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CERTIFICATION OF TRUST

2007 04 15

I, Jean P. Metz, acting Trustee of the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993, hereby certifies as follows:

Chicago Title Insurance Company

1. That the Albert R. Metz and Jean P Metz Revocable Agreement u/t/d October 18, 1993, is in full force and effect and was executed on October 18, 1993.

2. That Albert R. Metz and Jean P. Metz are the Settlor of the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993.

3. That Albert R. Metz is deceased, having passed away on October 19, 1999, as evidence by the death certificate attached hereto as Exhibit "A."

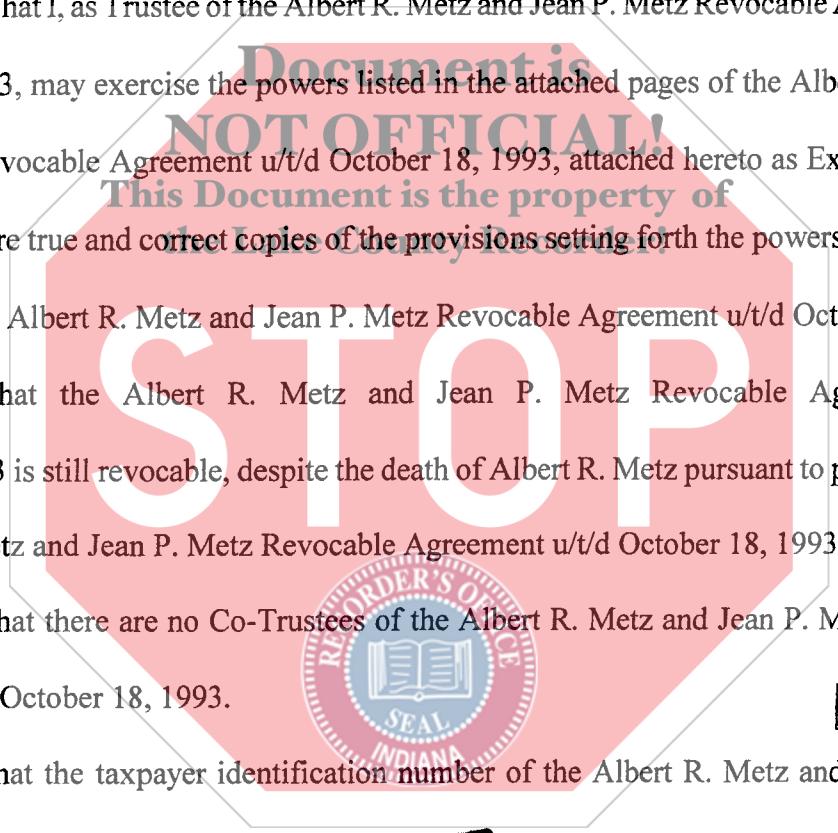
4. That I, as Trustee of the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993, may exercise the powers listed in the attached pages of the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993, attached hereto as Exhibit "B." The attached pages are true and correct copies of the provisions setting forth the powers I may exercise as Trustee of the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993.

5. That the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993 is still revocable, despite the death of Albert R. Metz pursuant to paragraph 13 of the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993.

6. That there are no Co-Trustees of the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993.

7. That the taxpayer identification number of the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993 is [REDACTED]-4215.

8. That the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993 takes title to all property as follows: Jean P. Metz, Trustee of the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993.



STATE OF INDIANA
DEPARTMENT OF REVENUE
2007-04-15

FILED

MAY 3 1 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1300
007097

9. That the Albert R. Metz and Jean P. Metz Revocable Agreement u/t/d October 18, 1993, has not been revoked, modified, or amended in any manner that would cause the representations contained herein to be incorrect.

IN WITNESS WHEREOF, I, Jean P. Metz, have set my hand and seal this 23 day of May, 2007.

X Jean P. Metz
Jean P. Metz, Trustee of the Albert R. Metz and Jean P. Metz Revocable Trust

STATE OF INDIANA)

)SS:

COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 23 day of May, 2007, personally appeared Jean P. Metz and acknowledged the execution of the foregoing Certification of Trust. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

[Signature]
Notary Public

JACALYN L SMITH
Notary's Typed or Printed Name



My Commission Expires:

My County of Residence:

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. Jackie Smith

INSTRUMENT PREPARED BY: JULIE DUGAN

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2397-99 CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-37-1-10

