



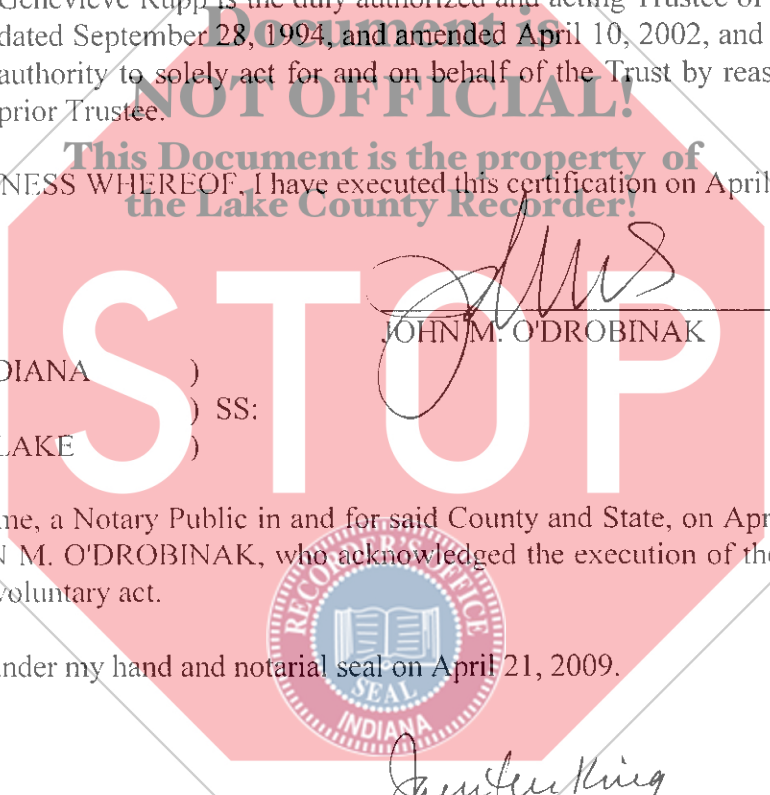


**ATTORNEY'S CERTIFICATION**

JOHN M. O'DROBINAK, being first duly sworn upon oath, states and certifies that:

1. I am an Attorney licensed to practice law in the State of Indiana, and represent the Estate of Stanley T. Zajac, Deceased, who died on March 5, 2009, and the Successor Trustee of the Zajac Living Trust.
2. At the request of Stanley T. Zajac and Rose M. Zajac, I prepared a Revocable Living Trust for them. This document was executed by them on September 28, 1994, and amended by Stanley T. Zajac on April 10, 2002 and is known as the Zajac Living Trust.
3. To the best of my knowledge, this document is still in full force and effect and has not been additionally amended, and the Trustee currently authorized to serve is Genevieve Rupp.
4. Attached hereto and incorporated herein by reference are true and correct copies of pages from the Zajac Living Trust, showing the Declaration of Trust, the order of succession of Trustees, powers granted to the Trustees, and the execution page of the Trust.
5. The provisions of the Zajac Living Trust which are not attached hereto, deal with the distribution of the Trust assets and do not affect or modify the Trustee's powers.
6. Genevieve Rupp is the duly authorized and acting Trustee of the Zajac Living Trust dated September 28, 1994, and amended April 10, 2002, and has the full power and authority to solely act for and on behalf of the Trust by reason of the death of the prior Trustee.

IN WITNESS WHEREOF, I have executed this certification on April 21, 2009.



JOHN M. O'DROBINAK

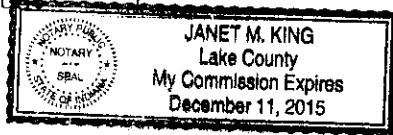
STATE OF INDIANA     )  
                                   ) SS:  
 COUNTY OF LAKE        )

Before me, a Notary Public in and for said County and State, on April 21, 2009, personally appeared JOHN M. O'DROBINAK, who acknowledged the execution of the foregoing instrument as his free and voluntary act.

Given under my hand and notarial seal on April 21, 2009.



*Janet M. King*  
 Notary Public





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 1147-09

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

1. Decedent's Legal Name (First, Middle, Last) <b>STANLEY T. ZAJAC</b>				1a. Maiden Last Name (if Female)		2. Sex <b>M</b>	3. Time Of Death <b>11:15 AM</b>	4. Date Of Death (Month/Day/Year) <b>MARCH 5, 2009</b>	
5. Social Security Number <del>000-00-0000</del>	6a. Age Yrs <b>86</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Min/Sec	7. Date Of Birth (Month/Day/Year) <b>September 2, 1922</b>		8. Birthplace (City And State Or Foreign Country) <b>CHICAGO, ILLINOIS</b>	
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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>CARE CENTER AT HARTSFIELD VILLAGE</b>									
12. City Or Town, State, And Zip Code <b>MUNSTER, INDIANA 46321</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>NONE</b>			15a. (If Wife) Give Maiden Last Name			15. Decedent's Usual Occupation <b>COMPOUNDER</b>		17. Kind Of Business/Industry <b>OIL REFINERY</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>HAMMOND (WHITING P.O.)</b>				
18c. Street And Number <b>964 REESE AVENUE</b>					18d. Apt. No.		18e. Zip Code <b>46394</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>9-12th grade, no diploma</b>		20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>STANLEY ZAJAC</b>				23. Mother's Name (First, Middle, Last) <b>ANGELINE ZAJAC</b>			23a. Mother's Maiden Last Name <b>PAVLIK</b>		
24. Informant's Name <b>MRS. GENEVIEVE RUPP</b>		24a. Relationship To Decedent <b>DAUGHTER</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>13280 W. 90TH AVENUE, ST. JOHN, INDIANA 46373</b>				
25. Place Of Disposition									
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>MARCH 9, 2009, ST. JOHN CEMETERY</b>			25c. Location - City, Town, And State <b>HAMMOND, INDIANA</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BARAN &amp; SON, INC., 1235-119TH STREET, WHITING, INDIANA 46394</b>					27a. Funeral Home License Number: <b>FDH83007267</b>		
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee) <b>FDE01019456</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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death):</b> A <u>Atherosclerotic heart disease</u> <b>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 _____ C _____ D _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <u>Aortic Stenosis</u> <u>Hypertension</u>						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 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			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>J. Paik, M.D.</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>JAY C.L. PAIK, M.D.</b>				800 MAC ARTHUR BLVD. <b>MUNSTER, INDIANA 46321</b>		44. License Number <b>01030770A</b>		45. Date Certified <b>MAR. 9, 2009</b>	
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): <b>March 9, 2009</b>			