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FIRST AMENDMENT TO THE RITA A. MAREK LIVING TRUST AGREEMENT

THIS FIRST AMENDMENT TO THE RITA A. MAREK LIVING TRUST AGREEMENT, dated March 3, 2003, is made this 24th day of February 2009, by and between RITA A. MAREK, by MICHAEL J. MAREK, POA as "Settlor".

2009 SEP 24 065222

WITNESSETH THAT:

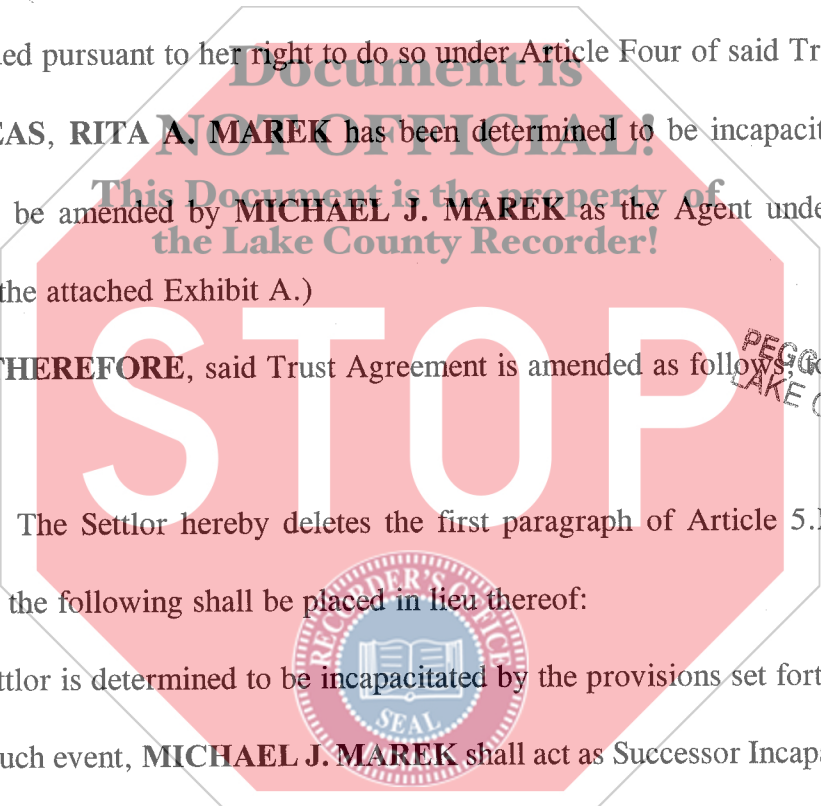
WHEREAS, the Settlor has established a self-directed trust by a Trust Agreement known as THE RITA A. MAREK LIVING TRUST AGREEMENT, dated March 3, 2003, wherein it may be amended pursuant to her right to do so under Article Four of said Trust Agreement,

WHEREAS, RITA A. MAREK has been determined to be incapacitated, said Trust Agreement may be amended by MICHAEL J. MAREK as the Agent under Power of Attorney. (See the attached Exhibit A.)

NOW, THEREFORE, said Trust Agreement is amended as follows, wit:

FIRST: The Settlor hereby deletes the first paragraph of Article 5.D. of said Trust Agreement, and the following shall be placed in lieu thereof:

If the Settlor is determined to be incapacitated by the provisions set forth in Article Five herein, then in such event, MICHAEL J. MAREK shall act as Successor Incapacity Trustee and replace my Initial Trustee or whomever is presently serving as Trustee. If MICHAEL J. MAREK shall die, become incapacitated, resign, refuse to accept the office of Successor



STATE OF INDIANA
LAKE COUNTY
RECORDER
2009 SEP 24 11 23 AM
FILED
SEP 24 2009
PEGGY HOLLINGA KATONA
LAKE COUNTY AUDITOR

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CK# 1237
013079
CA

Incapacity Trustee or be unavailable, then in such event, **JOANNE MAREK** shall act as Successor Incapacity Trustee. If **JOANNE MAREK** shall die, become incapacitated, resign, refuse to accept the office of Successor Incapacity Trustee or be unavailable, then in such event, **MICHAELENE STANCZAK** shall act as Successor Incapacity Trustee. If **MICHAELENE STANCZAK** shall die, become incapacitated, resign, refuse to accept the office of Successor Incapacity Trustee or be unavailable, then in such event, **BRIAN MAREK** shall act as Successor Incapacity Trustee.

