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2011 DEC 28 AM 10:46

STATE OF INDIANA)
)
COUNTY OF LAKE)

Return to:
MICHELLE S. FAJMAN
RECORDER

AFFIDAVIT OF CERTIFICATION OF TRUST

Sharon L. Doepping, being sworn upon oath, states and certifies that:

1. I am the duly appointed and acting Successor Trustee of The Violet L Hershman Revocable Living Trust, dated the 20th day of August, 2004.
2. The Violet L Hershman Rev^{Lvg} Trust dated August 20, 2004 is in existence and is in full force and effect.

3. The original Trustee, Violet L Hershman, died on October 02, 2011.

4. There were no amendments made to the Trust prior to the death of Violet L Hershman.

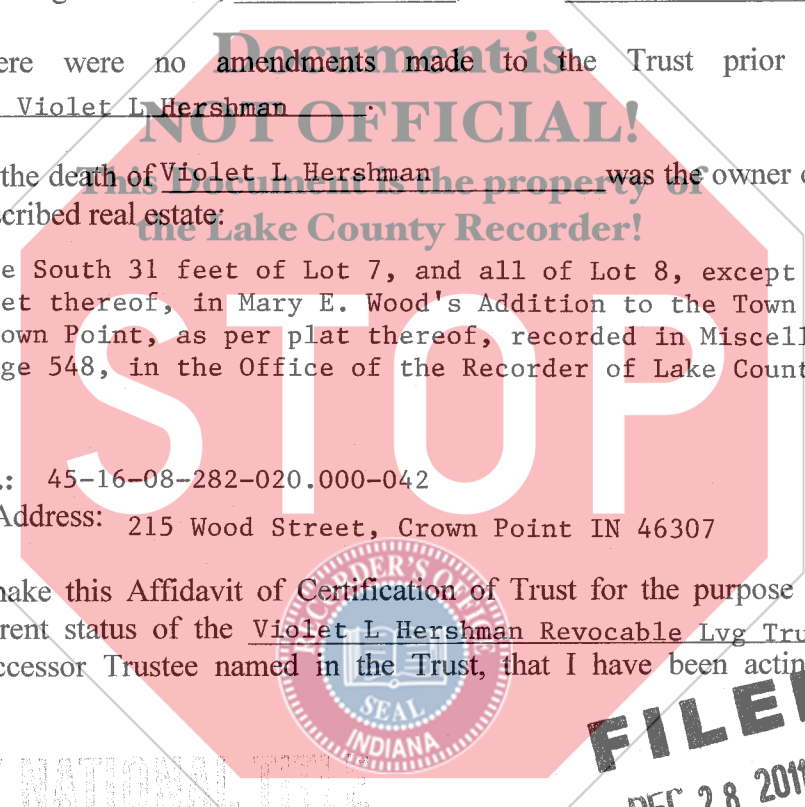
5. At the death of Violet L Hershman was the owner of the following described real estate:

The South 31 feet of Lot 7, and all of Lot 8, except the South 15 1/2 feet thereof, in Mary E. Wood's Addition to the Town (now City) of Crown Point, as per plat thereof, recorded in Miscellaneous Record "A", page 548, in the Office of the Recorder of Lake County, Indiana.

Parcel No.: 45-16-08-282-020.000-042

Common Address: 215 Wood Street, Crown Point IN 46307

6. I make this Affidavit of Certification of Trust for the purpose of showing the current status of the Violet L Hershman Revocable Lvg Trust that I am the Successor Trustee named in the Trust, that I have been acting as Successor



