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AFFIDAVIT CERTIFICATION OF TRUST

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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2007 028565

2007 APR -9 AM 9:43

STATE OF INDIANA)
)
COUNTY OF LAKE)

MICHAEL A. BROWN
RECORDER

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CHICAGO TITLE INSURANCE COMPANY

Karen Wiernik the Affiant, being first duly sworn, on his/her oath states:
Joyce Marlene Goodman Revocable Trust

1. (select one) he/she is the current acting trustee of the trust know as:
2. (select one) he/she resides at the following address: 1912 Britt Lane S.W., Rochester, Minnesota 55902
3. property of the trust includes the Land described on Exhibit A attached located in Lake County, Indiana;
4. the common address of the Land is the following: 5306 West 153rd Place, Lowell, IN
5. pursuant to IC 30-4-4-5, the trustee is providing this certification of trust instead of a copy of the trust instrument.
6. That the trust exists and the trust instrument was executed on the 12th day of February, 2000
7. The name of the settler(s) is Joyce Marlene Goodman
8. The powers of the trustee include but are not limited to the following:

- a. buy, sell, or exchange and convey or transfer all property (real, personal, or mixed) for cash or on credit and at public or private sale with or without notice; and
- b. encumber, mortgage, pledge, or grant a security interest in trust property
- c. The power to execute and deliver all instruments necessary or appropriate to accomplishing or facilitating the transaction contemplated herein

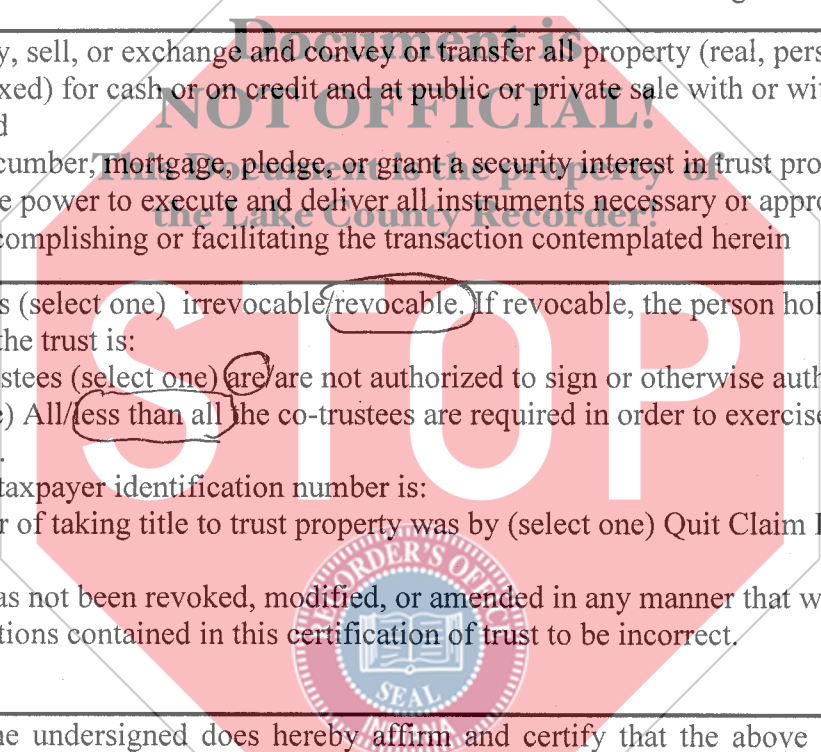
9. The trust is (select one) irrevocable/revocable. If revocable, the person holding a power to revoke the trust is:
10. The co-trustees (select one) are/are not authorized to sign or otherwise authenticate.
11. (select one) All/less than all the co-trustees are required in order to exercise the powers of the trustee.
12. the trust's taxpayer identification number is:
13. the manner of taking title to trust property was by (select one) Quit Claim Deed/Warranty Deed.
14. the trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this certification of trust to be incorrect.

Now therefore, the undersigned does hereby affirm and certify that the above facts as true. I understand and agree that Chicago Title Insurance Company and Edward C. Levine/Lake Mortgage Co. (purchaser/lender) are acting in good faith under and in reliance on this certification of trust and on my authority to convey or mortgage the Land on behalf of the Trust.

Affiant further sayeth not.

Date: 3-22-07

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LP
CT



Signed: Karen Wiernik
Printed Name: Karen Wiernik

STATE OF INDIANA)
) SS: ACKNOWLEDGMENT
COUNTY OF LAKE)