SECOND: The Settlor hereby deletes the first paragraph of Article 7.A. of said Trust Agreement, and the following shall be placed in lieu thereof:

Upon the Settlor's death, **MICHAEL J. MAREK** shall act as Successor Death Trustee and replace the Initial Trustee or whomever is presently serving as Trustee. If **MICHAEL J. MAREK** shall die, become incapacitated, resign, refuse to accept the office, or be unavailable to act as Successor Death Trustee, then in such event, **JOANNE MAREK** shall act as Successor Death Trustee. If **JOANNE MAREK** shall die, become incapacitated, resign, refuse to accept the office, or be unavailable to act as Successor Death Trustee, then in such event, **MICHAELENE STANCZAK** shall act as Successor Death Trustee. If **MICHAELENE STANCZAK** shall die, become incapacitated, resign, refuse to accept the office, or be unavailable to act as Successor Death Trustee, then in such event, **BRIAN MAREK** shall act as Successor Death Trustee.

To Whom It May Concern:

According to Article 5.B.3. of The Rita A. Marek Living Trust Agreement, dated March 3, 2003, the majority of Rita A. Marek's children may make a determination of her incapacity. Rita A. Marek's son, Mark L. Marek, is now deceased. Rita A. Marek has one surviving child, Michael J. Marek.

In accordance with Article 5.B.3. of said Trust Agreement, Michael J. Marek hereby states that Rita A. Marek is incapacitated because of her age.

According to Article 10.B.1. of The Rita A. Marek Living Trust Agreement, if the Settlor is incapacitated then a majority of her children may remove any corporate fiduciary who is acting as Successor Incapacity Trustee.

Michael J. Marek hereby notifies National Advisors Trust Company, FSB that it is hereby removed as Successor Incapacity Trustee of The Rita A. Marek Living Trust.

Michael J. Marek
MICHAEL J. MAREK

24 FEB 2009
DATE

STATE OF INDIANA
COUNTY OF LAKE

SS:

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Before me, a Notary Public in and for said County and State personally appeared MICHAEL J. MAREK, who acknowledged his execution of the foregoing, and acknowledged his execution of it as his voluntary act and deed for the uses and purposes stated in it.

WITNESS my hand and Notarial Seal, this 24 day of FEB, 2009.

MY COMMISSION EXPIRES:
5-24-09

Notary Public: Alicia Gloyeske
Resident County: Porter



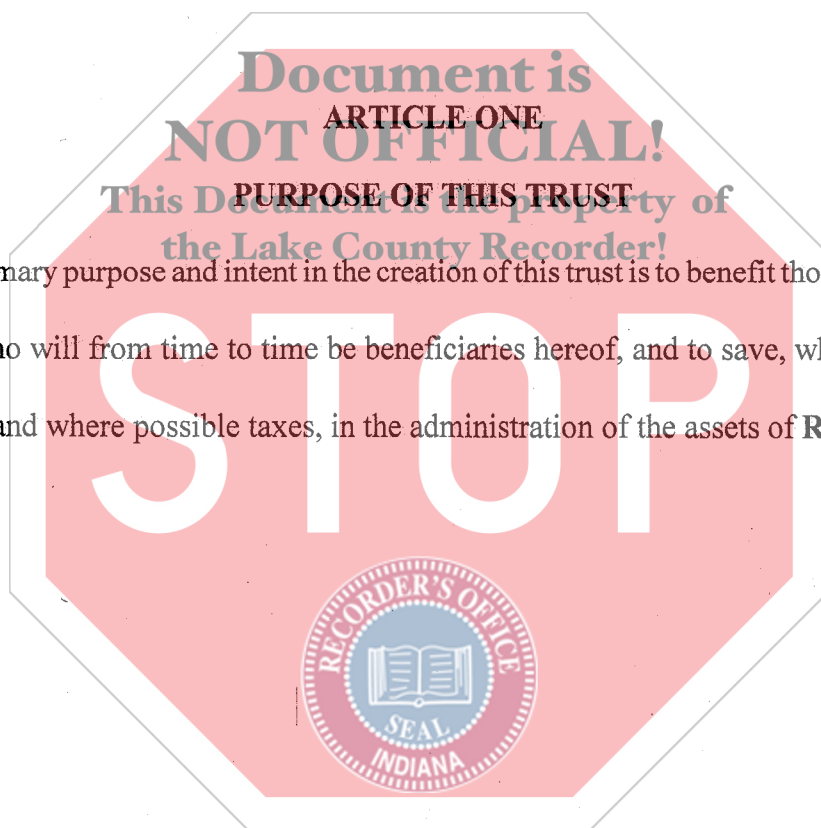
This Instrument Prepared by:

