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LAKE COUNTY
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MICHAEL B. BROWN
RECORDER

STATE OF Missouri

COUNTY OF Geny

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AFFIDAVIT OF CERTIFICATION OF TRUST

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Ruth Ann Hohman, being sworn upon oath, states and certifies that:

1. I am the duly appointed and acting Successor Trustee of the George Eugene Homan Revocable Trust under Trust Agreement dated July 6, 2000 as to an undivided 1/4.
2. George Eugene Homan Revocable Trust under Trust Agreement dated July 6, 2000 as to an undivided 1/4 is in existence and is in full force and effect.
3. The original Trustee, George Eugene Homan, died on June 21, 2005.
4. There were no amendments made to the Trust prior to the death of George Eugene Homan.
5. At the death of George Eugene Homan was the owner of the following described real estate:

See Attached Legal Description

Parcel No.: 45-12-21-251-005.000-030

Common Address: 700 West Lincoln Highway, Merrillville, IN 46410.

6. I make this Affidavit of Certification of Trust for the purpose of showing the current status of the Trust that I am the Successor Trustee named in the Trust, that I have been acting as Successor Trustee since June 21, 2005, the date of death, and that I have the right to act for and on behalf of the Trust.
7. The Estate of George Eugene Homan, deceased, was not subject to federal estate tax.

FIDELITY NATIONAL
TITLE COMPANY

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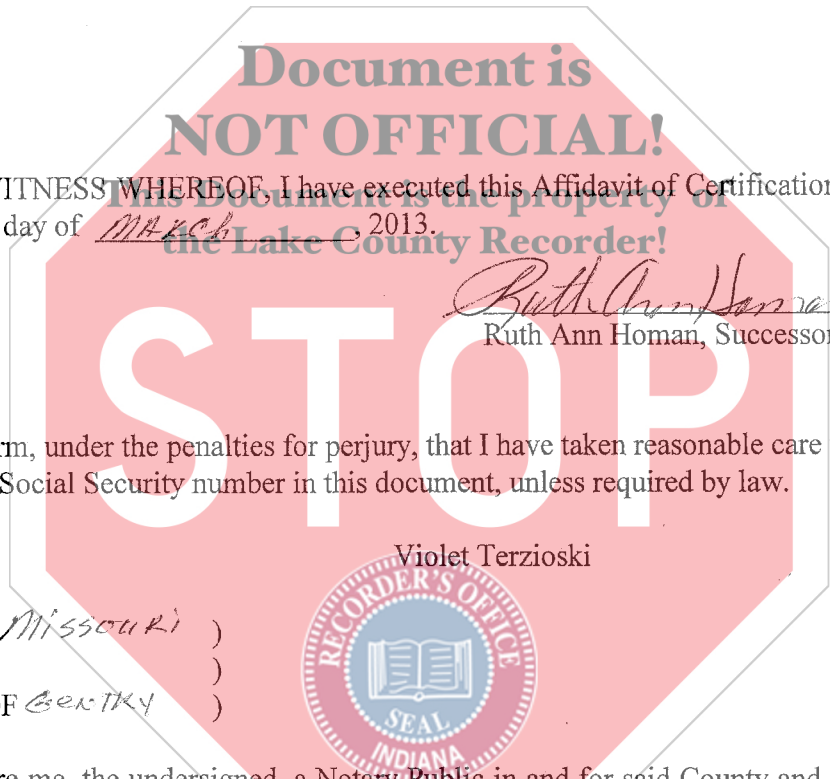
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IN WITNESS WHEREOF, I have executed this Affidavit of Certification of Trust on the 4 day of MARCH, 2013.



Ruth Ann Homan, Successor Trustee
Ruth Ann Homan, 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.

Violet Terzioski

STATE OF Missouri)
)
COUNTY OF Grundy)



Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Ruth Ann Homan, as Successor Trustee of the George Eugene Homan Revocable Trust under Trust Agreement dated July 6, 2000 as to an undivided 1/4, and acknowledged the execution of the foregoing instrument to be his free and voluntary act.

Witness my hand and seal this 4 day of MARCH, 2013.

My Commission Expires: 05-04-2013

Patricia E. Kraft

, Notary Public
Resident of Grundy County,

THIS INSTRUMENT PREPARED BY: Timothy A. Kuiper Attorney at Law
130 N. Main Street, Crown Point, IN 46307



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPENRANT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

REGISTRATION DISTRICT NO. _____ REGISTRARS NUMBER **124 -**

1. DECEDENT'S NAME (First, Middle, Last) **GEORGE EUGENE HOMAN** 2. SEX **Male** 3. DATE OF DEATH (Month, Day, Year) **June 21, 2005**

4. SOCIAL SECURITY NO. _____ 5. AGE at Last Birthday (Years) **75** 6. UNDER 1 YEAR **75** 7. DAYS OF BIRTH (Month, Day, Year) **August 19, 1929** 8. BIRTH-PLACE (City and State or Foreign Country) **St. Joseph, Missouri**

