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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 FEB -9 PM 1:58

MICHAEL A. BROWN  
RECORDER

2006 010749

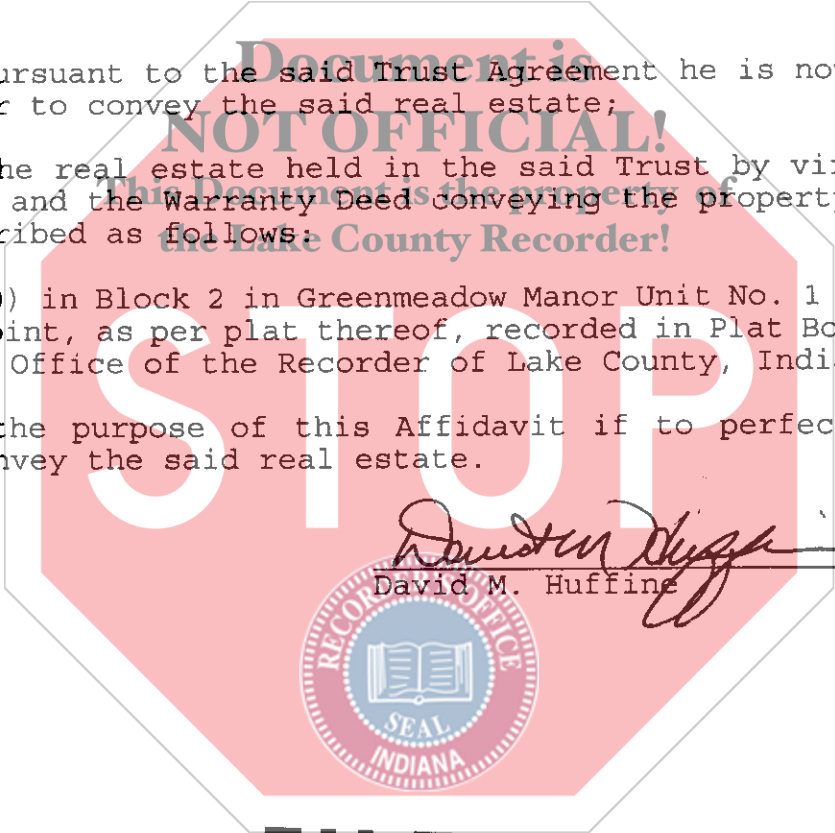
SEND TAX STATEMENTS TO: 410 Magnolia Drive, Crown Point, Indiana 46307

STATE OF INDIANA)  
                                  ) SS:  
COUNTY OF LAKE)

AFFIDAVIT

The undersigned, being duly sworn, depose and say as follows:

1. That he is an adult competent to make this Affidavit;
2. That he is the designated Successor Trustee under a certain Trust Agreement and Warranty Deed establishing the PHIL C. HUFFINE TRUST DATED AUGUST 26, 2005, Phil C. Huffine, Grantor.
3. That the said Phil C. Huffine died on the 26th day of December, 2005;
4. That pursuant to the said Trust Agreement he is now the Trustee in title with power to convey the said real estate;
5. That the real estate held in the said Trust by virtue of the said Trust Agreement and the Warranty Deed conveying the property into the Trust is legally described as follows:  
  
Lot Ten (10) in Block 2 in Greenmeadow Manor Unit No. 1 in the City of Crown Point, as per plat thereof, recorded in Plat Book 31, page 51, in the Office of the Recorder of Lake County, Indiana.
6. That the purpose of this Affidavit is to perfect his rights to alienate and convey the said real estate.



*David M. Huffine*  
\_\_\_\_\_  
David M. Huffine

**FILED**


FEB 09 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

02752

13-  
#5106/SS

Subscribed and sworn to before me, a Notary Public in and for the above County and State, this 18th day of January, 2006.

  
Notary Public-Donald R. O'Dell  
Residing in Lake County

My Commission Expires:  
12-20-08

This instrument prepared by: Donald R. O'Dell, Attorney at Law  
P.O. Box 128, Lowell, IN 46356



Prescribed by the  
State Board of Accounts  
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



  
Signature of Declarant

Ronald R. O'Rell  
Printed Name of Declarant