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STATE OF INDIANA	)	
	)	
COUNTY OF LAKE	)	

## **AFFIDAVIT OF CERTIFICATION OF TRUST**

Susan L. Harrington being sworn upon oath, states and certifies that:

- 1. I am the duly appointed and acting sole Trustee of the Marie E. Rooks Revocable Trust Dated May 10, 2004
- 2. Marie E. Rooks Revocable Trust is in existence and is in full force and effect.
- 3. The original Trustee, Marie E. Rooks , died on 09/24/2011.
- 4. There were no amendments made to the Trust prior to the death of Marie E. Rooks
- 5. At the death of Marie E. Rooks was the owner of the following described real estate: 3643 Highway Ave, Highland, IN 46322

See Attached Legal

Parcel No.: 45-07-22-403-015.000-026 Common Address: 3643 Highway Ave, Highland IN 46322

- 6. I make this Affidavit of Certification of Trust for the purpose of showing the current status of Marie E. Rooks, Revocable Trust Dated May 10, 2004, that I am the Successor Trustee named in the Trust, that I have been acting as Successor Trustee since 09/24/2011, the date of death of Marie E. Rooks, and that I have the right to act for and on behalf of the Trust.
  - 7. The Estate of Marie E. Rooks, deceased, was not subject to federal estate tax.

FIDELITY - HIGHLAND

92012AMOUNT\$ 17 23996

FIDELITY NATIONAL TITLE COMPANY

92012-2008

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DEPUTY Page 1 of 2 \( \text{CO} \)

JUN 20 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

IN WITNESS WHEREOF, I have executed this Affidavit of Certification of Trust on the day of June, 2012

Susan L. Harrington 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.



Order No. : 920122008 Revision No. Rev.#1, 5/15/12

## **EXHIBIT "A"**

Lot (3), in Duvall & McClure Subdivision, Highland, Lake County, Indiana, being a subdivision of the South 370 feet of the East 8 acres of the East 10 acres of the West Half of the Northwest Quarter of the Southeast Quarter of Section 22, Township 36 North, Range 9 West of the 2nd P.M., in the Town of Highland, Lake County, Indiana, as the same appears of record in Plat Book 27, page 47, in the Recorder's Office of Lake County, Indiana.

Property Address:

3643 Highway Avenue, Highland, IN 46322



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Lega! Name (First, M	o 002 fiddle, Last)	933	<del></del>		Malden Name	0022087	12.5		e No	04204	4. Date Of Death (Month/Day
MARIE E ROOKS				1.	YANT	•		MALE		5 PM	09/24/2011
5. Social Security Number 6a. A	ge - Yrs	6b. Under 1	Year 6c. Unde			8e. Under 1 Hour	7. Date of Birth (				and State or Foreign Country)
		Months	Days	Hours	5 1	Vinutes	07/13	/1933	AT	HENS, AL	
9. Ever ff U.S. Armed Forces?		Occurred in /	•		1,	10a. If Death Occurre  Hospice Facility	d Somewhere Of	her Than A Hos	pitel		1
				Outpatient 🔲 D		Other (Specify)	☐ December 1/3	Home N	orsing Ho	me/Long-term	Care Facility
11. Facility Name (if Not institution WILLIAM J. RILEY MEN	, Give Street	and Number)	NCE HOSE	PICE		,					
12. City Or Town, State, And Zip Co	ode		NOL, NOOI	I IOL		13. County Of I	Death		14	. Marital Statu	s At Time Of Death
MUNSTER, IN, 46321						LAICE			Į	Married 🔲 I	Married, But Separated Di
15. Surviving Spouse's Name				15a. (If Wi	fe)Give Maiden Li	LAKE est Name	18. De	edent's Usual C			Never Married Unkn 17. Kind Of Business/Industry
18. Residence - State		Т	18a. County	<del>-  </del>	<del></del>	18b. City Or Town	HOME	MAKER			OWN HOME
NDIANA		],	.AKE			•					
18c. Street And Number			-7116			HIGHLAND_		18d. Apt. h	No.	18e. Zip Co	ide 18f. Inside City Li
8643 HIGHWAY AVENU	JE										✓ Yes □ N
19. Decedent's Education		·	20. Decedent	Of Hispanic Origi	in	21. Dec	edent's Race			4632	22
HIGH SCHOOL GRADU COMPLETED	JATE OF	RGED	NOT HISE	DANIC							
2. Father's Name (First, Middle, Las	st)		INOT HISE	ANIC	23	White Mother's Name (Fire	st, Middle, Last)			23a Moi	her's Malden Last Name
VILLIAM BRYANT							, , , , , , , , ,			234, 19101	INC S MAIDEN CAST HAIRS
24. Informant's Name			24a. Relat	tionship To Dece	dent 24	VIS BRYANT b. Mailing Address (S	treat And Numb	v City State 7	in Codes	HIGDO	DN
SUSAN HARRINGTON	1		DAUGI							40000	
5a. Method Of Disposition					25 Diana C	105 OSBORNI If Disposition		-		46323	
Burial Cremation Doneti	ion 🛭 Entor	mbment	o. Place Of Dispos	sition (Name Of C	Cemetery, Cremat	lory, Other Place)	25c. Location - C	ty, Town, And S	tate		
Removal From State Other (Specify):			MDELLAS	AND LANGE							
6. Was Coroner Contacted?	27. N	ame And Corr	TAPEL LAV	VN MEMOR	RIAL GARD	ENS	SCHERER'	/ILLE, IN			
☐ Yes ☑ No	CHA	PEL LAV	VN FUNER	AL HOME	AND MEN	DIAL CADIN				1,	27a. Funeral Home License Nu
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77b. Signature Of Indiana Funeral S DAVID R PETERSON , I	ervice Licens	EREKVII	SIGNATU	IRE	OF I		AL	27c. License N	umber (O	F Licensee):	H19900051
28 Part L Enter The Chain Of E	BY ELE(	CTRONIC	SIGNATU	IRE Cause Of	Death (See Ins	tructions And Exa	mples: 1	27c. License N D086015	umber (O	F Licensee):	Approximate
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