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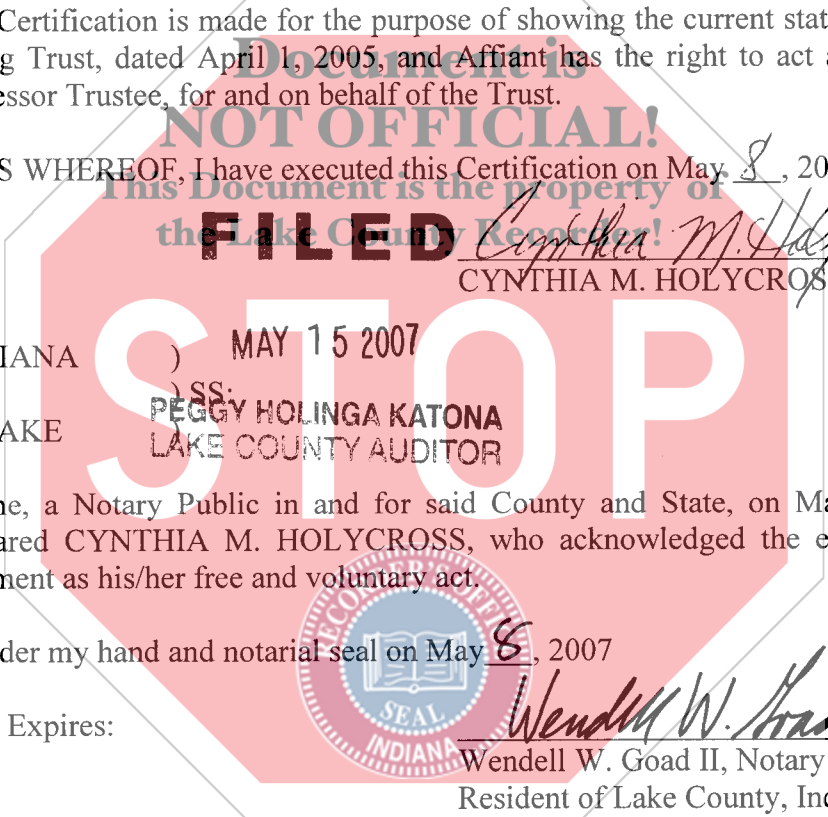
SUCCESSOR'S TRUSTEE'S CERTIFICATION

CYNTHIA M. HOLYCROSS, being first duly sworn upon oath, states and certifies that:

2007040273

1. Affiant is the duly appointed and acting Successor Trustee to the Patricia A. Sayers Living Trust dated April 1, 2005, as set out in Section 12;
2. The original Trustee, PATRICIA A. SAYERS, is deceased and attached hereto and made a part hereof is copy of her Death Certificates.
16-27-338-10
3. The Sayers Living Trust is in existence and is in full force and effect;
4. There have been no amendments made to the Trust since its creation;
5. As of the date hereof, Affiant has not received any written notices or directions of any amendment, rescission or revocation of the Trust.
6. The provisions of the Sayers Living Trust which are not attached hereto, deal with the distribution of the Trust assets and do not affect or modify the Trustee's powers.
7. This Certification is made for the purpose of showing the current status of the Sayers Living Trust, dated April 1, 2005, and Affiant has the right to act and is acting as Successor Trustee, for and on behalf of the Trust.

IN WITNESS WHEREOF, I have executed this Certification on May 8, 2007.



Cynthia M. Holycross
CYNTHIA M. HOLYCROSS

STATE OF INDIANA)
COUNTY OF LAKE)

SS: PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Before me, a Notary Public in and for said County and State, on May 8, 2007, personally appeared CYNTHIA M. HOLYCROSS, who acknowledged the execution of the foregoing instrument as his/her free and voluntary act.

Given under my hand and notarial seal on May 8, 2007

My Commission Expires:
03/20/09

Wendell W. Goad II
Wendell W. Goad II, Notary Public
Resident of Lake County, Indiana

\$14
TF
CP

Prepared by Wendell W. Goad II

"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." Chris Burk

TIC 7 10

927-2321

006343

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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 3983-05

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1. DECEASED-NAME (Patricia Ann Sayers), 2. SEX (Female), 3a. TIME OF DEATH (6:35 PM M), 3b. DATE OF DEATH (November 23, 2005), 4. SOCIAL SECURITY NUMBER (304-42-7408), 5a. AGE (65), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (January 30, 1940), 7. BIRTHPLACE (Hammond, IN), 8a. WAS DECEDENT A U.S. VETERAN? (No), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (NO), 9a. PLACE OF DEATH (Hospice Facility), 9b. FACILITY NAME (St. Anthony Hospice), 9c. CITY, TOWN, OR LOCATION OF DEATH (Crown Point, IN), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Widow), 11. SURVIVING SPOUSE (N/A), 12a. DECEDENT'S USUAL OCCUPATION (Homemaker), 12b. KIND OF BUSINESS/INDUSTRY (Own Home), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Highland), 13d. STREET AND NUMBER (9624 O'Day Drive), 13e. ZIP CODE (46322), 13f. INSIDE CITY LIMITS (No), 13g. ON A FARM? (No), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (10), 18. FATHER'S NAME (Stanley Ziembicki), 19. MOTHER'S NAME (Martha Ozellie), 20a. INFORMANT'S NAME (Cindy Holycross), 20b. MAILING ADDRESS (1337 N. Indiana St., Griffith, 46319), 20c. Relationship (Daughter), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (November 28, 2005, Chapel Lawn Memorial Gardens), 21c. LOCATION (Schererville, IN), 22a. EMBALMER'S NAME (Timothy Bowler), 22b. EMBALMER'S LICENSE NO (FD20500035), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (David L. Peterson), 24b. LICENSE NUMBER (FD08601585), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Kuiper Funeral Home, 9039 Kleinman Road, Highland, IN 46322, FH10300021), 26. PART I: IMMEDIATE CAUSE (CHF), 26. PART II: Other significant conditions (Arrival fib, Mental status change, Decubitus ulcer), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (NO), 28a. WAS AN AUTOPSY PERFORMED? (NO), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (NO), 29a. CERTIFIER (CERTIFYING PHYSICIAN), 29b. SIGNATURE AND TITLE OF CERTIFIER (Susan J. Best, D.O.), 29c. MEDICAL LICENSE NO (01052372A), 29d. DATE SIGNED (1/28/05), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (KATHLEEN MURPHY, 919 MAIN ST, DEER, IN 46311), 31. HEALTH OFFICER'S SIGNATURE (Susan J. Best, D.O.), 32. DATE FILED (November 23, 2005), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK? (Yes or no), 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (Yes or no).