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LAKE COUNTY RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SUCCESSOR TRUSTEE

THE GEORGE L. FROMAN REVOCABLE LIVING TRUST

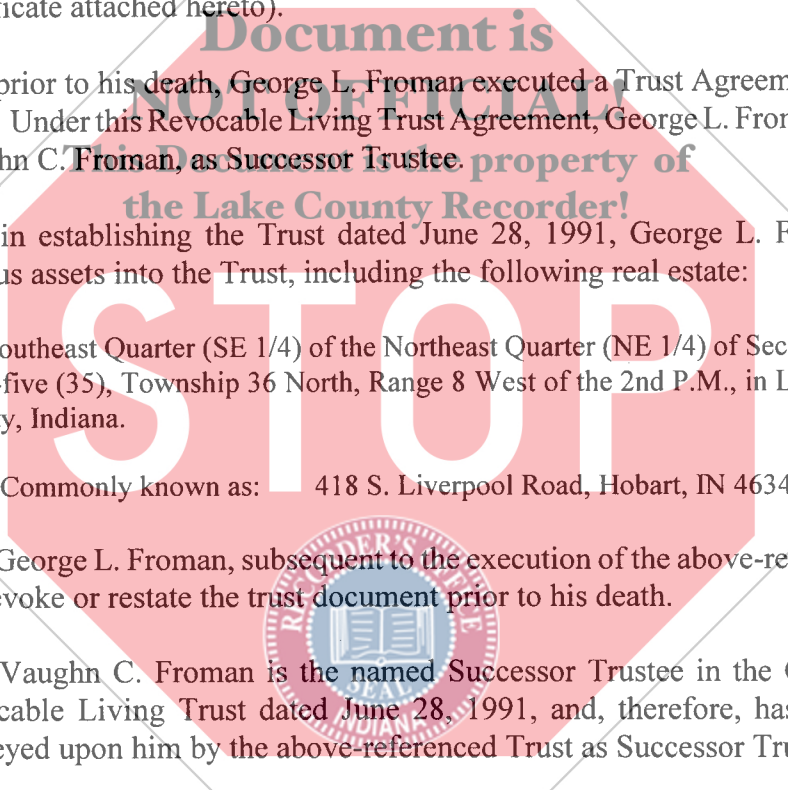
I, VAUGHN C. FROMAN, being of legal age and duly sworn upon his oath, depose and state as follows:

1. That Affiant, Vaughn C. Froman, is the surviving son of George L. Froman, who died a resident of Lake County, Indiana, on the 26th day of March, 2008. (see Death Certificate attached hereto).
2. That prior to his death, George L. Froman executed a Trust Agreement dated June 28, 1991. Under this Revocable Living Trust Agreement, George L. Froman named his son, Vaughn C. Froman, as Successor Trustee.
3. That in establishing the Trust dated June 28, 1991, George L. Froman transferred various assets into the Trust, including the following real estate:

The Southeast Quarter (SE 1/4) of the Northeast Quarter (NE 1/4) of Section thirty-five (35), Township 36 North, Range 8 West of the 2nd P.M., in Lake County, Indiana.

More Commonly known as: 418 S. Liverpool Road, Hobart, IN 46342.

4. That George L. Froman, subsequent to the execution of the above-referenced Trust, did not revoke or restate the trust document prior to his death.
5. That Vaughn C. Froman is the named Successor Trustee in the George L. Froman Revocable Living Trust dated June 28, 1991, and, therefore, has all those powers conveyed upon him by the above-referenced Trust as Successor Trustee.
6. That Affiant, Vaughn C. Froman, makes this affidavit for the purpose of causing the proper title and transfer of assets located in the George L. Froman Revocable Living Trust dated June 28, 1991.



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 1044-053

State No.

1. Decedent's Legal Name (First, Middle, Last) GEORGE L. FROMAN				1a. Maiden Last Name (If Female)		2. Sex Male	3. Time Of Death 2:50 a.m.	4. Date Of Death (Month/Day/Year) March 26, 2008		
5. Social Security Number 306-09-1755		6a. Age - Yrs 92	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) July 27, 1915		8. Birthplace (City And State Or Foreign Country) Tuscola, Illinois	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) St. Mary Medical Center										
12. City Or Town, State, And Zip Code Hobart					13. County Of Death Lake			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation Furnace Charger		17. Kind Of Business/Industry Steel		
18. Residence - State IN		18a. County Lake			18b. City Or Town Merrillville					
18c. Street And Number 2301 E. 73rd Ave.						18d. Apt. No.	18e. Zip Code 46410	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 9-12 No Diploma		20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) David Froman				23. Mother's Name (First, Middle, Last) Pearle Froman			23a. Mother's Maiden Last Name LeClerc			
24. Informant's Name Vaughn Froman		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 2301 E. 73rd Ave., Merrillville, IN 46410						
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Calumet Park Cemetery			25c. Location - City, Town, And State Merrillville, IN 46410					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd., P.O. Box 488, Hobart, Indiana 46342					27a. Funeral Home License Number: FH83003069			
27b. Signature Of Indiana Funeral Service Licensee: <i>James J. Krause</i>						27c. License Number (Of Licensee): FD01006463				
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. congestive heart failure Approximate Interval: Onset To Death										
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: <i>M. Gasparis</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Milton Gasparis MD, 1400 S. Lake Park Avenue Suite 301 Hobart, IN 46342						44. License Number 01037515	45. Date Certified 3/28/08			
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>Susan J. Best D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): March 28, 2008				

State Form 10110 (R7/9-07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3-7-1-10