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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Return to:

2010 000991

**AFFIDAVIT OF CERTIFICATION OF TRUST**

Charles C. Puntillo and Patricia Bailes, being sworn upon their oaths, state and certify that:

1. They are the duly appointed and acting Co-Successor Trustees of the Elizabeth Puntillo Trust.
2. The Elizabeth Puntillo Trust is in existence and is in full force and effect.
3. The original Trustee, Elizabeth Puntillo, died on April 10, 2009.
4. There were no amendments made to the Trust prior to the death of Elizabeth Puntillo.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2010 JAN -7 AM 9:22  
CORYN POLLARD  
CLERK OF SUPERIOR COURT

5. At the death of Elizabeth Puntillo the Elizabeth Puntillo Trust was the owner of the following described real estate:

Lot 26 in Block 5 in Resubdivision of part of the Northeast 1/4 of Section 29, Township 37 North, Range 9 West of the 2<sup>nd</sup> Principal Meridian, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5, page 2, in the Office of the Recorder of Lake County, Indiana.

Parcel No: 45-63-29-206-019.000-034

Common Address: 4243 Olcott Avenue, East Chicago, IN 46312

6. We make this Affidavit of Certification of Trust for the purpose of showing the current status of The Elizabeth Puntillo Trust, that we are the Successor Trustees named in the Trust, that we have been acting as Successor Trustees since April 10, 2009, the date of death of Elizabeth Puntillo, and that we have the right to act for and on behalf of the Trust.

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TI  
CW

7. The Estate of Elizabeth Puntillo, deceased, was not subject to federal estate tax.

050030

**FILED**  
JAN 05 2010  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

**TICOR SO**  
929-7708

IN WITNESS WHEREOF, we have executed this Affidavit of Certification of Trust on the 30 day of Dec, 2009.

Charles C. Puntillo  
Charles C. Puntillo, Co-Successor Trustee

Patricia Bailes  
Patricia Bailes, Co-Successor Trustee

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.

\_\_\_\_\_  
Thomas E. Rucinski

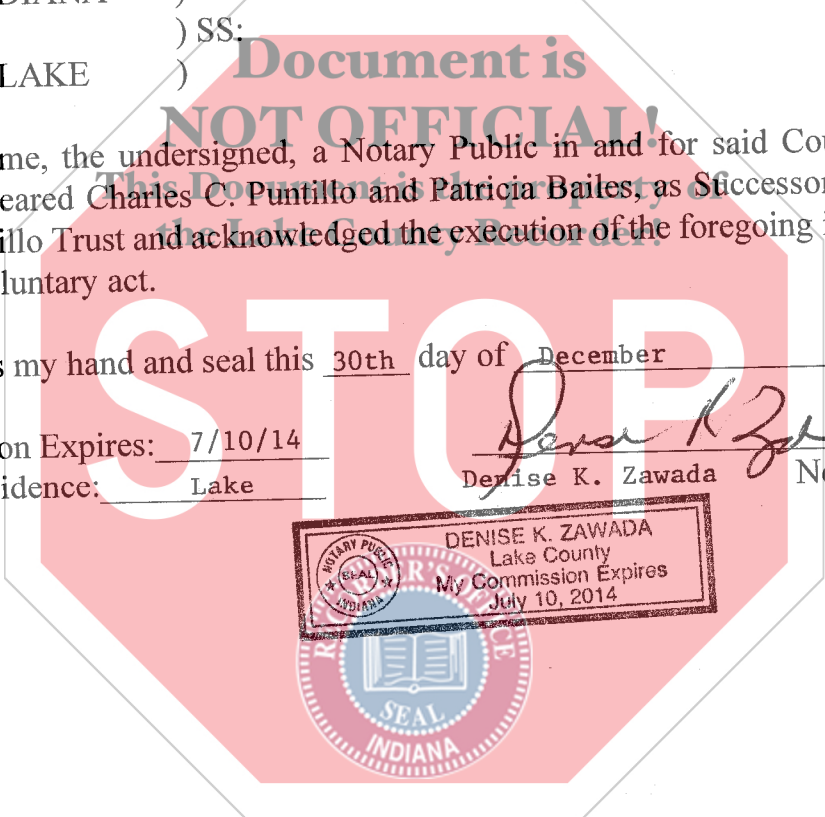
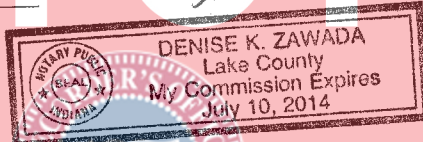
STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Charles C. Puntillo and Patricia Bailes, as Successor Trustee of the Elizabeth Puntillo Trust and acknowledged the execution of the foregoing instrument to be his free and voluntary act.

