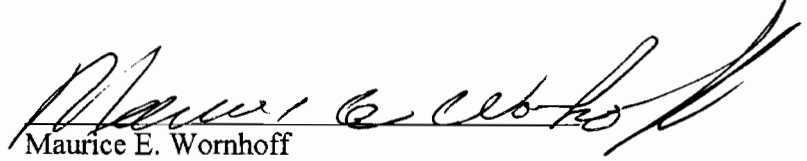


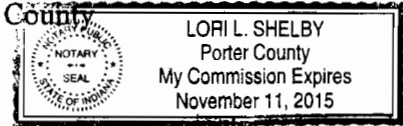


8. That the purpose of this Affidavit is to perfect his right to alienate and convey the said real estate.

  
Maurice E. Wornhoff

10 Subscribed and sworn to before me, a Notary Public in and for the above County and State this day of August, 2011.

  
Notary Public  
Residing in Porter County

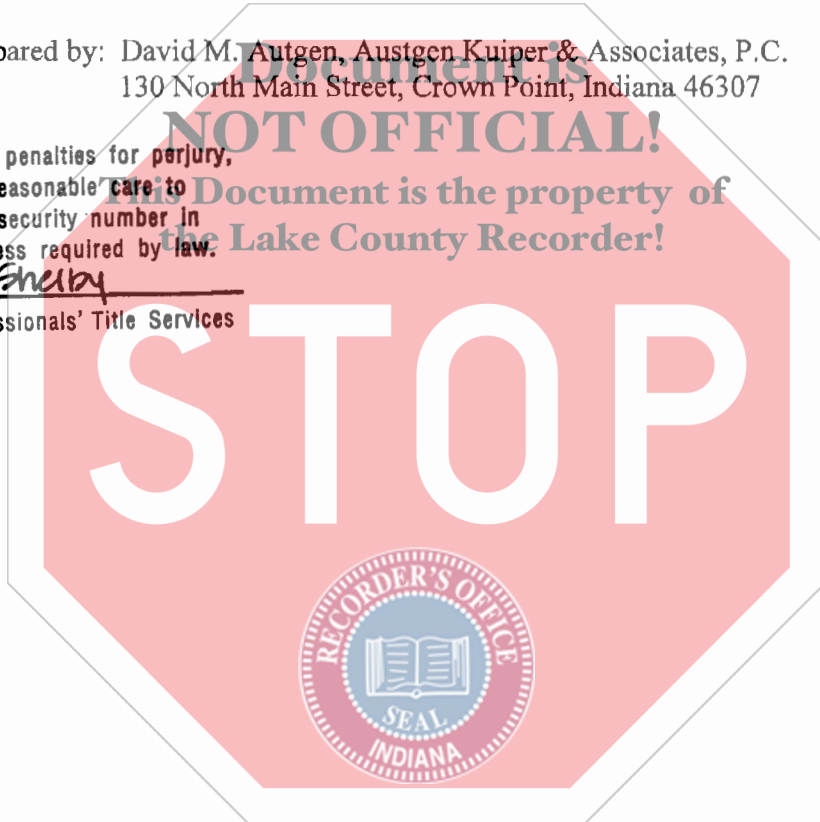


My Commission Expires:  
\_\_\_\_\_

This instrument prepared by: David M. Autgen, Austgen Kuiper & Associates, P.C.  
130 North Main Street, Crown Point, Indiana 46307

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.


By: LORI L. Shelby  
As agent for Professionals' Title Services



**ACCEPTANCE OF OFFICE AND CERTIFICATION OF  
SOLE SUCCESSOR TRUSTEE STATUS**

The undersigned, being duly sworn upon his oath, deposes and says that he is currently the sole Successor Trustee duly designated and appointed under the provisions of a certain Land Trust Agreement known as the Wornhoff Land Trust, that the original Trustee, Mary Margaret Wornhoff, passed away on December 9, 2008; that the Successor Co-Trustee, Thomas A. Wornhoff, resigned his appointment as Successor Co-Trustee; that pursuant to the provisions of said Land Trust Agreement, he is now the duly qualified and acting sole Successor Trustee and by this instrument accepts the office of Successor Trustee and agrees to hold the property in such trust subject to the terms and conditions of the said Trust Agreement.

