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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 043016

2012 JUN 29 AM 9: 23

MICHELLE R. FAJMAN  
RECORDER

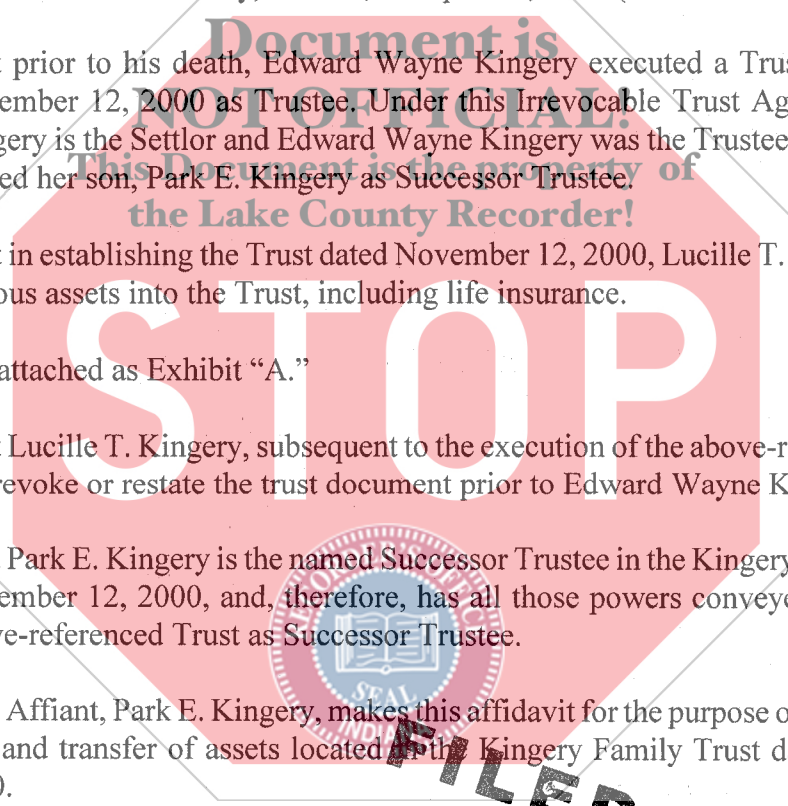
STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

**THE KINGERY FAMILY TRUST**

I, PARK E. KINGERY, being of legal age and duly sworn upon his oath, depose and state as follows:

1. That Affiant, Park E. Kingery, is the brother of Edward Wayne Kingery, who died a resident of Lake County, Indiana, on April 10, 2012 (see attached Death Certificate).
2. That prior to his death, Edward Wayne Kingery executed a Trust Agreement dated November 12, 2000 as Trustee. Under this Irrevocable Trust Agreement, Lucille T. Kingery is the Settlor and Edward Wayne Kingery was the Trustee. Lucille T. Kingery named her son, Park E. Kingery as Successor Trustee.
3. That in establishing the Trust dated November 12, 2000, Lucille T. Kingery transferred various assets into the Trust, including life insurance.  
  
See attached as Exhibit "A."
4. That Lucille T. Kingery, subsequent to the execution of the above-referenced Trust, did not revoke or restate the trust document prior to Edward Wayne Kingery's death.
5. That Park E. Kingery is the named Successor Trustee in the Kingery Family Trust dated November 12, 2000, and, therefore, has all those powers conveyed upon him by the above-referenced Trust as Successor Trustee.
6. That Affiant, Park E. Kingery, makes this affidavit for the purpose of causing the proper title and transfer of assets located in the Kingery Family Trust dated November 12, 2000.



**FILED**  
JUN 29 2012  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

17<sup>th</sup>  
9424  
Rm

**013062**

*Park E Kingery*

Park E. Kingery, Successor Trustee of the Kingery Family Trust dated November 12, 2000

