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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 065897

2009 SEP 29 AM 9:49

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS: IN RE: THE JAMES D. AND PATRICIA M.
COUNTY OF LAKE) SCHMIDT LIVING TRUST

AFFIDAVIT OF TRUSTEESHIP

Comes now GEORGINE M. OWENS and YVONNE M. DAVIS, being duly sworn upon their oaths, and state as follows:

That JAMES D. SCHMIDT and PATRICIA M. SCHMIDT executed THE JAMES D. AND PATRICIA M. SCHMIDT LIVING TRUST, on July 19, 1996. Under the terms of said Trust Agreement JAMES D. SCHMIDT and PATRICIA M. SCHMIDT were named as the Beneficiaries and the Trustees of said trust.

That THE JAMES D. AND PATRICIA M. SCHMIDT LIVING TRUST is an owner of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 13, in Block 4, in Santry's Manor, as per plat thereof, recorded in Plat Book 31 pages 89 and 90, in the Office of the Recorder of Lake County, Indiana

Parcel No. 45-12-10-304-009.000-030

Address: 6658 Pennsylvania Street., Merrillville, Indiana 46410

That PATRICIA M. SCHMIDT died on 11-24-02. After her death JAMES D.

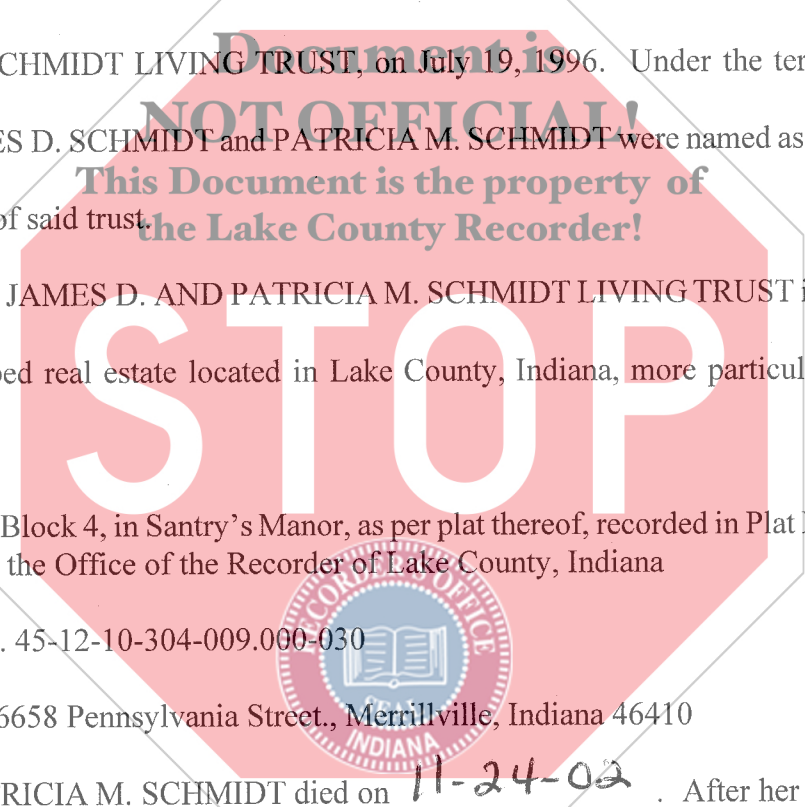
SCHMIDT continued to act as Trustee of said trust. That JAMES D. SCHMIDT died on April 16, 2009. INDIAN TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

2009.

016775

SEP 29 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR




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1239
RM

That under the terms of the Trust Agreement upon the death of PATRICIA M. SCHMIDT and JAMES D. SCHMIDT, GEORGINE M. OWENS and YVONNE M. DAVIS (formerly known as YVONNE M. SCHMIDT) succeed them as Co-Successor Death Trustees of said trust.

That under the terms of said Trust Agreement, the Co-Successor Death Trustees have all of the powers regarding the administration of the trust, including the power to convey any real estate. Therefore, GEORGINE M. OWENS and YVONNE M. DAVIS may convey the real estate commonly known as 6658 Pennsylvania Street., Merrillville, Indiana 46410.

The Affiant affirms under the penalties of perjury that the foregoing statements are true.



