STATE OF INDIAL.

LAKE COUNTY
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STATE OF INDIANA COUNTY OF LAKE

MICHAEL B. BROWN RECORDER

AFFIDAVIT OF CERTIFICATION OF TRUST

Thomas K. Hoffman, being sworn upon oath, states and certifies that:

- 1. I am the duly appointed and acting Successor Trustee of the Margaret P. Hutton Trust dated November 1, 2006.
- 2. The Margaret P. Hutton Trust dated November 1, 2006 is in existence and is in full force and effect.
 - 3. There were no amendments made to the Trust
 - 4. As Trustee, I am the owner of the following described real estate:

Lots 39, 40, 41 and 42 in Block No. 2, as marked and laid down on the recorded Plat of Kenwood Annex, in the City of Hammond, Lake County, Indiana as the same appears of record in Plat Book 20, page 44, in the Recorder's Office of Lake County, Indiana

Parcel # 45-06-01-305-025.000-023

Common Address: 6220 Moraine, Hammond, IN 46324

5. I make this Affidavit of Certification of Trust for the purpose of showing the current status of the Margaret P. Hutton Trust dated November 1, 2006; that I am the Successor Trustee; that I have been acting as the Successor Trustee since October 15, 2011; and that I have the right to act for and on behalf of the Trust.

IN WITNESS WHEREOF, I have executed this Affidavit of Certification of Trust on the 18th day of March, 2013.

Thomas K. Hoffman, 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.

FIDELITY - HIGHLAND

TITLE COMMENT

Thomas Kalleffman

OEGGY HOLINGA AUDIT

001613

-norcan

STATE OF INDIANA) COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared **Thomas K. Hoffman, Successor Trustee** of the **Margaret P. Hutton Trust dated November 1, 2006**, and acknowledged the execution of the foregoing instrument to be his free and voluntary act.

Witness my hand and seal this 18th day of March, 2013

Lydia J. Griffith Notary Public

My Commission Expires: 11/23/16 Resident of Newton County, Indiana

THIS INSTRUMENT PREPARED BY:

Thomas K. Hoffman #7731-45.

