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STATE OF INDIANA
LAKE COUNTY
FILED RECORDER

2008 015537

2008 MAR -3 PM 1:48

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SUCCESSOR TRUSTEE

THE JANE G. HANSEN REVOCABLE LIVING TRUST

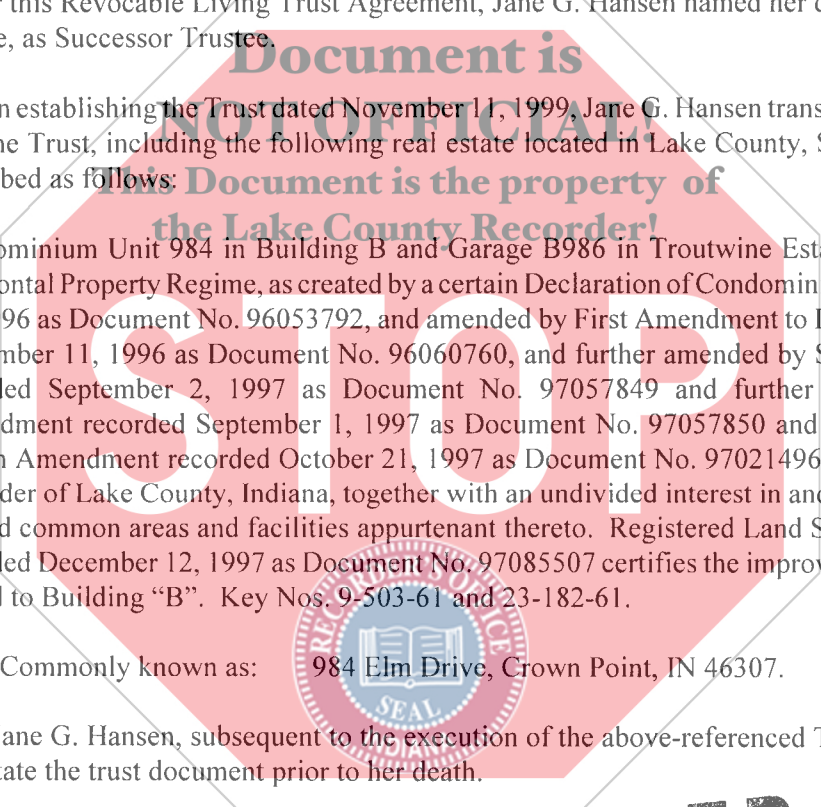
I, JEANINE M. DROSTE, being of legal age and duly sworn upon her oath, depose and state as follows:

- 1. That Affiant, Jeanine M. Droste, is the surviving daughter of Jane G. Hansen, who died a resident of Lake County, Indiana, on the 16th day of September, 2007. (see Death Certificate).
- 2. That prior to her death, Jane G. Hansen executed a Trust Agreement dated November 11, 1999. Under this Revocable Living Trust Agreement, Jane G. Hansen named her daughter, Jeanine M. Droste, as Successor Trustee.
- 3. That in establishing the Trust dated November 11, 1999, Jane G. Hansen transferred various assets into the Trust, including the following real estate located in Lake County, State of Indiana, and described as follows:

Condominium Unit 984 in Building B and Garage B986 in Troutwine Estate Condominium, a Horizontal Property Regime, as created by a certain Declaration of Condominium recorded August 12, 1996 as Document No. 96053792, and amended by First Amendment to Declaration recorded September 11, 1996 as Document No. 96060760, and further amended by Second Amendment recorded September 2, 1997 as Document No. 97057849 and further amended by Third Amendment recorded September 1, 1997 as Document No. 97057850 and further amended by Fourth Amendment recorded October 21, 1997 as Document No. 97021496, in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in and to the common and limited common areas and facilities appurtenant thereto. Registered Land Surveyors Certificate recorded December 12, 1997 as Document No. 97085507 certifies the improvements as built with regard to Building "B". Key Nos. 9-503-61 and 23-182-61.

More Commonly known as: 984 Elm Drive, Crown Point, IN 46307.

- 4. That Jane G. Hansen, subsequent to the execution of the above-referenced Trust, did not revoke or restate the trust document prior to her death.
- 5. That Jeanine M. Droste is the named Successor Trustee in the Jane G. Hansen Revocable Living Trust dated November 11, 1999, and, therefore, has all those powers conveyed upon her by the above-referenced Trust as Successor Trustee.



FILED

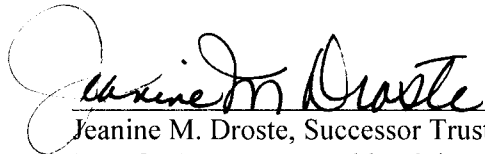
MAR 03 2008

**INDONESIA KATONA
LAKE COUNTY AUDITOR**

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1076
J.M.D.