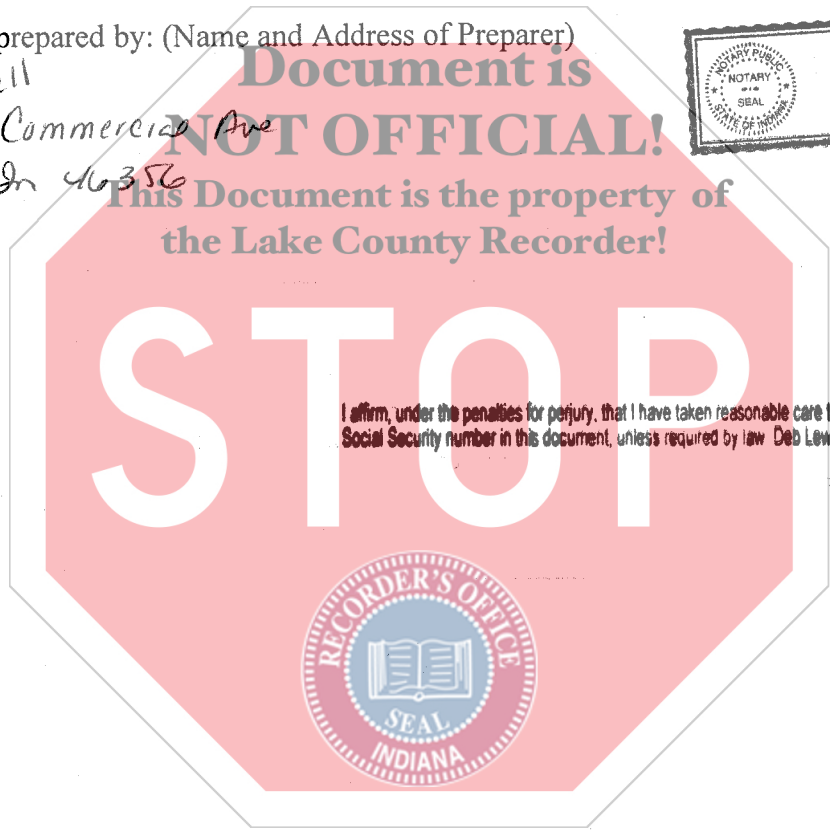
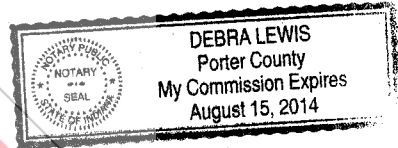
Before me, a Notary Public in and for said County and State, personally appeared Karen Wiernik who acknowledged the execution of the foregoing Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 22 day of March, 2007.

Notary Signature Debra Lewis
Printed Debra Lewis
Resident of Lake Porter County, Indiana.
My commission expires: _____

This instrument prepared by: (Name and Address of Preparer)

Don O'Dell
707 E Commercial Ave
Howell, In 46356



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Deb Lewis

EXHIBIT A

Lot 85 in Dalecarlia Fairways Subdivision First Section, as per plat thereof, recorded in Plat Book 35 page 78, in the Office of the Recorder of Lake County, Indiana.



CERTIFICATION OF VITAL RECORD

VERIFICATION BOX (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. GOLD WILL CHANGE TO BLUE AND THEN RETURN)

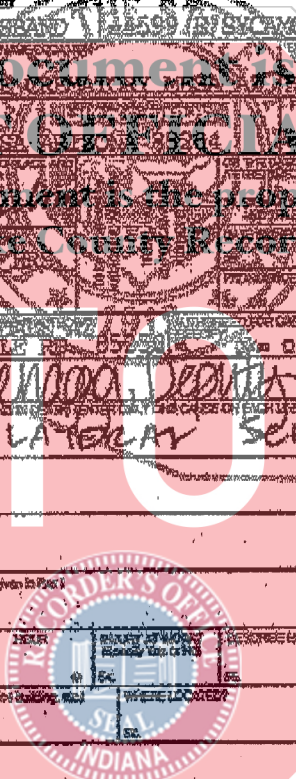
STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. D-102 2006 - 022524

NAME OF DECEASED JOYCE MARLENE GOODMAN-TOKARZ		SEX FEMALE		DATE OF DEATH JUNE 15 2006	
RACE WHITE		MARRIAGE STATUS NO		WAS DECEASED EVER IN U.S. ARMED FORCES SERVICE (YES OR NO) NO	
PLACE OF DEATH MARICOPA		CITY/TOWN OR CITY GILBERT		STREET ADDRESS 4599 E SYCAMORE CT	
DATE OF BIRTH SEPTEMBER 20 1936		AGE 69		MARRIAGE STATUS MARRIED	
CITY OF BIRTH KANSAS INDEPENDENCE		CITIZENSHIP USA		SOCIAL SECURITY NO. 12 314-36-4964	
RESIDENCE ARIZONA MARICOPA GILBERT		ZIP CODE 85297		EDUCATION 5 YRS	
STREET ADDRESS OF RES. (If not in USA, name country) 4599 E SYCAMORE CT		CITY/TOWN OR CITY GILBERT		STATE ARIZONA	
FATHER'S NAME WALTER LOUIS TOKARZ		MOTHER'S NAME ELLEN MAE WILSON		BIRTH AND STATE OF BIRTH INDIANA INDIANA	
DECEASED'S SIGNATURE <i>[Signature]</i>		RELATIONSHIP TO DECEASED HUSBAND		ADDRESS AND STATE 4599 E SYCAMORE CT GILBERT ARIZONA 85297	
BURIAL CREMATION CREMATION		DATE 06-21-2006		MANNER OF DEATH NOCTURNAL EMBALMED	
FUNERAL HOME A CARING TOUCH 840 E SOUTHERN AVE S GLENDALE AZ 85304		FUNERAL HOME DAVID P HANDLEY		CONTACT NO. 645	
DATE OF DEATH JUN 15 2006		HOUR OF DEATH 10:00		PLACE OF DEATH HOME	
CAUSE OF DEATH AMYOTROPHIC LATERAL SCLEROSIS		MANNER OF DEATH NATURAL		DATE RECD IN STATE OFFICE JUL 5 2006	
SIGNATURE OF REGISTERAR <i>[Signature]</i>		TITLE REGISTERAR		DATE JUL 11 2006	



Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

This is true and correct of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. I am a duly sworn and qualified official of the Arizona Department of Health Services.
This copy has been prepared and is being displayed in the State and is subject to the rules of the issuing agency.

