2

AFFIDAVIT OF CERTIFICATION OF TRUST

45-07-26-453-032.000-006

George F Hoffman, being sworn upon oath, states and certifies that:

1. I am the duly appointed and acting Co-Successor Trustee of the George F Hoffman and Patsy F Hoffman Revocable Trust Dated September 09, 2003
2. The original Co-Trustee, Patsy F Hoffman died November 1, 2003
3. The original George F Hoffman and Patsy F Hoffman Revocable Trust Dated September 09, 2003 is in existence and is in full force and effect;
4. There have been no amendments made to the Trust since its creation;
5. As of the date hereof, I have not received any written notices or directions of any amendment, rescission or revocation of the Trust;
6. I make this Affidavit of Certification of Trust for the purpose of showing the current status of the George F Hoffman and Patsy F Hoffman Revocable Trust Dated September 09, 2003, that I am the Co- Successor Trustee, that I have been acting as Co-Successor Trustee since November 1, 2003, the date of death of Patsy F Hoffman and that I have the right to act for and on behalf of the Trust.

2011 027642

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 MAY 18 AM 9:

MICHAEL B. BROWN
RECORDER

IN WITNESS WHEREOF, I have executed this Affidavit of Certification of Trust on May 05, 2011

X George F Hoffman

George F Hoffman, Co-Successor Trustee

STATE OF Indiana)
) SS:
COUNTY OF Lake)

FILED
MAY 13 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Before me, the undersigned, a Notary Public in and for said County and State, Personally appeared, George F Hoffman, Co-Successor Trustee of the George F Hoffman and Patsy F Hoffman Revocable Trust Dated September 9, 2003 and acknowledged the execution of the foregoing instrument to be her free and voluntary act.

Witness my hand and seal this 9th day of May, 2011.

DAWN STANLEY

My Commission Expires:
"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."
Prepared by: George F Hoffman

DAWN STANLEY
Lake County
My Commission Expires
July 29, 2018

FIDELITY – HIGHLAND
92 0111281

026793

#14
FN
NCN
Cs
ComF

Return to:
George F. Hoffman
300 E. Howard St
Brook IN 47922

10

TTENTION ESTATE: The Social Security # is
ng requested by this state agency in order to
sue its statutory responsibility. Disclosure is
untary and there will be no penalty for refusal.

cal No. 2591-03

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PE/PRINT IN RMANENT ACK INK

1 DECEASED—NAME (First Middle Last)			2. SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
Patsy	F.	Hoffman	female	12:52A M	November 1, 2003

4. *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr.)	7 BIRTHPLACE (City and State or Foreign Country)
[redacted]-9486	69			April 12, 1934	Bon Aqua, Tennessee

8a. WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions.)
no	n/a	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

CEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
St. Margaret-Mercy Health Care	Dyer	Lake

10. MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
married	George Hoffman	Home Maker	Own Home

13a. RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Griffith	1008 N. Dwiggins Street

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46319	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	white	Elementary/Secondary (0-12): 12	College (1-4 or 5+):

RENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
Woodrow E. Lewis	Virginia I. Green

ORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
George Hoffman	1008 Dwiggins Street Griffith, Indiana 46319	husband

21a. METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	November 4, 2003 Chapel Lawn Memorial Gardens	Schererville, Indiana

POSITION

22a. EMBALMER'S NAME	22b EMBALMER'S LICENSE NO.	23 WAS DEATH REPORTED TO CORONER?
Ronald A. Reed	FD01001081	☐ No ☒ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FD01014511	Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH10300021

USE OF TH

26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a SEPTIC SHOCK

Conditions if any, which gave rise to the immediate cause stating the underlying cause last
DUE TO (OR AS A CONSEQUENCE OF)
b RESPIRATORY failure
DUE TO (OR AS A CONSEQUENCE OF)
c
DUE TO (OR AS A CONSEQUENCE OF)
d

THIS CERTIFICATE TO BE A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

MAY 04 2011

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

JAUNDICE / D.M / COPD
MYELO PROLIFERATIVE DISORDER

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
no	YES	NO

TIFIER

29a CERTIFIER (Check only one)
☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated

29b SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
[signature]	34000	11-03-03

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
3100 45th St. Highland, IN 46322

LTH CER

31 HEALTH OFFICER'S SIGNATURE
Susan M Burt D.O.

32 DATE FILED (Month, Day, Year)
November 4, 2003

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.