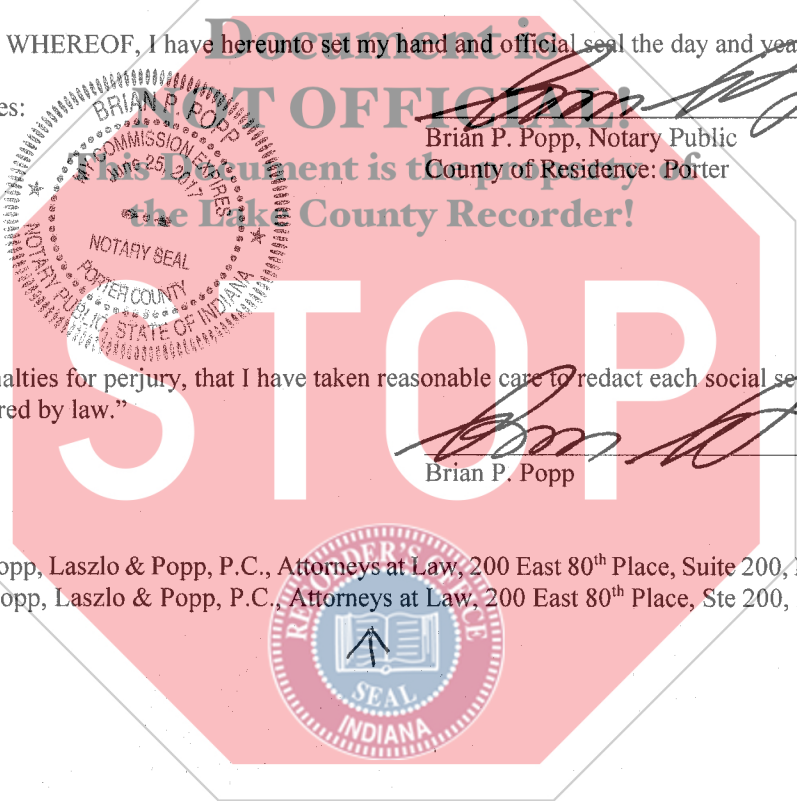
STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public, in and for said County and State, this 15<sup>th</sup> day of June, 2012, appeared, Park E. Kingery, Successor Trustee of the Kingery Family Trust dated November 12, 2000, and/or acknowledged the execution of the above instrument to be his voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

My Commission Expires:  
June 25, 2017

(SEAL)



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

"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."

*Brian P. Popp*  
Brian P. Popp

Prepared by: Brian P. Popp, Laszlo & Popp, P.C., Attorneys at Law, 200 East 80<sup>th</sup> Place, Suite 200, Merrillville, IN 46410.  
Return to: Brian P. Popp, Laszlo & Popp, P.C., Attorneys at Law, 200 East 80<sup>th</sup> Place, Ste 200, Merrillville, IN 46410.

**EXHIBIT "A"**

1. Farm Bureau Insurance - Life Policy No.: L-0831994.
2. Farm Bureau Insurance - Life Policy No.: L-09203796.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

**COPY**

Local No 001136

EDR No 00000255371

State No 016636

1. Decedent's Legal Name (First, Middle, Last) <b>EDWARD WAYNE KINGERY</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>05:40 PM</b>		4. Date Of Death (Month/Day/Year) <b>04/10/2012</b>		
5. Social Security Number <b>308-64-6197</b>		6a. Age - Yrs <b>55</b>		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) <b>04/30/1956</b>				8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>								
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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) <b>7409 EAST 93RD AVENUE</b>												
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46308</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>MACHINIST</b>		17. Kind Of Business/Industry <b>MILL</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>CROWN POINT</b>			18d. Apt. No.		18e. Zip Code <b>46308</b>	
18c. Street And Number <b>7409 EAST 93RD AVENUE</b>									18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>PARK J KINGERY</b>				23. Mother's Name (First, Middle, Last) <b>LUCILLE T KINGERY</b>				23a. Mother's Maiden Last Name <b>POPP</b>				
24. Informant's Name <b>PARK E KINGERY</b>				24a. Relationship To Decedent <b>BROTHER</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>728 CAPITAL ROAD, VALPARAISO, IN 46385</b>				
25. Place Of Disposition												
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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>KRAFT FUNERAL SERVICES AND CREMATORY</b>				25c. Location - City, Town, And State <b>HOBART, IN</b>					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KRAFT FUNERAL SERVICES &amp; CREMATORY, 370 NORTH COUNTY LINE ROAD, HOBART, IN 46342</b>						27a. Funeral Home License Number: <b>FH1000005</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>RUSSELL A KRAFT, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD29300105</b>						
28. Part I. Enter The <u>Chain Of Events</u> - 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>GUNSHOT WOUND TO CHEST</b> Due to (Or As A Consequence Of) <b>UNKNOWN</b>												
B. _____ Due to (Or As A Consequence Of) _____												
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year) <b>04/10/2012</b>			35. Time Of Injury <b>Unknown</b>			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area, etc.) <b>INSIDE VEHICLE</b>			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State <b>INDIANA</b>			38a. City Or Town <b>CROWN POINT</b>			38b. Street & Number <b>7409 EAST 93RD AVENUE</b>			38c. Apt. No.		38d. Zip Code <b>46307</b>	
39. Describe How Injury Occurred <b>SELF-INFLICTED GUNSHOT WOUND TO CHEST</b>												
41. Signature, Of Person Certifying Cause Of Death: <b>DONNA MELYON, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>DONNA MELYON, 2900 WEST 93RD AVENUE, CROWN POINT, IN 46307</b>						44. License Number		45. Date Certified <b>04/16/2012</b>				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 16 2012</b>						
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>												