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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 072302

2011 DEC 14 AM 10:05

STATE OF INDIANA )  
COUNTY OF LAKE )

Return to: HADJIAN  
RECORDER

AFFIDAVIT OF CERTIFICATION OF TRUST

Susan Day, being sworn upon oath, states and certifies that:

AMOUNT \$ 16<sup>00</sup>  
CASH \_\_\_\_\_ CHARGE FN  
CHECK # \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM ✓  
CLERK AB

- 1. I am the duly appointed and acting Successor Trustee of The Karagish Trust
- 2. The Karagish Trust is in existence and is in full force and effect.
- 3. The original Trustees, Stephen J. Karagish and Elizabeth Karagish, died on 8/28/2010.

4. There were no amendments made to the Trust prior to the death of Stephen J. Karagish and Elizabeth Karagish.

5. At the death of Stephen J. Karagish and Elizabeth Karagish, The Karagish Trust is the owner of the following described real estate:

The East 43.37 feet, by parallel lines of the West 61.7 feet, by the parallel lines of Lot 40 in Block 2 in Woodland Estates 5<sup>th</sup> Addition, in the Town of Griffith, as per plat thereof, recorded in Plat Book 64, page 56, in the Office of the Recorder of Lake County, Indiana

Parcel No.: 45-07-34-107-003.000-006

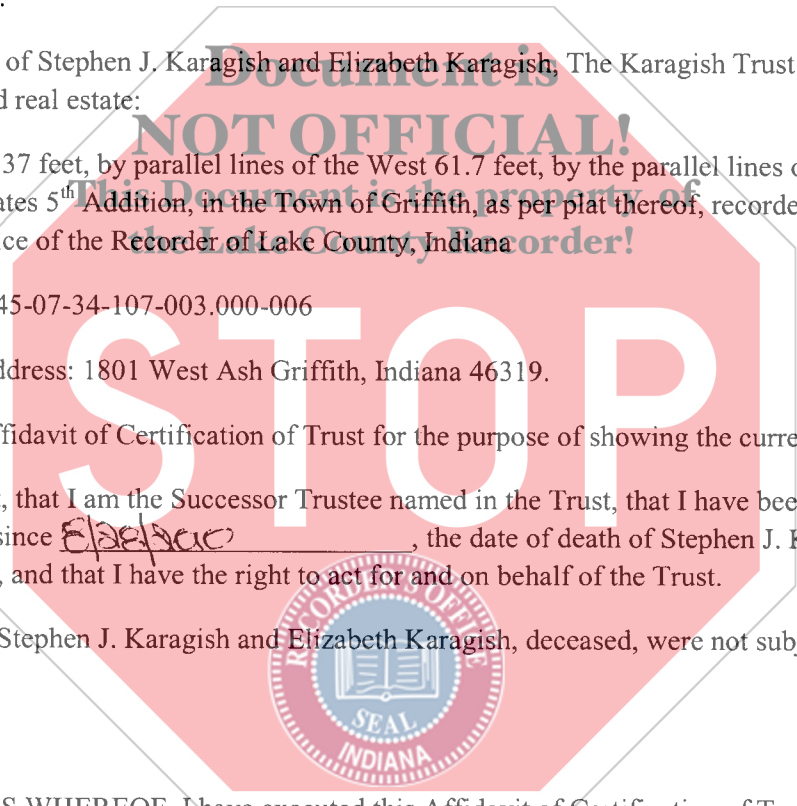
Common Address: 1801 West Ash Griffith, Indiana 46319.

I make this Affidavit of Certification of Trust for the purpose of showing the current status of The Karagish Trust, that I am the Successor Trustee named in the Trust, that I have been acting as Successor Trustee since 8/28/2010, the date of death of Stephen J. Karagish and Elizabeth Karagish, and that I have the right to act for and on behalf of the Trust.

7. The Estates Stephen J. Karagish and Elizabeth Karagish, deceased, were not subject to federal estate tax.

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

30<sup>th</sup> day of November, 2011



**FILED**  
DEC 08 2011

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

004732

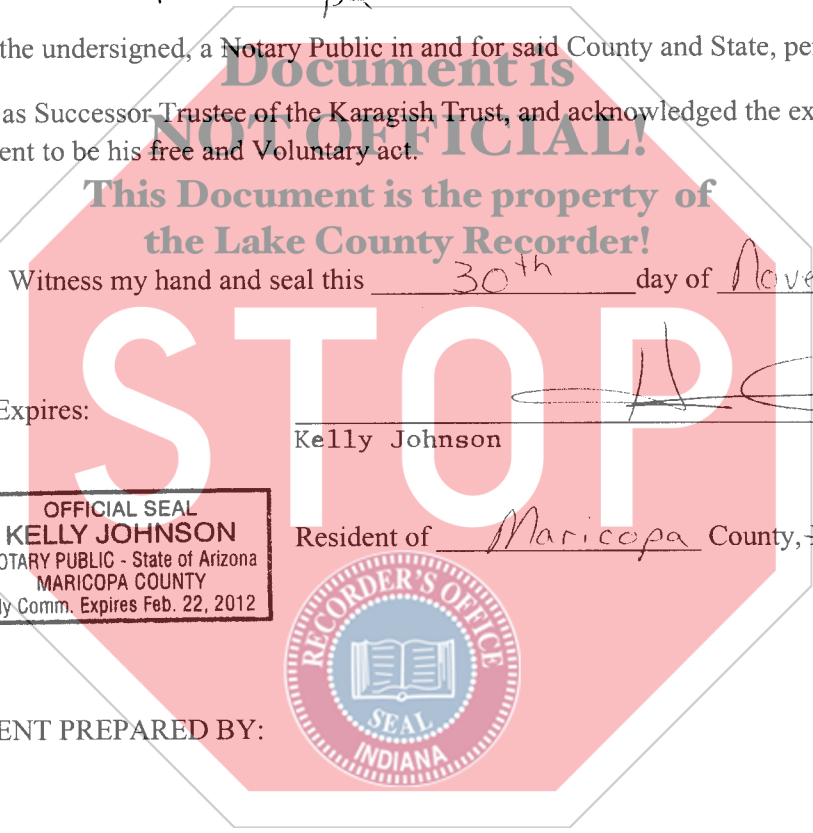
Susan Day  
Susan Day, Successor Trustee

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by Law.

Susan Day

STATE OF ~~INDIANA~~ ) Arizona  
COUNTY OF ~~LAKE~~ ) Maricopa

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Susan Day, as Successor Trustee of the Karagish Trust, and acknowledged the execution of the foregoing instrument to be his free and Voluntary act.



Witness my hand and seal this 30<sup>th</sup> day of November, 2011

My Commission Expires:  
2-22-12

[Signature]  
Kelly Johnson  
Notary Public



Resident of Maricopa County, ~~Indiana~~ Arizona



THIS INSTRUMENT PREPARED BY:  
Susan Day



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3117-10

State No.

Form with fields for decedent's name (ELIZABETH KARAGISH), date of death (AUGUST 28, 2010), cause of death (Superior Vena Cava Syndrome), and certifier information (Tim Marcotte, M.D.).