AFFIDAVIT CERTIFICATION OF TRUSTH OCT 13 AM 9: 19

STATE OF INDIANA)		MICHE CONTAINAN RÉCORDER
)		HEUURUEM
COUNTY OF LAKE)		

Richard W. Steudel, Successor Trustee of the Robert W. Steudel Revocable Trust u/t/d July 24, 1998, the Affiant, being first duly sworn, on his oath, states:

- 1. He is the current acting Trustee of the Trust known as the Robert W. Steudel Revocable Trust u/t/d July 24, 1998.
- 2. He resides at the following address: 1190 Grand Oak Drive, Carbondale, Illinois 62901-5474.
- 3. Property of the Trust includes the Land described on "Exhibit A" attached located in Lake County, Indiana.
- 4. The common address of the Land is the following: 2371 Deerpath Drive, Apartment 111, Schererville, Indiana 46375.
- 5. Pursuant to I.C. §30-4-4-5, the Trustee is providing this Certification of Trust instead of a copy of the Trust instrument.
- 6. That the Trust exists and the Trust instrument was executed on the 24th day of July, 1998.
- 7. The name of the Settlor is Robert W. Steudel; that Robert W. Steudel died on the 19th day of July, 2010 (a copy of his death certificate is attached).
- 8. The powers of the Trustee include but are not limited to the following:
 - a. buy, sell, or exchange and convey or transfer all property (real, personal, or missed) for cash or on credit and at public or private sale with or without notice; and
 - b. encumber, mortgage, pledge, or grant a security interest in Trust property; and
 - c. the power to execute and deliver all instruments necessary or appropriate to accomplishing or facilitating the transaction compensate appropriate deliver.
- 9. The Trust is not revocable on and after July 19, 2019, which is the Settlor's date of death.

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	Chours	46-	0)		OLN	111110	A12 01	DLATI	•	Si	tate N	n				
Decedent's Legal Name (First, Middle, Last)					1a. Maiden Last N	lame (If Fe	male)		2. Sex		ne of Dea					
Robert Warren Steudel				N/A				Male	le 10:48 PM			PM July 19, 2010				
5. Social Security Number	6a. Age - Yrs	6b. Under 1		6c. Under 1 Month	6d. Under 1 Day					h/Day/Year)				r Foreign Country)		
		Months		Davs	Hours	Minutes		0-1-1-	4							
9. Ever in U.S. Armed Forces	91 -2 10 if De	eath Occurred in	1 A Hosn		Occope					er 5, 1918 Chicago, Illinois						
2 Yes No Unknown		2	10a. If Death Occurred Somewhere Other Than A Hospital: ead On Arrival ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)							£A						
11. Facility Name (If Not Instit				vrtment Outpatient 🗆 [Dead Un Amvai	LT LOSh	ice racinty []	Accedents mus	HE LI NUISI	ng montercong-	ieiii ca	eracinty L	1 Other (others	·¥1		
, ,		·														
St. Anthony		l Cent	er_													
12. City Or Town, State, and	d Zip Code					1	3. County Of I	Death		1			At Time Of D			
Crown Boint Indiana 46307					Lake								☐ Married, But Separated ☐ Divorced i ☐ Never Married ☐ Unknown			
Crown Point, Indiana 46307 15. Surviving Spouse's Name 15a. (If Wife					Give Maiden Last Name 16. Decedent's Usual			ent's Usual O	ocupation			17. Kind Of Business/Industry				
					n											
Jane Steude	<u>l</u>		,	Jacobso							St	teel				
18. Residence - State			18a.	County	18b. City Or Town											
Indiana			Lal	ke		Sc	hererv	rille								
18c. Street And Number									180	i. Apt. No.	T	18e, Zip	e, Zip Code 18f. Inside City Limits?			
0001 0	1. D	**_:_ 1										I Yes □ No				
2371 Deerpat 19. Decedent's Education	n ur.,	Unit 1		0. Decedent Of Hispa	nic Origin		21 Dec	edent's Race		11		4637	<u> </u>			
			ĺ	•	•											
	L6		1	Non-Hispa	nic			ite								
22. Father's Name (First, Mid	idle, Last)					23. Mo	ther's Name (F	irst, Middle, L	ast)			23a.	Mother's Maid	len Last Name		
George Steu	ıde I					Bor	tha S	teude:	1.	Johnso						
24. Informant's Name	IGET			24a. Relationship T	o Decedent	1	failing Address			, State, Zip Co	ide)	00	mison			
	-						-	•								
Jane Steude	∋Τ			Wife		<u> </u>	L Deerp	ath Dr	., Un	16 111	SC	nerer	ville,	IN 46375		
25a. Method Of Disposition		1 25h	Place (Of Disposition (Name		ace Of Di		25c. Location	n - City Tou	n And State						
☐ Burial 🖼 Cremation ☐ Do ☐ Removal from State ☐ Other (Specify): 26. Was Coroner Contacted? ☐ Yes 🖼 No	? 27. Ge :	Ge Name And Co isen Fu	mplete A	n Cremati ddress Of Funeral Fa 11 Home, C: Ave., Crown	rown Poin	t	1630		n Poi	nt,Ind	lian	<u>a</u>		ral Home License Number:		
27b. Signature Of Indiana.Eu			7	Ave.,CIOW	I POINC, I	IIUIAI	14 4030						FHIS	900060		
	X .	/I	1	1.5					27c. I	License Numb	er (Of Lie	censee):				
1 4	CIM		12	11			,		FDO	90000	13	5-				
28. Part I. Enter The Ch Such As Cardiac Arrest, F A Line. Add Additional Li Immediate Cause (Final D Sequentially List Condition Line A. Enter The Under The Events Resulting in D	Respiratory Arreines if Necessal Disease Or Con- ns, If Any, Lead lying Cause (Dis	est, Or Ventric ry. dition Resultin ling To The C	ular Fibr g In Dea ause Lis	or Complications—rillation Without Shotath A. Sted On B.	That Directly Caurewing The Etiology Picc	sed The D	eath. Do No Abbreviate.	t Enter Term	ninal Events One Cause (CO) Consequence O	SOLOJENE PYCHENE NE COUNTY	是相目的	AGOVE IS CATE OF LOSPADI	or thus an	Approximate Approx		
				п												
Part II. Enter Other <u>Significant Conditions Contributing To Death</u> But Not Resulting In The Underlying Cause Given In Part I 29. Was An Autopsy Performed? Yes No 30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No																
								30. Were Au	topsy Findin	ngs Available	o Comp	lete The C	ause Of Death	h? ☐ Yes ☐ No		
31. Did Tobacco Use Contrib	oute To Death?	32	If Fema	le:					1	33. Manner Of			and the second of the second	PROPERTY OF THE PROPERTY OF TH		
Yes Probably No Unio		0,	lot Pregnar	nt Within Past Year 🗆 Pre	egnant At Time Of Death	☐ Not Pregn	ent, But Pregnant W	fithin 42 Days Of	P	Natural 🗆 H		Accident D	Pending Investin	ation		
				nt, But Pregnant 43 Days To						□ Suicide □ C	ould Not Be	Determined				
34. Date Of Injury (Month/Day	iy/rear)	33.	Time Of	irgary	30. F	nace Or inj	ury (E.G., Dece	edents Home,	, Constructio	in Site, Restau	irant, wo	oced Area	37.	Injury At Work?		
														Yes No		
38. Location Of Injury - State)	38a.	City Or	Town	38b.	Street & No	umber				13	38c. Apt. N	lo. 38d.	Zip Code		
					l											
39. Describe How Injury Occi		D. #		- And - African de anima			414 · 4. =				rator 🗆 P		ecify:	Other (Specify)		
41. Signature of Person Cer	runying Cause Of	Death:		MD				- 1		(Check Only	•	-				
43. Name. Address And Zio Co	de Or Person Lan	AKA CHI	eath	· '42	11k-				∟ Certifying	g Physician 🗆						
-u. mano, nuuross miu zip Co	i	aring Cause Of L	25	1 60, 82	1"Den	1e				IN	ense Nur		_ {	ate Certified		
Peter St 46. Additional Funeral Service	tephan 20 Provider:	MD	M	errilly	ille in	14	6410			0 (C		74	8 7-	-27-10		
48. Signature of Local Health	h Officer:							- 1	49, For Rea	istrar Only - [Date File	d (Month/D	av/Year):			
1 -	am iD	Bu	/ .	D.O.					J	M	7	ig,	101	C_{i}		