Form with sections: 1. DECEASED NAME (Albert R. Metz), 2. SEX (Male), 3a. TIME OF DEATH (11:30AM), 3b. DATE OF DEATH (October 19, 1999), 4. SOCIAL SECURITY NUMBER, 5a. AGE - Last Birthday (89), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (May 3, 1910), 7. BIRTHPLACE (Gary, Indiana), 8a. WAS DECEDENT A U.S. VETERAN?, 8b. YEAR LAST SERVED IN U.S. ARMED FORCES, 9a. PLACE OF DEATH, 9b. FACILITY NAME (5310 E. 61st Avenue), 9c. CITY TOWN OR LOCATION OF DEATH (Hobart), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Jean Eagle), 12a. DECEDENT'S USUAL OCCUPATION (Owner/Operator), 12b. KIND OF BUSINESS INDUSTRY (Construction), 13a. RESIDENCE - STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY TOWN OR LOCATION (Hobart), 13d. STREET AND NUMBER (5310 E. 61st Avenue), 15a. ZIP CODE (46342), 15b. INSIDE CITY LIMITS, 14. CITIZEN OF WHAT COUNTRY (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN?, 16. RACE (White), 17. DECEDENT'S EDUCATION (12), 18. FATHER'S NAME (Adolph Metz), 19. MOTHER'S NAME (Magdalene Nijkowski), 20a. INFORMANT'S NAME (Jean Metz), 20b. MAILING ADDRESS (5310 E 61st Avenue, Hobart, IN 46342), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (October 23, 1999, Calumet Park Cemetery), 21c. LOCATION - City or Town State (Merrillville, Indiana), 22a. EMBALMER'S NAME (James J. Krause), 22b. EMBALMER'S LICENSE NO. (FDO1006463), 23. WAS DEATH REPORTED TO CORONER?, 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (FDO1006463), 24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Rees Funeral Home, Inc., 800 W. Old Ridge Road, Hobart, IN 46342), 25. PART I (Cause of death: Myocardial Arrest, Myocardial Congestive Heart Failure), 26a. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM?, 26b. WAS AN AUTOPSY PERFORMED?, 26c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?, 27a. CERTIFIER (Raymond J. Zimmerman MD), 27b. MEDICAL LICENSE NO (01035397), 27c. DATE SIGNED (10-21-99), 28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Raymond J. Zimmerman MD, 297 Franciscan, Suite 208, Crown Point, IN 46307), 29. HEALTH OFFICER'S SIGNATURE (Alexander S. Williams MD), 29. DATE FILED (October 21, 1999), 33. MANNER OF DEATH, 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 35. DATE PRONOUNCED DEAD, 36. MOTOR VEHICLE ACCIDENT?

169642 TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

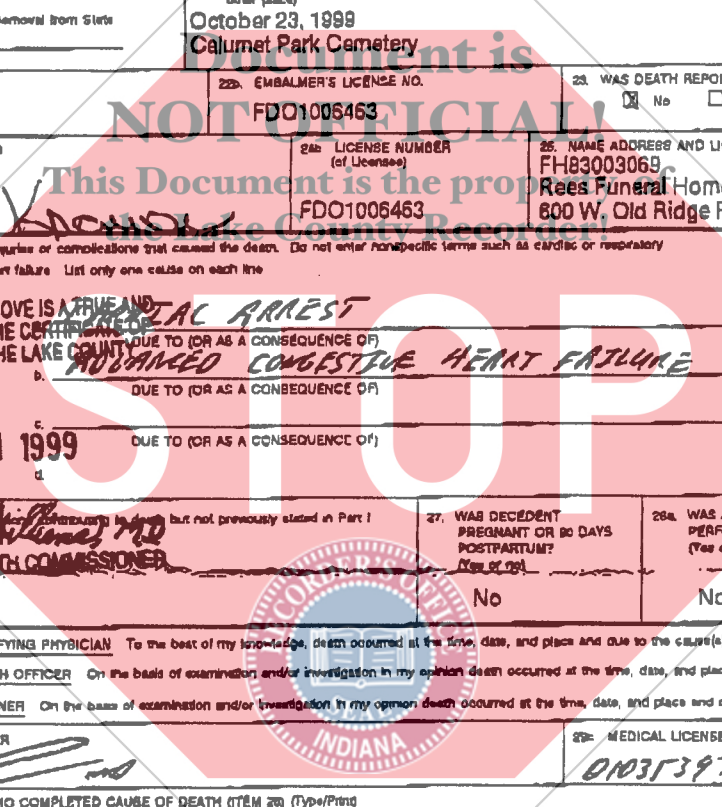
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



Exhibits "A"

following described Real Estate situated in the County of Lake, in the State of Indiana, to wit:

Part of the SW 1/4 of Section 6, T 35 N, R 7 W of the 2nd P.M., lying North of Bracken Road more particularly described as follows: Beginning at a point on the center line of Bracken Road, said point being 890.29 feet Westerly of the intersection of the center line of Bracken and the East line of the SW 1/4 of said Section 6; thence North parallel to the East line of the SW 1/4 of said Section 6, a distance of 660 feet; thence Westerly parallel to the center line of Bracken Road a distance of 142.06 feet; thence South parallel to the East line of the SW 1/4 of said Section 6, a distance of 660 feet to the center line of Bracken Road; thence Easterly along the center line of Bracken Road a distance of 142.06 feet to the place of beginning, in Lake County, Indiana.

Commonly known as 5310 E. 61st Avenue, Hobart, Indiana 46342

