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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 014019

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MICHELLE R. FAJMAN  
RECORDER

STATE OF INDIANA )  
  )  
COUNTY OF LAKE )

Return to:

**AFFIDAVIT OF CERTIFICATION OF TRUST**

**Antoinette Wrigley**, being sworn upon oath, states and certifies that:

1. I am the duly appointed and acting Successor Trustee of the Antoinette Mehal Trust dated February 26, 2000
2. Antoinette Mehal Trust dated February 26, 2000 is in existence and is in full force and effect.

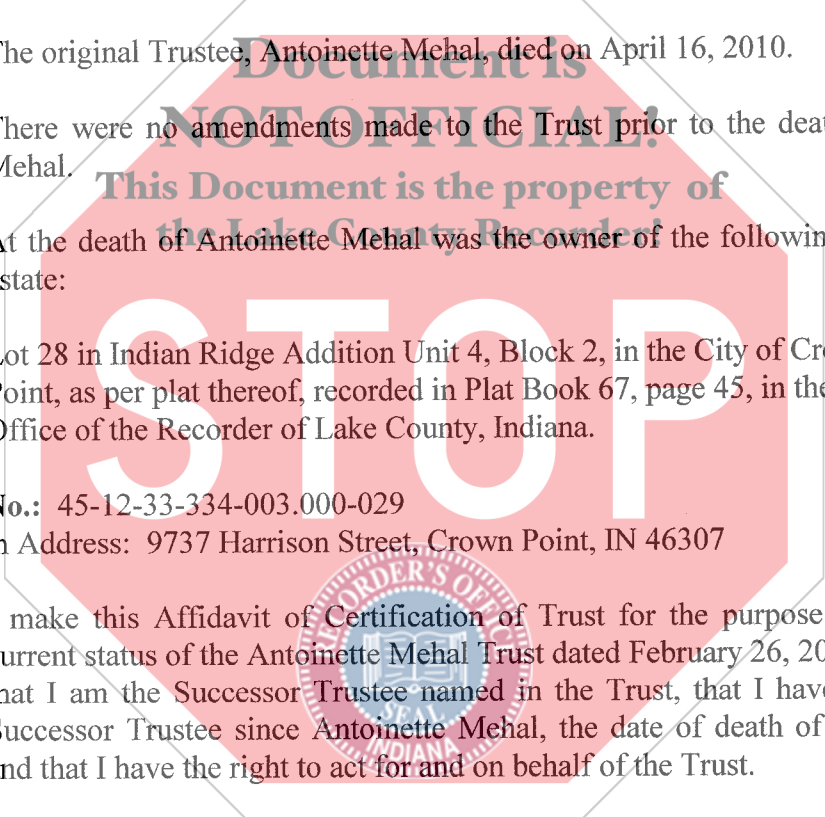
3. The original Trustee, Antoinette Mehal, died on April 16, 2010.
4. There were no amendments made to the Trust prior to the death of Antoinette Mehal.

5. At the death of Antoinette Mehal was the owner of the following described real estate:

Lot 28 in Indian Ridge Addition Unit 4, Block 2, in the City of Crown Point, as per plat thereof, recorded in Plat Book 67, page 45, in the Office of the Recorder of Lake County, Indiana.

**Parcel No.:** 45-12-33-334-003.000-029  
**Common Address:** 9737 Harrison Street, Crown Point, IN 46307

6. I make this Affidavit of Certification of Trust for the purpose of showing the current status of the Antoinette Mehal Trust dated February 26, 2000 that I am the Successor Trustee named in the Trust, that I have been acting as Successor Trustee since Antoinette Mehal, the date of death of April 16, 2010, and that I have the right to act for and on behalf of the Trust.



051402 DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

MAR 08 2011

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Page 1 of 2

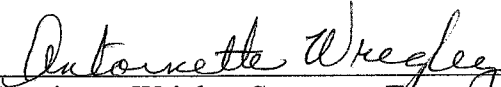
**FIDELITY CP**

921-0410

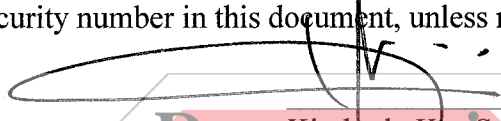
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7. The Estate of Anoinette Mehal, deceased, was not subject to federal estate tax.

IN WITNESS WHEREOF, I have executed this Affidavit of Certification of Trust on the 22nd day of February, 2011.

