

2 AFFIDAVIT OF SUCCESSOR TRUSTEE

State of Indiana)
) SS.
County of Lake)

I, Judy L. Yonkman being duly sworn states that I reside at 1533 W. Clover Lane, Dyer, Indiana, 46311.

That I am the Successor Trustee under the Provisions of a trust agreement dated the 24th day of May, 2001 and known as THE JOANNE TRENNING TRUST, which holds title to the following described property:

2010 016766

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 MAR 24 AM 9:29
MICHAEL J. WILSON
RECORDER

PART OF LOT 22 IN OAK VIEW ESTATES, AN ADDITION TO THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 91 PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 22; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS EAST, 39.00 FEET TO THE EXTENSION OF THE CENTERLINE OF AN EXISTING PARTY WALL; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, 134.99 FEET ALONG SAID CENTERLINE AND EXTENSIONS THEREOF TO THE SOUTH LINE OF SAID LOT 22; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST 39.00 FEET ALONG SAID SOUTH LINE TO THE SOUTHWEST CORNER OF SAID LOT 22; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, 134.99 FEET ALONG THE WEST LINE OF SAID LOT 22 TO THE POINT OF BEGINNING.

Permanent Real Estate Index Number: 45-16-09-254-035.000-042

Address of real estate: 1622 Golden Oak Drive, Crown Point, Indiana, 46307

The Trustee who predeceased me, Joanne Trenning, no longer serves because of her death on October 5, 2009, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

Further, affiant sayeth naught.

Judy L. Yonkman

Judy L. Yonkman (Affiant's Signature)

Subscribed and sworn to before me by the said Judy L. Yonkman this 10th day of March, 2010.

Shannon Stiener

Notary Public Shannon Stiener

Resident of Lake County
My Commission Expires: 3-14-15

SHANNON STIENER
Lake County
My Commission Expires
March 14, 2015

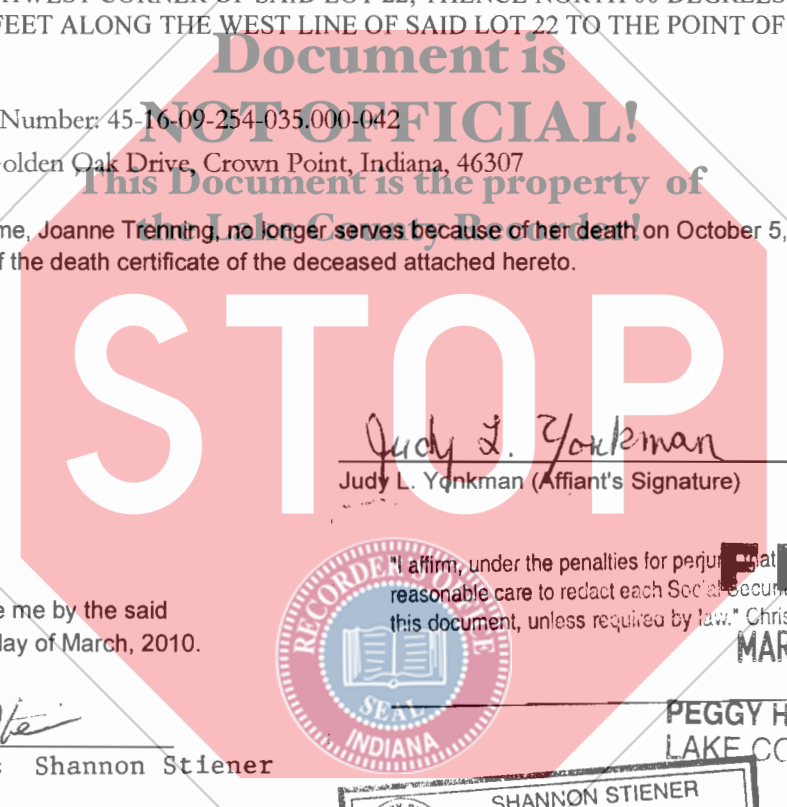
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number on this document, unless required by law." Chris Burk
FILED
MAR 18 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

051561

Prepared by: James Lanting, Lanting, Paarlberg & Associates, Ltd., 938 West US 30, Schererville, IN 46375

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 3450-09

State No.

1 Decedent's Legal Name (First, Middle, Last) JOANNE TRENNING Meyer				1a Maiden Last Name (If Female) Meyer		2 Sex Female	3 Time Of Death 10:10a.m.	4 Date Of Death (Month/Day/Year) October 5, 2009	
5 Social Security Number 352-24-9689		6a Age - Yrs 78	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) April 8, 1931		8 Birthplace (City And State Or Foreign Country) South Holland, IL
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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. Anthony Medical Center									
12 City Or Town, State, And Zip Code Crown Point					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 N/A			15a (If Wife) Give Maiden Last Name N/A		16 Decedent's Usual Occupation Homemaker		17 Kind Of Business/Industry Own Home		
18 Residence - State Indiana		18a County Lake		18b City Or Town Crown Point			18d Apt No.	18e Zip Code 46307	18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c Street And Number 1622 Golden Oak Drive			19 Decedent's Education 8th	20 Decedent Of Hispanic Origin No		21 Decedent's Race White			
22 Father's Name (First, Middle, Last) Richard Meyer				23 Mother's Name (First, Middle, Last) Nettie Meyer			23a Mother's Maiden Last Name Van Drunen		
24 Informant's Name Judy Yonkman		24a Relationship To Decedent Daughter		24b Mailing Address (Street And Number, City, State, Zip Code) 1533 W. Clover Lane Dyer, IN 46311					
25a Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Homewood Memorial Gardens			25c Location - City, Town, And State Homewood, Illinois				
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility Kuiper Funeral Home 9039 Kleiman Rd. Highland, IN 46322 Smits, DeYoung-Vroegh 649 E. 162nd St. South Holland, IL 60473					27a Funeral Home License Number 10300021		
27b Signature Of Indiana Funeral Service Licensee <i>Timothy A. Smits</i>				27c License Number (Of Licensee) LAKE COUNTY HEALTH DEPARTMENT					
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. intracerebral hemorrhage 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. _____ C. _____ D. _____							Approximate Interval: Onset To Death OCT 07 2009 2 days		
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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32 If Female <input checked="" 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)			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>Erin Vicari</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 Erin Vicari M.D. 2050 N. Main St. Crown Point, IN 46307						44 License Number 01061783A		45 Date Certified October 5, 09	
46 Additional Funeral Service Provider						47. "Akas"			
48 Signature of Local Health Officer <i>Susan W. Best, D.O.</i>						49 For Registrar Only - Date Filed (Month/Day/Year) October 7, 2009			

45-16-09-254-035-00-043



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