Executed this 24<sup>th</sup> day of June, 2011.

  
MAURICE E. WORNHOFF

**CONDITION OF RESIGNATION OF SUCCESSOR CO-TRUSTEE**

I, Maurice E. Wornhoff, the sole Successor Trustee under a land trust document dated the 10th day of December, 1980, and as amended the 7<sup>th</sup> day of March, 1995, known as the Wornhoff Land Trust, hereby acknowledges that upon the sale of any portion of the real estate held in the Wornhoff Land Trust, the sale must be approved by all beneficiaries.


Dated: June 24, 2011

  
MAURICE E. WORNHOFF

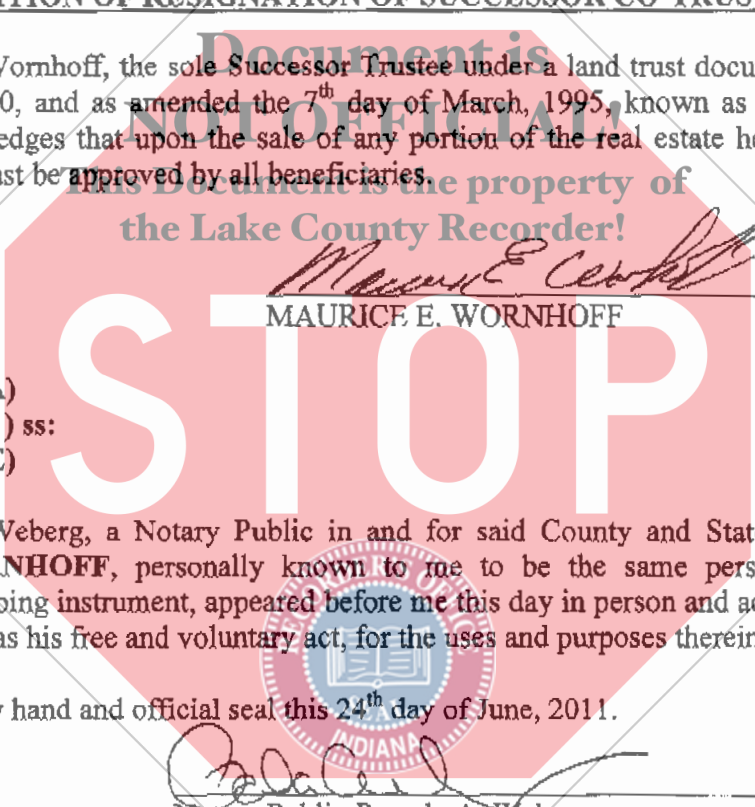
STATE OF INDIANA)  
                                  ) ss:  
COUNTY OF LAKE)

I, Pamela A. Weberg, a Notary Public in and for said County and State do hereby certify MAURICE E. WORNHOFF, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed that instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this 24<sup>th</sup> day of June, 2011.

  
Notary Public-Pamela A. Weberg  
County of Residence: Lake

My Commission Expires:  
9-4-2015



**RESIGNATION OF SUCCESSOR CO-TRUSTEE**

I, Thomas A. Wornhoff, named Successor Co-Trustee under a land trust document dated the 10th day of December, 1980, and as amended the 7<sup>th</sup> day of March, 1995, known as the Wornhoff Land Trust, wherein a land trust was created by Mary Margaret Wornhoff, do hereby renounces his right to serve in this capacity and declines to act as Successor Co-Trustee.

Dated: June 24, 2011

  
THOMAS A. WORNHOFF

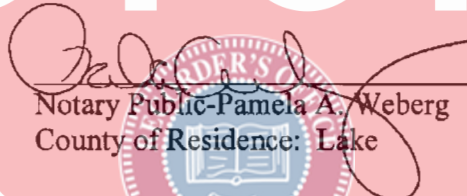

STATE OF INDIANA)  
  ) ss:  
COUNTY OF LAKE)

**Document is  
NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**

I, Pamela A. Weberg, a Notary Public in and for said County and State do hereby certify **THOMAS A. WORNHOFF**, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed that instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this 24<sup>th</sup> day of June, 2011.