  
Antoinette Wrigley, Successor Trustee

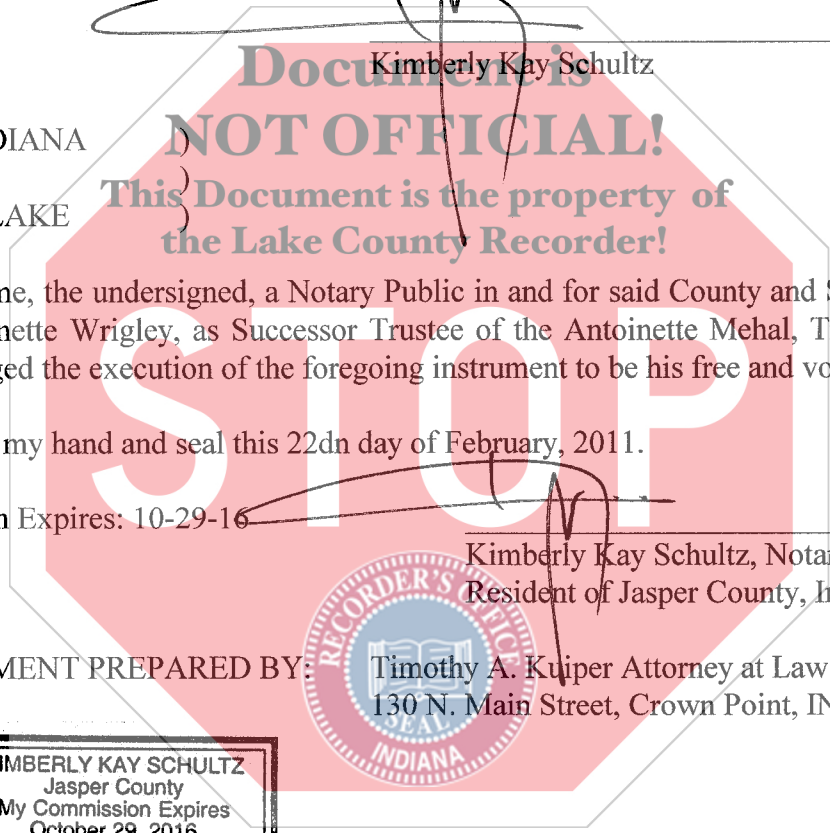
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.



Kimberly Kay Schultz

STATE OF INDIANA


COUNTY OF LAKE



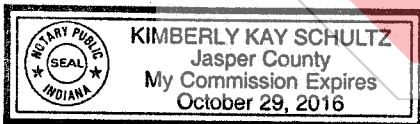
Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Antoinette Wrigley, as Successor Trustee of the Antoinette Mehal, Trust Agreement, and acknowledged the execution of the foregoing instrument to be his free and voluntary act.

Witness my hand and seal this 22dn day of February, 2011.

My Commission Expires: 10-29-16

  
Kimberly Kay Schultz, Notary Public  
Resident of Jasper County, Indiana

THIS INSTRUMENT PREPARED BY: Timothy A. Kuiper Attorney at Law  
130 N. Main Street, Crown Point, IN 46307



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 1228-10

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>ANTOINETTE A. MEHAL</b>				1a. Maiden Last Name (If Female) <b>Lech</b>		2. Sex <b>Female</b>	3. Time Of Death <b>6:28 p.m.</b>	4. Date Of Death (Month/Day/Year) <b>April 16, 2010</b>
5. Social Security Number <b>3412</b>	6a. Age - Yrs <b>92</b>	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) <b>February 19, 1918</b>		8. Birthplace (City And State Or Foreign Country) <b>Gary, Indiana</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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) <b>123 N. Court Street</b>								
12. City Or Town, State, And Zip Code <b>Crown Point, Indiana 46307</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 <b>N/A</b>		16. Decedent's Usual Occupation <b>Sales Person</b>		17. Kind Of Business/Industry <b>Sears Roebuck Company</b>	
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Crown Point</b>				
18c. Street And Number <b>9737 Harrison Street</b>				18d. Apt. No.	18e. Zip Code <b>46307</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>12th Grade</b>		20. Decedent Of Hispanic Origin <b>No</b>		21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>Albert Lech</b>			23. Mother's Name (First, Middle, Last) <b>Julia Lech</b>		23a. Mother's Maiden Last Name <b>Dudek</b>			
24. Informant's Name <b>Antoinette M. Wrigley</b>		24a. Relationship To Decedent <b>Daughter</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1701 W. 98th Place, Crown Point, Indiana 46307</b>				
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input 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>Calumet Park Cemetery</b>		25c. Location - City, Town, And State <b>Merrillville, Indiana 46410</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Pruzin Brothers Funeral Service, 6360 Broadway, Merrillville, Indiana 46410</b>				27a. Funeral Home License Number: <b>FH 83002453</b>		
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>				27c. License Number (Of Licensee): <b>1009893</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>Cardiopulmonary Arrest</b> <i>Minutes</i>								
B. <b>Ventricular Fibrillation</b> <i>Minutes</i>								
C. <b>Heart Block</b> <i>12 hrs</i>								
D. <b>Hypertensive heart Disease</b> <i>years</i>								
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Must In Part):								
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 checked="" type="checkbox"/> No <input 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 43 Days To 1 Year Before Death		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (e.g., Decedent's Home, School, Work, Site Of Recreation, Workplace, etc.) <b>LAKE COUNTY HEALTH DEPARTMENT</b>			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number <b>APR 21 2010</b>		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>Joseph A. Kacmar MD</i>				42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Dr. Joseph Kacmar, 123 N. Court Street, Crown Point, Indiana 46307</b>				44. License Number <b>01027088</b>		45. Date Certified <b>4/19/10</b>		
46. Additional Funeral Service Provider:				47. *Aka:				
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>April 21, 2010</b>				