Alicia Gloyeske
Attorney At Law
2401 Bech Street, Suite E
Valparaiso, Indiana 46383
(219)464-9224

THE RITA A. MAREK
REVOCABLE LIVING TRUST AGREEMENT

This Revocable Living Trust Agreement is made by and between **RITA A. MAREK**, of Highland, Lake County, Indiana, "Settlor" and **RITA A. MAREK**, of Highland, Lake County, Indiana, "Trustee".

I, **RITA A. MAREK**, hereby declare that I am the Settlor and Initial Trustee of the property referred to in this, my Revocable Living Trust Agreement, to be known as **THE RITA A. MAREK LIVING TRUST**, dated March 3, 2003.



The primary purpose and intent in the creation of this trust is to benefit those family members and persons who will from time to time be beneficiaries hereof, and to save, where possible, both time and fees, and where possible taxes, in the administration of the assets of **RITA A. MAREK**.

B. PAYMENT OF INCOME AND WITHDRAWAL OF PRINCIPAL AFTER DETERMINATION OF SETTLOR'S INCAPACITY

The Settlor shall be deemed to be incapacitated if any one or all of the circumstances listed below occur:

1. Court Determination

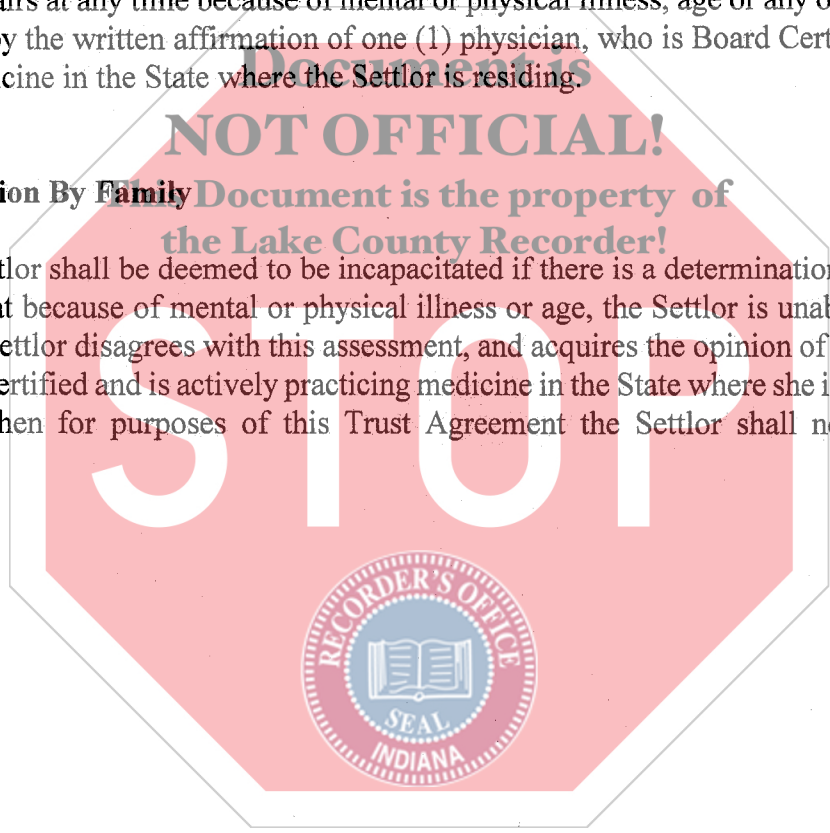
The Settlor shall be deemed to be incapacitated upon the determination of a court of competent jurisdiction that the Settlor is incapacitated or otherwise under legal disability such that she is unable to effectively manage her affairs.