GEORGINE M. OWENS, AFFIANT

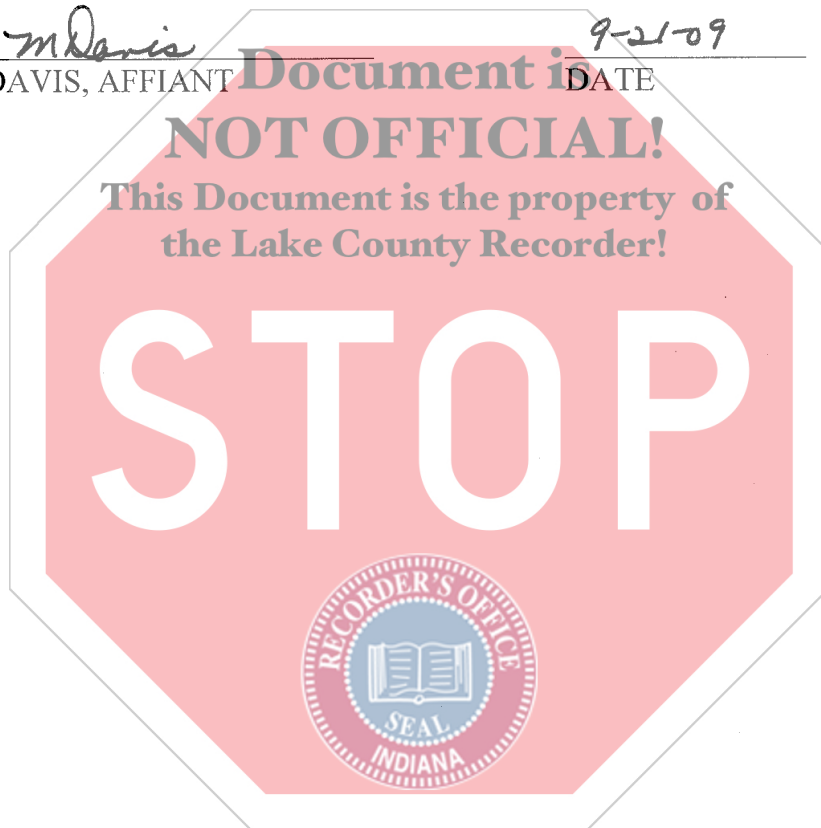
09/21/09
DATE



YVONNE M. DAVIS, AFFIANT

9-21-09

DATE

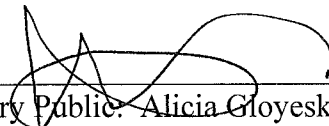


STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

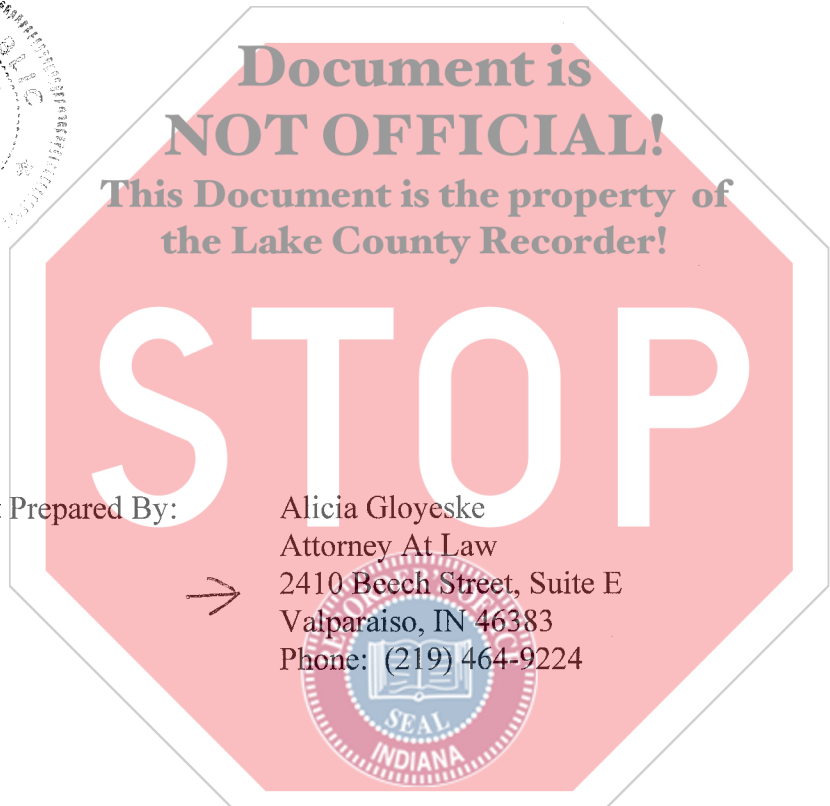
Before me, a Notary Public in and for said County and State, personally appeared GEORGINE M. OWENS and YVONNE M. DAVIS, who acknowledged the execution of the foregoing Affidavit and acknowledged their execution of it as their voluntary act and deed for the uses and purposes stated in it.

WITNESS my hand and Notarial Seal, this 21 day of SEPT, 2009.

MY COMMISSION EXPIRES:
3-30-17



Notary Public: Alicia Gloyeske
Resident County: Porter



This Instrument Prepared By: Alicia Gloyeske
Attorney At Law
→ 2410 Beech Street, Suite E
Valparaiso, IN 46383
Phone: (219) 464-9224

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