9. WAS DECEDENT BORN IN U.S. ANNEALED FOREIGN? Yes No Unk. 10. PLACE OF DEATH (Specify only one) **HOSPITAL: Inpatient ER/Outpatient OOA OTHER: Nursing Home Residence Other (Specify)**

11. FACILITY NAME (If not institution, give street and number) **St. Lukes Hospital** 12. CITY, TOWN, OR LOCATION OF DEATH **Kansas City** 13. COUNTY OF DEATH **Jackson**

14. MARITAL STATUS - Married, Never Married, Widowed, Divorced, Separated **Married** 15. SURVIVING SPOUSE'S NAME (If wife, give full married name) **Ruth Ann Vinten** 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Entrepreneur** 16b. KIND OF BUSINESS OR INDUSTRY **Own Business**

17a. RESIDENCE - STATE **Missouri** 17b. COUNTY **Gentry** 18a. CITY, TOWN, OR LOCATION **Albany** 18b. ZIP CODE **64402**

19a. STREET AND NUMBER **1701 Howell Street** 19b. INSIDE CITY LIMITS Yes No 19c. YEARS AT PRESENT ADDRESS 1-5 6-10 10-19 20 or more

20. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes Specify: _____ 21. RACE - American Indian, Black, White, etc. (Specify) **White** 22. DECEDENT'S EDUCATION (Specify only highest grade completed) **Elementary (Grades 1-12) 4 Years** **College (14 or 16) _____**

23. FATHER'S NAME (First, Middle, Last) **George Homan** 24. MOTHER'S NAME (First, Middle, Maiden Surname) **Elizabeth Kerns**

25. INFORMANT'S NAME (Type/print) **Ruth Ann Homan** 26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **1701 Howell Street, Albany, Missouri 64402**

27a. BURIAL, CREMATION, OTHER (Specify) **Burial** 27b. DATE OF BURIAL/CREMATION (Month, Day, Year) **June 24, 2005** 27c. PLACE OF DEPOSITION (Name of cemetery, crematory, or other place) **Grandview Cemetery** 27d. LOCATION (City or Town, State) **Albany, Missouri**

28. NAME AND ADDRESS OF FACILITY **Roberson-Polley Chapel 403 North Hundley Albany, Missouri 64402** 29. FUNERAL ESTABLISHMENT LICENSE NUMBER **2593**

30. PART I. Cause of death (List only one cause on each line. If not specific or condition resulting in death) **Renal Failure** **Amylloidosis** **Cardiomyopathy** **Metastatic Prostate Carcinoma**

31. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____

32. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? Yes No Unk. 33. WAS AN AUTOPSY PERFORMED? Yes No 34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

35. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide 36. DATE OF INJURY (Month, Day, Year) _____ 37. TIME OF INJURY _____ 38. INJURY AT WORK? Yes No Unk. 39. DESCRIBE HOW INJURY OCCURRED _____

40. PLACE OF INJURY - At home, farm street, factory, office, building, etc. (Specify) _____ 41. LOCATION (Street and Number or Rural Route Number, City or Town, State) _____

42. (Specify) _____ 43. To the best of my knowledge, death occurred at the place and place listed in the above items.

44. CERTIFYING PHYSICIAN MEDICAL EXAMINER/CORONER **Elbie Loeb, M.D.** (Signature and Title) **Elbie Loeb, M.D.** 45. DATE SIGNED (Month, Day, Year) **June 30, 2005** 46. TIME OF DEATH **4:30 A.M.**

47. NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORONER (If not on file) **Elbie Loeb, M.D. 4320 Wornall Ste. 530 Kansas City, MO.** 48. MD LICENSE NUMBER **104709** 49. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes No

50. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER _____ 51. REGISTRARS SIGNATURE _____ 52. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) _____

DECEASED

VS 20X NO DECEASED COPY

CAUSING

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

I hereby certify that the deceased named above was embalmed by me, or by _____ under my personal supervision.

Student _____ working _____

Name of Decedent _____

Signed _____

Licensed Embalmer No. _____

P.O. Address **Albany, MO 64402**

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his/her OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.) If embalmed by a STUDENT, he/she also shall sign in his/her OWN HANDWRITING. If this body is not embalmed, text should be so stated above.

COPY

EXHIBIT A

Part of the Southwest quarter of the Northeast quarter of section 21, Township 35 North, range 8 West of the second P.M. , described as follows: Beginning at the Southwest corner of the Southwest quarter of the Northeast quarter of said section 21; thence North 0 degrees 45 minutes 40 seconds west along the west line of the southwest quarter of the Northeast quarter of said section 21 a distance of 73.05 feet; thence North 89 degrees 43 minutes 18 seconds East 3.00 feet to the point of commencement of the parcel of land about to be described: thence North 0 degrees 45 minutes 40 seconds West 361.94 feet; thence north 90 degrees 00 minutes 00 seconds East 100 feet; thence South 00 degrees 45 minutes 40 seconds East 361.45 feet; thence South 89 degrees 43 minutes 18 seconds West 100 feet to the point of commencement, in Lake County, Indiana.