2. Opinion Of One Physician

The Settlor shall be deemed to be incapacitated if there is a determination as to her inability to manage her affairs at any time because of mental or physical illness, age or any other cause, which shall be made by the written affirmation of one (1) physician, who is Board Certified and actively practicing medicine in the State where the Settlor is residing.

3. Determination By Family

The Settlor shall be deemed to be incapacitated if there is a determination by a majority of her children that because of mental or physical illness or age, the Settlor is unable to manage her affairs. If the Settlor disagrees with this assessment, and acquires the opinion of one (1) physician who is Board Certified and is actively practicing medicine in the State where she is residing that she has capacity, then for purposes of this Trust Agreement the Settlor shall not be considered incapacitated.



C. PROVIDING FOR THE SETTLOR DURING HER INCAPACITY

If at any time, or times, **RITA A. MAREK** is determined by the provisions of this Article Five herein to be incapacitated, the Trustee, shall use the net income and such part or all of the principal of **THE RITA A. MAREK LIVING TRUST**, even to the exhaustion thereof, in such manner as the Trustee deems in his or her sole absolute and discretion as necessary or advisable, for the comfort, care, health, maintenance and support of **RITA A. MAREK**.

D. DESIGNATION OF SUCCESSOR INCAPACITY TRUSTEE

If the Settlor is determined to be incapacitated by the provisions set forth in above in Article Five of this Trust Agreement, then in such event **NATIONAL ADVISORS TRUST COMPANY, FSB, MICHAEL J. MAREK, and MARK L. MAREK** shall act as Successor Incapacity Co-Trustees, and replace the Initial Trustee, or whomever is presently serving as Trustee. If **MICHAEL J. MAREK** shall die, become incapacitated, resign, refuse to accept the office, or be unavailable to act as Co-Successor Incapacity Trustee, for any reason, then in such event, **MARK L. MAREK** shall act as Co-Successor Incapacity Trustee with **NATIONAL ADVISORS TRUST COMPANY, FSB**. If **MARK L. MAREK** shall die, become incapacitated, resign, refuse to accept the office, or be unavailable to act as Co-Successor Incapacity Trustee, for any reason, then in such event, **MICHAEL J. MAREK** shall act as Co-Successor Incapacity Trustee with **NATIONAL ADVISORS TRUST COMPANY, FSB**. If both of **MICHAEL J. MAREK** and **MARK L. MAREK** shall die, become incapacitated, resign, refuse to accept the office, or be unavailable to act as Co-Successor Incapacity Trustee, for any reason, then in such event, **NATIONAL ADVISORS TRUST COMPANY, FSB** shall act alone as Successor Incapacity Trustee. If **NATIONAL**

ADVISORS TRUST COMPANY, FSB is unwilling or unable to act as Successor Incapacity Trustee, then in such event, **MICHAEL J. MAREK**, and **MARK L. MAREK** shall act as Successor Incapacity Co-Trustees. If then either of **MICHAEL J. MAREK** and **MARK L. MAREK** shall die, become incapacitated, resign, refuse to accept the office, or be unavailable to act as Co-Successor Incapacity Trustee, for any reason, then in such event, the other shall act alone as Successor Incapacity Trustee.

The name "**NATIONAL ADVISORS TRUST COMPANY, FSB**" wherever used in this Trust Agreement shall include its successor and successors and any corporation into which it may be merged or with which it may be consolidated and the successor or successors of any such merged or consolidated corporation and any corporation to which the fiduciary business of said federal savings association may at any time be transferred.

