#### STATE OF INDIANA ARE COUNTY FILED FOR RECORD

## 2011 029705

2011 MAY 31 PM 12: 55

MICHELLE R. FAJMAN RECORDER

STATE OF INDIANA	)
	) SS:
COUNTY OF LAKE	)

## AFFIDAVIT OF SUCCESSOR TRUSTEE

## THE EDWARD J. AND CAROLYN J. CICILLIAN LIVING TRUST

I, CAROLYN J. CICILLIAN, being of legal age and duly sworn upon oath, depose and state as follows:

- That Affiant is the surviving spouse of Edward J. Cicillian, who died a resident of Lake County, 1. Indiana on the 28th day of November, 2010 (see attached Death Certificate).
- That prior to his death, Edward J. Cicillian executed a Trust Agreement dated October 9, 1993, and 2. restated the Trust Agreement on May 26, 2011. Under this Revocable Living Trust Agreement, Edward J. Cicillian and Carolyn J. Cicillian were the Co-Trustees.
- That in establishing the Trust dated October 9, 1993, Edward J. Cicillian and Carolyn J. Cicillian 3. transferred various assets into their Trust. One of the assets transferred was the real estate known as: 328 N. Cavender Street, Hobart, IN 46342, more particularly described as:

See Legal Description attached heretory Recorder!

- That Carolyn J. Cicillian is the surviving Co-Trustee of The Edward J. And Carolyn J. Cicillian 4. Revocable Living Trust dated October 9, 1993, and, therefore, has all those powers conveyed on her by the Edward J. And Carolyn J. Cicillian Revocable Living Trust as the sole Trustee.
- That Affiant, Carolyn J. Cicillian, makes this affidavit for the purpose of causing the proper title 5. and transfer of assets located in the Edward J. And Carolyn J. Cicillian Revocable Living Trust.

Carolyn J. Cicillian, Trustee of the Edward J. And Carolyn J. Cicillian Living Trust MAY 3 1 2011

STATE OF INDIANA

) SS: COUNTY OF LAKE

PEGGY HOLINGA KATONA

Before me, the undersigned, a Notal Fire Out To Aut Do Gary and State, this 26 day of May, 2011, personally appeared Carolyn J. Cicillian, Trustee of The Edward J. And Carolyn J. Cicillian Revocable Living Trust dated October 9, 1993, and acknowledged the execution of the above instrument to be her voluntary act and deed, for the uses and purposes therein stated.

hereunto set my hand and official seal the day and year last above written. IN WITNESS W

My Commission Expires June 25, 2017

(SEAL)

Brian P. Popp, Notary Public County of Residence: Porter

027032

"I affirm, under the penalties for perjury, that I have taken reasonable care to reduce each social security number in this document, unless required by law."

Brian P. Popp

This instrument prepared by:

Brian P. Popp, Laszlo & Popp, P.C., Attorneys at Law, 200 East 80<sup>th</sup> Place, Suite 200, Merrillville, IN 46410; Telephone: 219/756-7677.

Cicillian-Affidavit of Successor Trustee-05-26-2011





# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** EDR No 000000166333 Local No 4168-10 State No DTP 1 11/28/2010 MALE 11:12 AM **EDWARD J CICILLIAN SR** ace (City and State or Foreign Country) 6c. Under 1 Month 6d. Under 1 Day HOBART, INDIANA 11/15/1930 305-28-6625 80 Davs Somewhere Other Than A Hospital Decedent's Home 10a. If Death Occur Hospice Facility 9. Ever in U.S. Armed Forces? 10. If Death Occurred I Inpatient Emergency Department Outpatient Dead on An Yes 🔯 No Uni Other (Specify) 11. Facility Name (If Not Institution, G e Street and Number) ST MARY MEDICAL CENTER INC 14. Marrital Status At Time Of Death

Married Married, But Separated Divorced 13. County Of Death Never Married Unknow HOBART, INDIANA, 46342 17. Kind Of Business/Industry CONSTRUCTION CAROLYN CICILLIAN CARPENETER ERWIN 18b. City Or To 18a. County HOBART LAKE INDIANA 18f. Inside City Limits? 18d. Apt. No 18c. Street And Number Yes No 46342 328 NORTH CAVENDER 21. Decedent's Race 20. Decedent Of Hispanic Orig HIGH SCHOOL GRADUATE OR GED Not Hispanic White COMPLETED

22. Father's Name (First, Middle, Last) 23a, Mother's Maiden Last Name ANN CICILLIAN JOHN CICILLIAN DUJMOVICH 24b. Mailing Address (Street And Number, City, State, Zip Code 24a, Relationship To Decede 328 NORTH CAVENDER, HOBART, INDIANA, 46342 WIFE CAROLYN CICILLIAN 25. Place Of Disposition . Method Of Disposition

Burial Cremation Donation Entombrnent MCCOOL CEMETERY OCUMENT PORTAGE INDIANA Other (Specify): 27a. Funeral Home License Number: REES FUNERAL HOME, HOBART CHAPEL 600 WOLD RIDGE RD, HOBART, INDIANA, 46342 Yes No FH83003069 276. Signature Of Indiana Funeral Service Licensee:

JAMES J. KRAUSE, BY ELECTRONIC SIGNATURES Document is the property F001006463 Cause Of Death (See Instructions And Examples)

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 Cardio Respiratory arrest Immediate Cause (Final Disease Or Condition Resulting in Death) entially List Conditions,if Any, Leading To The Cause Li<mark>sted On L</mark>ine A. Ente Inderfying Cause (Disease Or Injury That Initiated The Ev<mark>ents Res</mark>ulting In monary Edema Cardiomyopathy Disease Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In Th Yes ell Metastatic lung Cancer 32. If Fernale:

Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death of Death:
Hornicide Accident Pending Investigs Yes Probably No Unknown THIS CLERIFIES THE WOMEN OF THE CERTIFICATE OF DEATH ON FILEWAYNING THE COMPLETE LANG COUNTY HEALTH DEPARTMENT 34. Date Of Injury (Month/Day/Year) LAKE COUNTY HEALTH DEPARTMENT 38b. Street & Number 38a. City Or To 38. Location Of Injury - State DEC 02 2010 40. If Transportation Injury, Specify:

Driver/Operator Passenger Pedestrian Other 39. Describe How Injury Occurred 41. Signature, Of Person Certifying Cause Of Death: Coroner 44. License 45. Date Certified 43. Name, Address And Zip Code Of Person Certifying Cause Of Death. 01031797 S.R. RANE, MD 10 N. MICHIGAN AVE. HOBART, IN 46342 121 1/10 47. \*Akas: 46. Additional Funeral Service Provider

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)

seath Officer. Duscon in But D.O.

48. Signature of Local Health Officer:

State Form 53395

49 For Registrar Only

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2010

### **EXHIBIT "A"**

Real property situated in Lake County, in the State of Indiana, to wit:

LOT NUMBER FIVE (5) IN THE VILLA SHORES THIRD ADDITION TO THE CITY OF HOBART, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 27, PAGE 28 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH ALL IMPROVEMENTS APPURTENANCES THEREON AND THEREUNTO BELONGING.

More Commonly known as: 328 Cavendar Street, Hobart, IN 46342.

