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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

AFFIDAVIT CERTIFICATION OF TRUST

2010 059134

2010 OCT 13 AM 9:19

STATE OF INDIANA)
)
COUNTY OF LAKE)

MICHAEL J. FAUMAN
RECORDER

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 contemplated herein.

9. The Trust is not revocable on and after July 19, 2010, 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

Local No

2746-10

State No

Form containing fields for decedent's name (Robert Warren Steudel), sex (Male), date of death (July 19, 2010), birth date (October 5, 1918), birthplace (Chicago, Illinois), and cause of death (Pneumonia). Includes signatures of certifying physician and local health officer.

Handwritten notes and stamps: 'APPROXIMATE INTERVAL ONSET', 'COPY OF THE CERTIFICATE OF DEATH ON FILE WITH DEPARTMENT OF HEALTH', 'JUL 28 2010', and 'LWEEK'.

Signature of Local Health Officer: Susan W. Best, D.O.

Date Filed: July 28, 2010