002415

6. That Affiant, Jeanine M. Droste, makes this affidavit for the purpose of causing the proper title and transfer of assets located in the Jane G. Hansen Revocable Living Trust dated November 11, 1999.


Jeanine M. Droste, Successor Trustee of the
Jane G. Hansen Revocable Living Trust

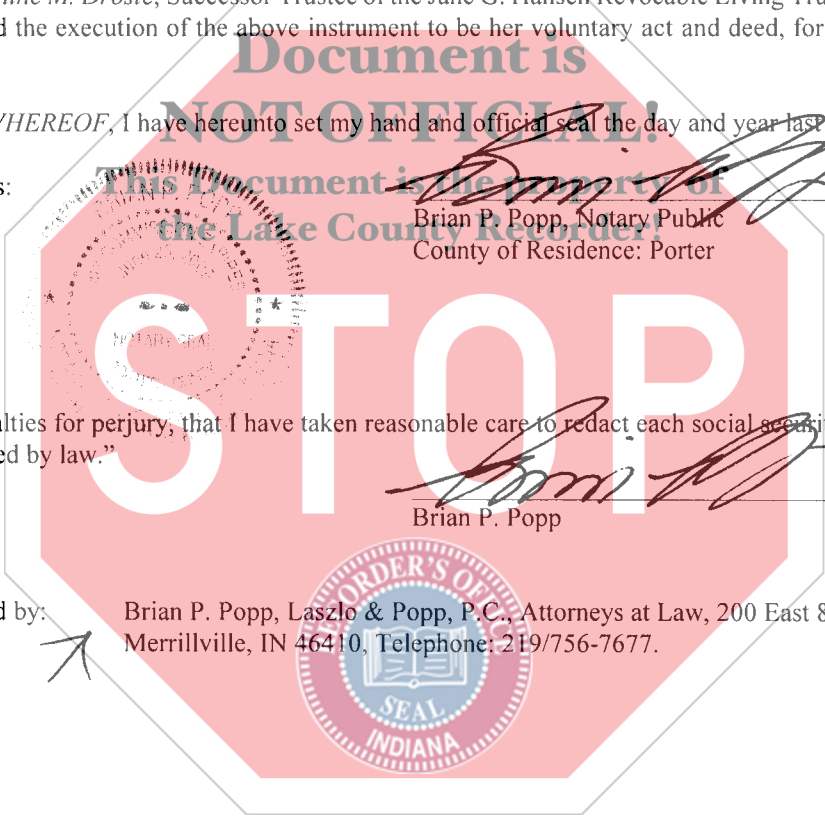
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, this 29th day of February, 2008, personally appeared *Jeanine M. Droste*, Successor Trustee of the Jane G. Hansen Revocable Living Trust dated November 11, 1999, and acknowledged the execution of the above instrument to be her 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

(SEAL)




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

"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.

* 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. 2253-07

691497

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) Jane G. Hansen		2. SEX Female		3a. TIME OF DEATH 7:50 PM		3b. DATE OF DEATH (Month, Day, Yr.) September 16, 2007	
4. *SOCIAL SECURITY NUMBER 308-36-1855		5a. AGE - Last Birthday (Years) 71		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo., Day, Yr.) October 13, 1935		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana					
8a. WAS DECEASENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 13837 Grand Blvd				9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Clerk		12b. KIND OF BUSINESS/INDUSTRY Telecommunications	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 984 Elm Dr.	
13e. ZIP CODE 46307-		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEASENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE - American Indian, Black, White, etc. (Specify) White		17. DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) Joseph Schutz				19. MOTHER'S NAME (First, Middle, Maiden Surname) Laura Beiriger			
20a. INFORMANT'S NAME (Type/Print) Jeanine Droste				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13837 Grand Blvd. Crown Point, IN 46307-		20c. Relationship Daughter	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 19, 2007 Geisen Cremation Centre			21c. LOCATION - City or Town, State Crown Point, Indiana		
22a. EMBALMER'S NAME Kevin Knaga		22b. EMBALMER'S LICENSE NO. FD20400005		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD09000013		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Centre FH10700031 606 E. 113th Ave. Crown Point, Indiana 46307-			
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. X IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Chronic Atrophic lateral Sclerosis</i> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. 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 DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i>				29c. MEDICAL LICENSE NO. 01031717		29d. DATE SIGNED (Month, Day, Year) 9/18/07	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) George Babchuk MD 1121 S. Indiana Ave., Crown Point 46307							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) September 19, 2007	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
34d. DESCRIBE HOW INJURY OCCURRED		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. No					

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