The Trustee may rely upon written notice of a determination of incapacity in accordance with the provisions in Article 5.B. The Trustee or his or her successors shall have the powers that are outlined in Article Eleven of this Trust Agreement. The Trustee shall not be liable for his or her good faith exercise of the powers granted under this provision.

Any net income which is not distributed under the aforementioned guidelines shall be added to the principal of this **THE RITA A. MAREK LIVING TRUST**.

B. REMOVAL OF TRUSTEE

1. Removal Of Trustee Upon Settlor's Incapacity

If the Settlor is incapacitated, as is defined in Article Five, **MICHAEL J. MAREK** and **MARK L. MAREK** shall by majority be able to remove any corporate fiduciary who is acting as Successor Incapacity Trustee without giving the Trustee a reason, cause, or ground for such removal. **MICHAEL J. MAREK** and **MARK L. MAREK** may elect to name another corporate fiduciary to act as Successor Incapacity Co-Trustee.

If either **MICHAEL J. MAREK** or **MARK L. MAREK** shall die, become incapacitated, or be unavailable to act according to these provisions, then in such event, the other shall act alone in the exercise of the above provisions in this Article 10.B.1.

Notice of removal shall be effective when made in writing, and by delivering such notice to the Trustee, or to the last known address of the Trustee. It then shall be the duty of such Trustee to resign within ten (10) days after such notice has been sent.

2. Removal Of Trustee Of After Death Of Settlor

After the Settlor's death, a majority of the beneficiaries under this Trust Agreement, may remove any Trustee. However, the beneficiaries must give the Trustee a reason, cause, or ground for such removal.

By way of illustration, and not limitation, such Trustee may be removed for unauthorized self-dealing, wrongfully commingling trust funds, and unreasonable delay in the administration and distribution of trust property.

ARTICLE SIXTEEN

TRUST CERTIFICATION

IN WITNESS WHEREOF, the Parties hereto have executed this Revocable Living Trust

Agreement on this 3 day of March 2003.

Rita A. Marek
RITA A. MAREK, SETTLOR

Rita A. Marek
RITA A. MAREK, TRUSTEE



STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

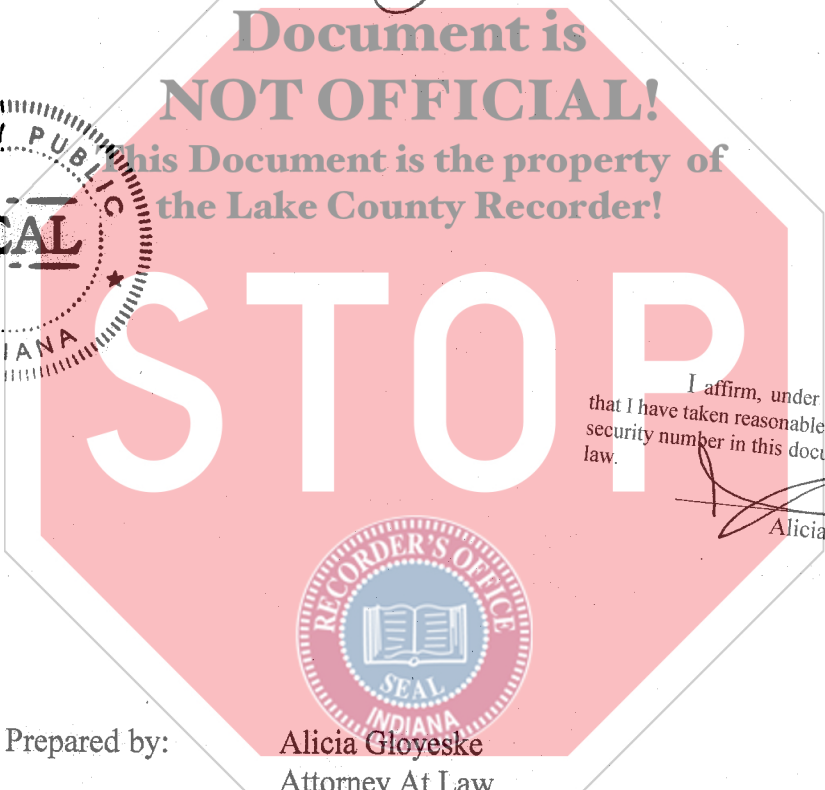
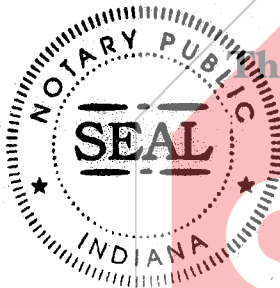
Before me, a Notary Public in and for said County and State personally appeared **RITA A. MAREK**, who acknowledged the execution of the foregoing Revocable Living Trust Agreement, and acknowledged her execution of it as her free and voluntary act, and deed for the uses and purposes therein set forth.