FIDELITY NATIONAL TITLE
INSURANCE COMPANY

92011-4810

FILED

DEC 28 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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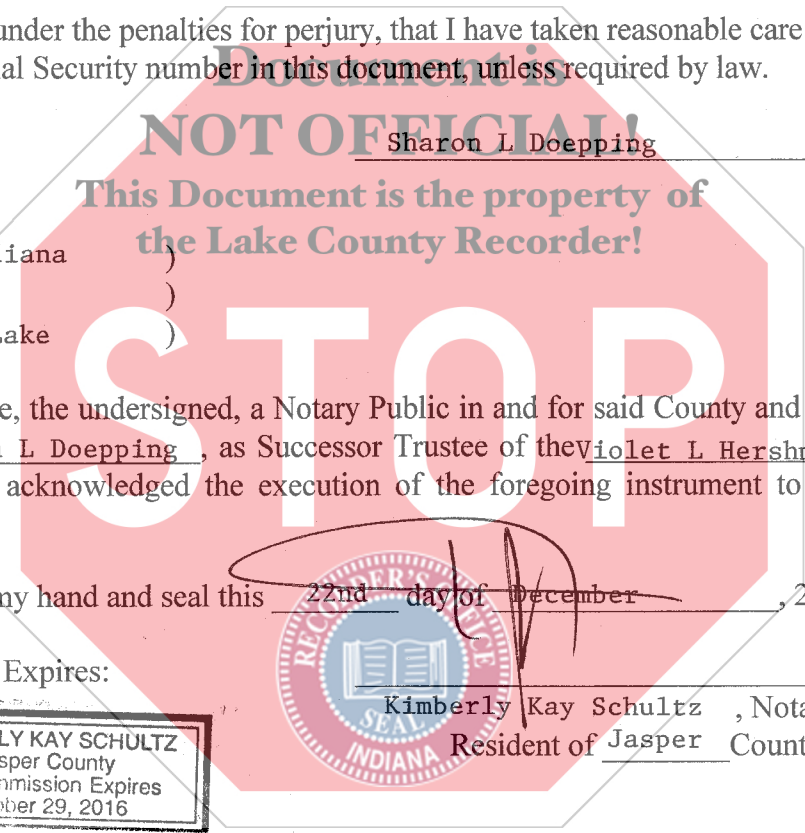
Trustee since October 02, 2011, the date of death Violet L Hershman, and that I have the right to act for and on behalf of the Trust.

- 7. The Estate of Violet L Hershman, deceased, was not subject to federal estate tax.

IN WITNESS WHEREOF, I have executed this Affidavit of Certification of Trust on the 22nd day of December, 2011.

Sharon L. Doepping SCTR.
Sharon L Doepping, Successor Trustee

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.



Sharon L Doepping

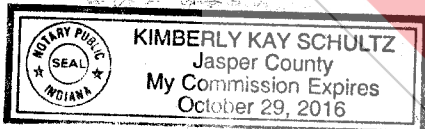
STATE OF Indiana

COUNTY OF Lake

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Sharon L Doepping, as Successor Trustee of the Violet L Hershman Rev^{lv} Trust Agreement, and acknowledged the execution of the foregoing instrument to be his free and voluntary act.

Witness my hand and seal this 22nd day of December, 2011.

My Commission Expires:



Kimberly Kay Schultz, Notary Public
Resident of Jasper County, Indiana

THIS INSTRUMENT PREPARED BY: Timothy A. Kuiper Attorney at Law
130 N. Main Street, Crown Point, IN 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."

Daianna Tarlton





**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **003085**

EDR No **00000022237**

State No **044169**

1. Decedent's Legal Name (First, Middle, Last) VIOLET L HERSHMAN			1a. Maiden Name (if female) CARLSON		2. Sex FEMALE	3. Time Of Death 07:30 AM	4. Date Of Death (Month/Day/Year) 10/02/2011	
5. Social Security Number [REDACTED]	6a. Age - Yrs 92	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 09/03/1919		8. Birthplace (City and State or Foreign Country) CROWN POINT, IN
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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) WITTENBERG LUTHERAN VILLAGE					13. County Of Death LAKE		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	
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation SALES		17. Kind Of Business/Industry RETAIL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 215 WOOD STREET		19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		23a. Mother's Maiden Last Name PHILLIPS
22. Father's Name (First, Middle, Last) WALTER CARLSON			23. Mother's Name (First, Middle, Last) BLANCHE CARLSON			24b. Mailing Address (Street And Number, City, State, Zip Code) 159 NORTH COURT STREET, CROWN POINT, IN 46307		
24. Informant's Name SHARON DOEPPING		24a. Relationship To Decedent DAUGHTER		25. Place Of Disposition 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) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN			26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27a. Funeral Home License Number: FH19900060	
27b. Signature Of Indiana Funeral Service Licensee: KEVIN KNAGA, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee): FD20400005			27d. License Number (Of Licensee): FD20400005		
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. <u>ACUTE RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of): <u>SEVERAL WEEKS</u> 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 B. <u>CONGESTIVE HEART FAILURE ETIOLOGY UNKNOWN</u> Due to (Or As A Consequence Of): <u>SEVERAL WEEKS</u> C. _____ Due to (Or As A Consequence Of): _____ D. _____ Due to (Or As A Consequence Of): _____								
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 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, But 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) LAKE COUNTY HEALTH DEPARTMENT		37. Injury At Work? <input type="checkbox"/> Yes <input 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: TEOFILO S VINLUAN, BY ELECTRONIC SIGNATURE					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: TEOFILO S VINLUAN, 261 TALL TIMBERS COURT, VALPARAISO, IN 46385					44. License Number 01057042A		45. Date Certified 10/08/2011	
46. Additional Funeral Service Provider:					47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE					49. For Registrar Only - Date Filed (Month/Day/Year): OCT 11 2011			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								