Attorney at Law

2115 West Lincoln Highway

Merrillville, IN 46410

LYDIA J. GRIFFITH
NOTARY PUBLIC STATE OF INDIANA
NEWTON COUNTY
MY COMMISSION EXPIRES 11/23/16

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loca 1. Decedent's Legal Name (F	I No 00	0533		DR No 00000121718			2 Sex	State No 008226 3. Time Of Death 4. Date Of Death (Month/Day/Year)			
MADOADET DIE		r			and (in remail)				Ol Dean	4. Date (2) Death (Muhhibbayi) ear)
MARGARET P HUT 5 Social Security Number		6b. Under 1	rear 6c. Under 1 Mc	PRITSCH onth 6d. Under 1 Day	6e. Under 1 Hour	7. Date of	FEMALE Birth (Month/De		OO AM Birthplace (C	ty and State	02/18/2010 or Foreign Country)
_	86	Months	Days	Hours	Minutes	1	12/11/1923	F	ROSSVILL	E IN	
9. Ever in U.S. Armed Forces	? 10. If De	eath Occurred in A	Hospital:		10a, If Death Occu	arred Somew	mere Other Than	A Hospital			
Yes No Unkno	1			iemt 🔲 Dead on Arrivi	al Hospice Facility Other (Specify)		adent's Home	☐ Nursing	Home/Long-te	rm Care Faci	lity
11. Facility Name (If Not Inst 5220 MORAINE AV	ituton, Give Str ENUE	reet and Number)									
12. City Or Town, State, And	Zip Code				13. County	Of Death			14, Mantal S		
HAMMOND, IN, 46		LAKE				☐ Married ☐ Married, But Separated ☐ Divorced ☑ Widowed ☐ Never Married ☐ Unknown					
15 Surviving Spouse's Name	•			15a. (If Wife)Give Maid			16. Decedent's I	Jsual Occupa	tion	17. Kind	Of Business/Industry
						ŀ	OMEMAK	FR		DOMIC	:11 F
18 Residence - State			18a. County		18b. City Or To					1	
INDIANA		L	AKE		HAMMOND)					
18c. Street And Number							18d	. Apt. No.	18e. Zij	Code	181 Inside City Limits?
6220 MORAINE AV	ENUE								46	324	☑ Yes ☐ No
19. Decedent's Education			20. Decedent Of Hi	spanic Origin	21. 0	Decedent's R	Race				
9TH - 12TH GRADE	E; NO DIP	LOMA	NOT HISPAN	IIC	White						
करा अस्तर व नवाय व (११४०), स्मायर	no, Lasij				23. Mother's Name	(rirst, Middle	e, Lasi)		23a.	Mother's Ma	iden Last Name
CLYDE PRITSCH 24. Informant's Name			74- 5-1-6-	- T- B	MARY PRITS					ESELL	
WILLIAM HUTTON			İ	ip To Decedent	24b. Mailing Addres	,			•		
MILLIAW NOT TOTA	······································		SON	25 E	6240 MORAII	NE AVE	NUE, INDI	ANAPOL	IS, IN 463	324	
25a Method Of Disposition Burial Cremation Removal From State	Donation 🔲 B	Entombment	b. Place Of Disposition	(Name Of Cemetery, O	Crematory, Other Place)	25c Loc	cation - City, Tow	n, And State			
Other (Specify): 26. Was Coroner Contacted?	2		AK HILL nplete Address Of Fund	ural Facility	umen	HAM	MOND, IN			1 272 5	
☐ Yes ☒ No				L, 5713 НОНМ	AN AVENUE L		ND IN 463	20		EH830	eral Home License Number
27b. Signature Of Indiana Fu C WILLIAM MCCON	neral Service Li	censee:		E, 07/0/10/10/	ZHYZYZHOZ, 4	MINIMI	27c. Li	conse Numbe	r (Of Licensee)	S A TRUE A	MD COMPLETE
28 Part I Enter The <u>Chair</u> Such As Cardiac Arrest, F A Line. Add Additinal Line	n Of Events -	Diseases, Injuri	or Or Complications	Cause Of Death (So - That Directly Cause I Showing The Etiolog	of The control of the control		perty !	013612	C. C. C.		Approximate Interval: Onset To Death
Immediate Cause (Final D		•	In Death) A	METASTATIC RE	NAL CELL CANCER		- - - -		MAR 1	9 2013	
Sequentially List Condition Line A. Enter The Underly The Events Resulting In D	vino Cause (D	ading To The Ca isease Or Injury	use Listed On That Initiated				A Consequence On A Consequence On		~		
						Oue to (Ot As :	A Consequence CO				
Part II. Enter Other Significant	Conditions Cor	tributing to Death	But Not Resulting In T		vin in Part i	29 War /	An Autopsy Perfo	mad3		**********	
				The state of the s			Autopsy Finding		Yes Complete The	No Cause Of De	eth?
21 Did Tobacco Use Contrib			Female:		-		33	. Manner Of	Death:		∐ Yes ∐ No
Yes Probably 🛭 No			t Pregnam Witter Pest Year I Pregnant, But Pregnam 43 Da	Pregnant At Time Of Deeps ys To 1 year Before Death	Not Pregnant, Sut Pregnant W				Homicide Could Not Be E		Pending Investigation
34 Date Of Injury (Month/Da)	/Year)		ime Of Injury		aca Of Injury (E.G., Dec			Bile, Restaura	nt, Wooded An	sa) 37	. Injury At Work?
38. Location Of Injury - State		38a. C	City Or Town	38h	Street & Number	6 <u>1</u>		7/	38c, Apt.	No. 35	☐ Yes ☐ No d Zip Code
39. Describe How Injury Occu	rred					THE STATE OF THE S					
				E	WOLANA W	222	ů	Il Transport Dimerioperator	ation Injury, Sc Passenger	ecity. Pedastran Do	ther (Specify)
11. Signature. Of Person Cer DNYEBUCHI ACHU	FUSI SI	CNATURE	ON FILE				42. Certifier Certifying	(Check Only	Onej Corone	, p=1	Lineth Off
13. Name, Address And Zip C	ode Of Person	Certifying Cause	Of Death:				El Cartilyati	44 Licens	- Very		Heath Officer Date Certified
DNYEBUCHI ACHUFUSI , 5454 HOHMAN AVE, HAMMOND, IN 6 Additional Funeral Service Provider:						01061302A					02/21/2010
48 Signature of Local Health	Officer.							47. *Aka			
SUSAN W. BEST, S		RE ON FILE					19. For Registra	r Only - Dat	e Filed (Month FEB 21		
			AMENDI	MENT TO CERTIFICA	TE OF DEATH (ENT	RY OR OR	IGINAL)	·····			

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.