WITNESS my hand and Notarial Seal, this 3 day of March, 2003

MY COMMISSION EXPIRES:

5-24-09

Notary Public: Alicia Gloyeske
Resident County: 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.

Alicia Gloyeske

This Instrument Prepared by:

Alicia Gloyeske
Attorney At Law
2401 Beech Street
Valparaiso, Indiana 46383
Telephone: (219) 464-9224



on reverse side and
ossed with raised seal
Porter County

CERTIFICATE OF DEATH

HEALTH DEPARTMENT
155 Indiana Ave Suite 104
Valparaiso IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Mark L. Marek		2. SEX Male	3a. TIME OF DEATH 6:45 P.M.	3b. DATE OF DEATH (Month, Day, Year) October 8, 2007
4. SOCIAL SECURITY NUMBER 355-44-6490	5a. AGE - Last Birthday (Years) 56	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	5. DATE OF BIRTH (Mo., Day, Yr) Feb. 1, 1951
6. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	
9a. 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) 435 Westchester Circle		
9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9d. COUNTY OF DEATH Porter		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Violet Dokmanovic	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Dental Technician		12b. KIND OF BUSINESS/INDUSTRY Dental Manufacturing
13a. RESIDENCE - STATE Indiana	13b. COUNTY Porter	13c. CITY, TOWN, OR LOCATION Valparaiso		13d. STREET AND NUMBER 435 Westchester Circle
13e. ZIP CODE 46385	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT 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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <input checked="" type="checkbox"/> College (14 or 5 +) <input type="checkbox"/>		18. FATHER'S NAME (First, Middle, Last) Joseph Marek		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Rita Kmicek		20a. INFORMANT'S NAME (Type/Print) Violet Marek		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 435 Westchester Cr, Valparaiso, IN 46385		20c. Relationship Wife		
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) October 12, 2007 Angelcrest Crematory		21c. LOCATION - City or Town, State Valparaiso, Indiana
22a. EMBALMER'S NAME: Martin L. Moeller		22b. EMBALMER'S LICENSE NO. FD01019561		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>M. L. Moeller</i>		24b. LICENSE NUMBER (of Director) FD01019561		24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Moeller Funeral Home FH83006821 104 Roosevelt Rd, Valparaiso, IN 46383
25. PART I. Enter the disease, 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. Asphyxia DUE TO (OR AS A CONSEQUENCE OF): b. Carbon Monoxide Poisoning DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):				
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) 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)
29a. CERTIFIER (Check only one) <input 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 checked="" 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> Deputy Coroner Porter County		29c. MEDICAL LICENSE NO. CORONER - 64		29d. DATE SIGNED (Month, Day, Year) October 10, 2007
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) (representative of office) Doris A. Amling, 155 Indiana Avenue, Valparaiso, IN 46383				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) October 10, 2007
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could Not Be Determined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) OCT 8, 2007	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No) No
34d. DESCRIBE HOW INJURY OCCURRED Self-inflicted carbon monoxide poisoning		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home (driveway)		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 435 Westchester Circle Valparaiso, Indiana		34g. DATE PRONOUNCED DEAD (Month, Day, Year) October 8, 2007		
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. No				