Witness my hand and seal this 30th day of December, 2009.

My Commission Expires: 7/10/14  
County of Residence: Lake

Denise K. Zawada  
Denise K. Zawada     Notary Public





**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No. 510-09

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>ELIZABETH JEAN PUNTILLO</b>				1a. Maiden Last Name (If Female) <b>BROWN</b>		2. Sex <b>FEMALE</b>		3. Time Of Death <b>4:00 PM</b>		4. Date Of Death (Month/Day/Year) <b>APRIL 10, 2009</b>				
5. Social Security Number <b>██████████-8908</b>		6a. Age - Yrs <b>90</b>		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____ Minutes: _____		6d. Under 1 Day Hours: _____ Minutes: _____		7. Date Of Birth (Month/Day/Year) <b>NOVEMBER 13, 1918</b>				
8. Birthplace (City And State Or Foreign Country) <b>CHICAGO, ILLINOIS</b>				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 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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)										
11. Facility Name (If Not Institution, Give Street And Number) <b>SPRING MILL HEALTHCARE</b>														
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, INDIANA 46410</b>						13. County Of Death <b>LAKE</b>			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 <b>N/A</b>				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>				
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HIGHLAND</b>			18c. Street And Number <b>3724 ALTI CT.</b>		18d. Apt. No.	18e. Zip Code <b>46322</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>12</b>			20. Decedent Of Hispanic Origin <b>NO</b>			21. Decedent's Race <b>WHITE</b>			22. Father's Name (First, Middle, Last) <b>ARTHUR BROWN</b>			23. Mother's Name (First, Middle, Last) <b>EUGENIA BROWN</b>		23a. Mother's Maiden Last Name <b>AIRES</b>
24. Informant's Name <b>CHARLES C. PUNTILLO</b>				24a. Relationship To Decedent <b>SON</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1519 WILDERNESS DR. SCHERERVILLE, IN 46375</b>						
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) <b>NORTHWEST INDIANA CREMATION SERVICE</b>				25c. Location - City, Town, And State <b>CROWN POINT, INDIANA</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>FAGEN-MILLER FUNERAL HOME 2828 HIGHWAY AVE. HIGHLAND, IN 46322</b>						27a. Funeral Home License Number <b>FH83003035</b>						
27b. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>						27c. License Number (Of Licensee) <b>FDO1006861</b>								
<b>Cause Of Death (See Instructions And Examples)</b>														
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.										Approximate Interval: Onset To Death				
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>CONGESTIVE HEART FAILURE</b> Due To (Or As A Consequence Of): _____														
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. <b>ISCHEMIC CARDIOMYOPATHY</b> 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. 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 type="checkbox"/> No <input checked="" 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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)			38. Location Of Injury - State					
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>[Signature]</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: <b>MIGUEL GAMBETTA M.D. 10010 Deerpowers Dr. Munster, IN. 46321</b>						44. License Number <b>010255914A</b>		45. Date Certified <b>April 13, 2009</b>						
46. Additional Funeral Service Provider:						47. *Akas:								
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>April 13, 2009</b>								

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