  
Notary Public-Pamela A. Weberg  
County of Residence: Lake  


My Commission Expires:  
9-4-2015

10

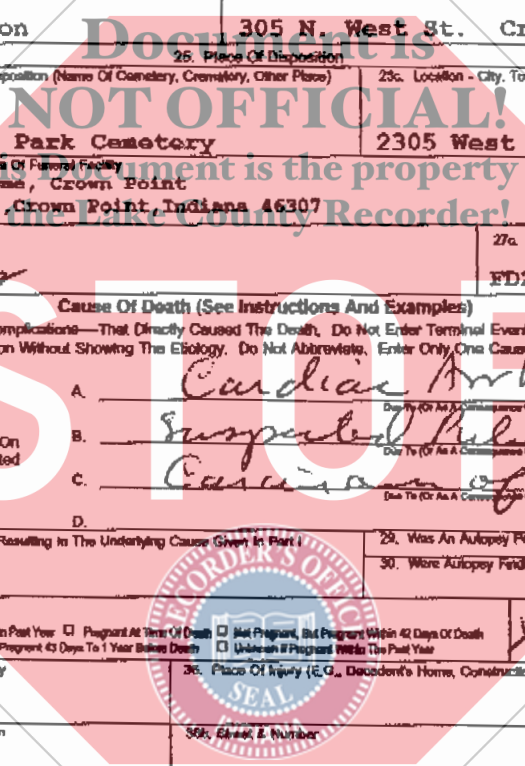
INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 4190-08

State No.

1. Decedent's Legal Name (First, Middle, Last) <b>Mary Margaret Wornhoff</b>				1a. Maiden Last Name (If Female) <b>Ziese</b>		2. Sex <b>Female</b>	3. Time of Death <b>8:15 PM</b>	4. Date of Death (Month/Day/Year) <b>December 9, 2008</b>	
5. Social Security Number <b>3496 86</b>		6a. Under 1 Year	6b. Under 1 Month	6c. Under 1 Day	6d. Under 1 Hour	7. Date of Birth (Month/Day/Year) <b>July 30, 1922</b>		8. Birthplace (City And State Or Foreign Country) <b>Palmer, Indiana</b>	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unknown <input type="checkbox"/>		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>Wittenberg Lutheran Village</b>									
12. City Or Town, State, and Zip Code <b>CROWN POINT IN 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>Registered Nurse</b>		17. Kind Of Business/Industry <b>Health</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>305 N. West St.</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>14</b>		20. Decedent Of Hispanic Origin <b>Non-Hispanic</b>			21. Decedent's Race <b>Caucasian</b>				
22. Father's Name (First, Middle, Last) <b>Albert E. Ziese</b>				23. Mother's Name (First, Middle, Last) <b>Mary Ziese</b>		23a. Mother's Maiden Last Name <b>Huffman</b>			
24. Informant's Name <b>Thomas Wornhoff</b>		24a. Relationship To Decedent <b>Son</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>305 N. West St. 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>2305 West 73rd Ave. Merrillville, Indiana</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Geisen Funeral Home, Crown Point 606 E. 113th Ave., Crown Point, Indiana 46307</b>				27a. Funeral Home License Number: <b>FD29700007</b>			
27b. Signature Of Indiana Funeral Service Licensee: <i>Michelle L. Katsaros</i>						27c. License Number Of Licensee: <b>FD29700007</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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Cardiac Arrhythmia</b> B. <b>Suspected Pulmonary Embolism</b> C. <b>Carcinoma of Bladder</b> D. <b>Hypertension</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								Approximate Interval: Onset To Death <b>3 weeks</b>	
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 checked="" 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 checked="" 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, Not 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 checked="" 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>Joseph A. Kacmar MD</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>Joseph A. Kacmar, Dr. 123 N. Court St., Crown Point, Indiana 46307</b>						44. License Number <b>01027088</b>		45. Date Certified <b>12/12/08</b>	
46. Additional Funeral Service Provider:						47. *Name:			
48. Signature of Local Health Officer: <i>Susan J. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>December 17, 2008</b>			



Print Name (If Not Informant) ATTENTION: ESTATE: The Social Security # is being requested by this state agency in order to pursue its recovery responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IS 16-37-1-10