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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 061856

2007 JUL 31 AM 8:34

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FILED

JUL 31 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AFFIDAVIT OF SUCCESSOR TRUSTEE

THE STEFANO AND MARIA A. TRAFICANTE LIVING TRUST

I, STEFANO TRAFICANTE, being of legal age and duly sworn upon oath, depose and state as follows:

1. That Affiant is the surviving spouse of Maria A. Traficante, who died a resident of Lake County, Indiana on the 21st day of September, 2006. (Death Certificate attached).

2. That prior to her death, Maria A. Traficante, executed a Trust Agreement dated August 21, 2000. Under this Revocable Living Trust Agreement, Stefano Traficante and Maria A. Traficante were the Co-Trustees.

3. That in establishing the Trust dated August 21, 2000, Stefano Traficante and Maria A. Traficante transferred various assets into their Trust. One of the assets transferred was the real estate known as: 10002 Northcote Court, St. John, IN 46373. The legal description is as follows:

See Attached Exhibit "A".

4. That Stefano Traficante and Maria A. Traficante , subsequent to the execution of The Stefano And Maria A. Traficante Revocable Living Trust, did not revoke the trust document prior to the death of Maria A. Traficante.

5. That Stefano Traficante is the surviving Co-Trustee of The Stefano And Maria A. Traficante Revocable Living Trust dated August 21, 2000, and, therefore, has all those powers conveyed on him by The Stefano And Maria A. Traficante Revocable Living Trust as the sole Trustee.

6. That Affiant, Stefano Traficante, makes this affidavit for the purpose of causing the proper title and transfer of assets located in The Stefano And Maria A. Traficante Revocable Living Trust.

12719
D.D.M
17.00
6705#

Stefano Traficante, Trustee of the Stefano and
Maria A. Traficante 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 2nd day of July, 2007, personally appeared *Stefano Traficante*, Trustee of The Stefano and Maria A. Traficante Revocable Living Trust dated August 21, 2000; and acknowledged the execution of the above instrument to be his voluntary act and deed, for the uses and purposes therein stated.

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

My Commission Expires:
June 25, 2009

Brian P. Popp, Notary Public
County of Residence: Porter

(SEAL)

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

"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."

Brian P. Popp

This instrument prepared by: Brian P. Popp, Laszlo & Popp, P.C., Attorneys at Law, 200 East 80th Place, Suite 200, Merrillville, IN 46410; Telephone: 219/756-7677.

EXHIBIT "A"

Real property situated in Lake County, Indiana:

Lot 158 in Homestead Acres 7th Addition to the Town of St. John, as per plat thereof, recorded in Plat Book 49 page 126, in the Office of the Recorder of Lake County, Indiana.

Commonly Known As: 10002 Northcote Court, St. John, IN 46375

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. 2251-06

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

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Maria A. Traficante	Female	12:57 PM	September 21, 2006

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
311-48-9601	70			June 23, 1936	Argentina

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
No	--	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Margaret Mercy South	Dyer	Lake

10. MARITAL STATUS (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
Married	Stefano Traficante	Seamstress	LS Ayres

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
IN	Lake	St. John	10002 Northcote Ct.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46373	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	8	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Joseph Libertino	Asunta N/A

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Stefano Traficante	10002 Northcote Ct. St. John, IN 46373	Husband

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☒ Entombment	September 25, 2006 Chapel Lawn Memorial Gardens	Schererville, IN

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
James F. Betkowski	FD09200077	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James F. Betkowski	FD09200077	Elmwood Chapel FHD#19900052 11300 W. 97th Ln. St. John, IN 46373

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiac Arrest	
	DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. Large Right Cerebral bleeding	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Essential Hypertension	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	No	NO

CERTIFIER

29a. CERTIFIER (Check only one)

☒ 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.	29d. DATE SIGNED (Month, Day, Year)
Kantilal S. Patel	01043474	9-22-06

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Kantilal S. Patel 525-527 W Chicago Ave East Chicago IN 46312

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE

Susan W Best D.O.

32. DATE SIGNED (Month, Day, Year)

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. Sept. 25, 2006

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				SEP 25 2006

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.

SDH06-004 State Form 10110 (R5/1-99)