.: FD01010795
23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR:
24b. LICENSE NUMBER (of Licensee): FD01018573
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Fife Funeral Home, Inc.83001512 4201 Indols. Bl.,E.Chicago, IN 46312

CAUSE OF DEATH

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):
a. Congestive heart failure — Approximate Interval Between Onset and Death:
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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)

CERTIFIER

29a. CERTIFIER (Check only one):
[X] 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.: ✓01052348
29d. DATE SIGNED (Month, Day, Year): ✓ 5/31/05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Jamie Ruiz-Montero, M.D. 4320 Fir Street, Suite 210, E.Chicago, IN 4631

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE:
32. DATE FILED (Month, Day, Year): 5/31/05

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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.

VRA-20 5/03