SUCCESSOR TRUSTEE'S CERTIFICATION

Genevieve Rupp, being first duly sworn upon oath, states and certifies that:

Affiant is the duly appointed and acting Successor Trustee to the Zajac Living Trust, dated September 28, 1994, and amended April 10, 2002, as set out in Article Three of the Trust;

One of the original Trustees, Rose M. Zajac, died on July 14, 2001, and the other 2. original Trustee, Stanley T. Zajac, died on March 5, 2009.

The Zajac Living Trust is in existence and is in full force and effect; 3.

- There have been no additional amendments made to the Trust sinc Apr 10, 20025 4.
- As of the date hereof, Affiant has not received any written notices or sections of 5. any additional amendment, rescission or revocation of the Trust
- Attached hereto and incorporated herein by reference are true and correct contest of 6. pages of 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.
- The provisions of the Zajac Living Trust which are not attached hereto, deal with 7. the distribution of the Trust assets and do not affect or modify the Trustee's powers.
- 8. This Certification is made for the purpose of showing the current status of the Zajac Living Trust, dated September 28, 1994, and amended April 10, 2002, and Affiant has the right to act and is acting as Successor Trustee, for and on behalf of the Trust.

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

This Document is the property of the Lake County Recorder!

GENEVIEVE RUPP

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 Genevieve Rupp, Trustee, who acknowledged the execution of the foregoing instrument as her free and voluntary act.

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

MAY 16 2011

PEGGY HOLINGA KATONA Plug AKE COUNTY AUDITOR

Votary Public

when

JANET M. KING My Commission Éxpires

After recording return to: Genny Rupp 13280 W. goth Are.

St John, IN 46373

052781

19.00

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n the Matter of the Trust Administration of the)
Zajac Living Trust, dated September 28, 1994,)
and Amendment dated April 10, 2002,)
Stanley T. Zajac, Decedent)

TRUSTEE'S OATH AND ACCEPTANCE

I hereby accept the responsibility of serving as Successor Trustee of the Zajac Living Trust, dated September 28, 1994, and amended April 10, 2002, "Trust", and swear that I will faithfully discharge my duties as Successor Trustee of the Trust as set forth therein, according to all applicable law.

I affirm under the penalties for perjury that the above and foregoing is true and correct.

Dated: April 21, 2009 Documentia Rupp Successor Trustic
NOT OF Genevieve Rupp, Successor Trustee
This Document is the property of
the Lake County Recorder!
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. Genevieve Rupp, who acknowledged the execution of the foregoing instrument as her free and voluntary act.

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

JANET M. KING Lake County My Commission Expires December 11, 2015

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.

STATE OF INDIANA

COUNTY OF LAKE

JOHN M. O'DROBINAK

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.

SS:

Notary Pub

Min

JANET M. KING
Lake County
My Commission Expires
December 11, 2015

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.	$\mathcal{Y}_{\mathcal{Y}}}}}}}}}}$] 2. Sex	State No		•		
Decedent's Legal Name (First, Middle, Ússt) STANLEY T. ZAJAC			1s. Maiden Last Na	1a. Maiden Last Name (if Female)				3. Time Of Death	f Death 4. Date Of Death (Month/Day/Year)		
						M		11:15 A	· · · · ·	CH 5, 2009	
5. Social Security Number 6a. Age Yrs 86	6b. Under 1 Year	6c, Under 1 Mor	th 6d. Under 1 Day	6e. Under 1 Hour	7. Date Of B	ember 2,		8. Sirthplace (City CHICAGO, II		oreign Country)	
								011107100,11			
_ 1	Occurred in A Ho	spital: Department Outpatient	FI forms On Andrea	10a. If Death Occurre	ed Somewhere (Other Than A	A Hospital:] Hospice Facility [🗍 Decedent's H	ome 🖾 Nursing Home/Long-	
		лерагителі Опфавелі	□ Dead Oil Ariivai	Term Care Facility	Other (Specify	y)					
11. Facility Name (if Not Institution, Give Street And CARE CENTER AT HARTSFIELD VI											
12. City Or Town, State, And Zip Code				13. County C	Of Death			14. Maritai St	atus At Time Of	Death	
MUNSTER, INDIANA 46321				1 1 -			1 -	☐ Married ☐ Married, But Separated ☐ Divorced St Widowed ☐ Never Married ☐ Unknown			
15. Surviving Spouse's Name			15a. (If Wife)Give Maiden				apetion	17. Kind Of Business/Industry			
NONE						COMPO	DUNDER	OIL REFINERY			
18. Residence – State		8a. County		18b. City Or Tow					<u> </u>	~.	
INDIANA	L	.AKE		HAMMOND	(WHITING	9 P.O.)					
18c. Street And Number 964 REESE AVENUE			- · · - ·				18d. Apt. No.	1	Zip Code	187. Inside City Limits?	
19. Decedent's Education		20 Donatani Aire	irnanio Orbin		5.511			4639	9 4		
9-12th grade, no diploma		20. Decedent Of H	spanic Origin i sh/Hispanic/Latin e	Į.	Decedent's Raci Ite	e					
22. Father's Name (First, Middle, Last)				23. Mother's Name (esi)	····	, , ,	Så. Mothers W	eden Lasi Name	
STANLEY ZAJAC				ANGELINE ZA		,		i	AVLIK		
24. Imormant's Name		24à. Rélations	Np 1a Decedent	24b. Malling Address	(Street And Nu	imber, City.	State, Zip Cod	le)			
MRS. GENEVIEVE RUPP		DAUGHTE	R	13280 W. 90TH	I AVENUE,	ST. JOI	IN, INDIA	NA 46373			
25a. Method Of Disposition.	35h Dia	on Of Disposition Blass	25. Place Of Cernatory, Crematory	ace Of Disposition							
☐ Donation ☐ Entombrent ☐ Removal From Sta	JII		JOHN CEMETER	114000	HAMMO!		wn, And State				
Other (Specify): 26. Was Coroner Contacted? 27. Nan	l l	Address Of Funeral Fi				, , , , , , , , , , , , , , , , , , ,					
i i			H STREET, WHI	TING, INDIANA	46394					neral Home License Number: 3007267	
27b. Signature Of Indians, uneral Service Licensee:		TON:					27c. Lx	Sense Number (Of L	icensee)		
Market	-, 0/	1)15	pocum	ent is the	e pro	per		1019456	·		
My work		No.	susse Of Death (Sa	the wellous A	nd Example	gde i	r!				
28. Part I. Enter The Chain Of Events—Dis Such As Cardiac Arrest, Respiratory Arrest,	eases, Injuries Or Ventricula <mark>r</mark>	 Or Complications Fibrillation Without 	—That Directly Cause Showing The Etiology	d The Death, Do No . Do Not Abbreviate	ot Enter Term Enter Only	ninal Event One Cau	s se Qn			Approximate Interval: Onset	
A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition				eroscl.		- 1		it dis	ease	To Death	
					Due To (Or As /		Of):				
Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Diseas	To The Cause Se Or Injury Th	Listed On E lat Initiated	3.		Due To (Or As I	A Consequence	Of):				
The Events Resulting In Death) Last			;		Due To (Or As A	A Consequence	On:			_	
Part II. Enter Other Significant Conditions Contribution	n To Death Dad	In Pacultina In The Co).							_	
Ciortic Sten	10.240	or resembled the Ch	worlying Gause Given in P	eit i	30. Were Au			☐Yes ☑ o Complete The Ca	No use Of Death?		
31. Did Tobersto lose Contribute To Death?	32 If Ferr	nale;					33. Manner (Yes No	
□ Yes pX Probably □ No □ Unknown	Not Pro	gnant Within Past Year	Pregnant At Time Of Death	Not Pregnant, But Pregnant	Within 42 Days Of	f Death	Bil Natural 🗅	Homicide 🖺 Accident	D Pending Investi	guillion	
34. Date Of Injury (Month/Day/Year)	35. Time		To 1 Year Below Death 38. Pla	Unknown If Program Within on Of Injury (E.G., Dece		onstruction	IT Refer to 1	Could Mrd Da Dutamba	d	. Injury At Work?	
					CE				[]	Yes No	
38. Location Of Injury - State	38a. City	Or Town	38b. Si	reet & Number	101-			38c. Apr.	No. 38d	Zip Code	
			E	SEAL	3						
39 Describe How Injury Occurred			(A)	WDIANA.	1111		40. If Tra	ansportation in	jury, Specif	r.	
							Driver/Op	erator 🔲 Passenger 🗖	Pedestrian E3 Of	ner (Specify)	
41. Signature, Of Person Certifying Cause of Death:					4	Centifier	(Check Only C	One)			
y. Vail	Įn,	-					(Check Only C ng Physician [one) Coroner 🗀 Hea	ith Officer		
41. Signature, Of Person Certifying Cause of Death: (42. Name, Address And Zip Code Of Person C		Of Death:	O MAC AD	יום מוועד		⊠ Certifyir	ng Physician [Coroner Hea		sle Certified	
43. Name, Address And Zip Code Of Person C	ertifying Cause	Of Death: 80	OO MAC AR	THUR BLY	VD.	⊠ Certifyir	ng Physician [Coroner Hea	45. Di		
y. Vail	ertifying Cause	Of Death: 80	OO MAC AR INSTER, I	THUR BLY	VD.	⊠ Certifyir	Physician E	Coroner Head Perise Number	45. Di	nte Certified R. 9, 2009	
43. Name, Address And Zip Code Of Person C JAY C.L. PAIK, M 46. Additional Funeral Service Provider: 48. Skmature of Local Health Officeron	ertifying Cause	Of Death: 80	INSTER, I	THUR BLY NDIANA	VD. 46321	© Certifyir	ng Physician E 44. Lik 3 ci 1	Coroner Head Perise Number	45. Di		

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory