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Affidavit of Trust and Acceptance and Oath Of Successor Trustee

Under the pains and penalties of perjury, the undersigned hereby affirms as follows:

1. That Affiant is the son of Dolores Svetlik and has personal knowledge of the facts herein.
2. That the Revocable Living Trust Agreement of Dolores Svetlik dated the 13th day of March, 2007 and as Amended and Completely Restated on the 5th day of December, 2009 is the subject of this Affidavit of Trust and Acceptance and Oath of Successor Trustee.
3. That Dolores Svetlik passed away on the 21st day of January, 2013. A copy of her death certificate is attached hereto and made a part hereof.
4. That pursuant to Article VIII of said Restatement, the Affiant is the duly appointed and acting Trustee of said Trust and has all powers granted thereunder. A complete and accurate copy of the relevant pages of said Restatement are attached hereto.
5. That Affiant accepts his appointment and affirms under Oath and under the Pains and Penalties of perjury that he will discharge the duties as Successor Trustee pursuant to the terms of said Restatement of Trust and laws of the State of Indiana.
6. The Affiant declares that the foregoing statements and attached death certificate and Trust provisions are true and correct and in full force and effect.

2013 JUL 22 AM 9:24
2013 053167

Further Affiant Sayeth Not.

[Signature]
Daniel Michalski

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public, in and for said County and State, this 2nd day of January, 2013, personally appeared Daniel Michalski, who acknowledged the execution of the foregoing Affidavit of Trust and Acceptance and Oath, as his free and voluntary act.

Given under my hand and notarial seal.

[Signature]
Christopher W. Yugo, Notary Public

CHRISTOPHER W. YUGO
Lake County
My Commission Expires
March 27, 2016

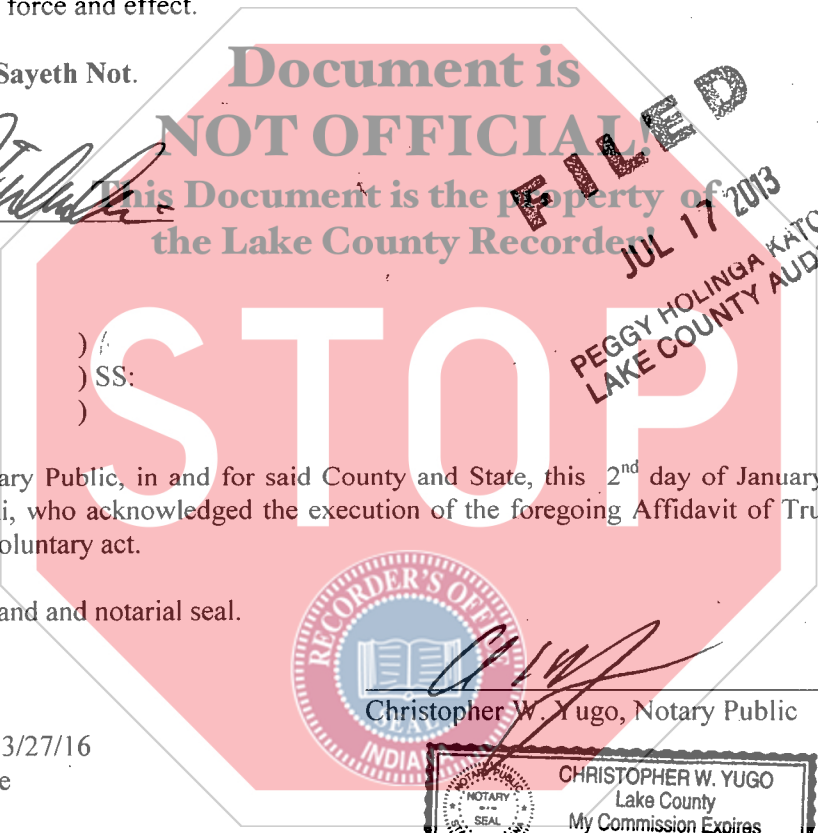
NOTARY PUBLIC
INDIANA
My Commission Expires: 3/27/16
Resident County: Lake

FIDELITY - HIGHLAND REGION
FR 1306091

REGION TITLE/FIDELITY
FR 1306091

This Instrument prepared by:
Christopher W. Yugo
Indiana Attorney Number 17624-45

I affirm, under the penalties for perjury, that I have taken reasonable care to read each Social Security number in this document, unless required by law. Thomas Schiller
Social Security number in
Thomas Schiller



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FN
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000261

EDR No 00000302706

State No 003509

Form fields including: 1. Decedent's Legal Name (DOLORES D SVETLIK), 1a. Maiden Name (PIECZYNSKI), 2. Sex (FEMALE), 3. Time Of Death (09:42 AM), 4. Date Of Death (01/21/2013), 5. Social Security Number, 6a. Age - Yrs (80), 6b. Under 1 Year, 6c. Under 1 Month, 6d. Under 1 Day, 6e. Under 1 Hour, 7. Date of Birth (06/29/1932), 8. Birthplace (CHICAGO, IL), 9. Ever in U.S. Armed Forces?, 10. If Death Occurred In A Hospital, 11. Facility Name (WILLIAM J RILEY RESIDENCE), 12. City Or Town, State, And Zip Code (MUNSTER, IN, 46321), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death, 15. Surviving Spouse's Name, 15a. (If Wife) Give Maiden Last Name, 16. Decedent's Usual Occupation (HOMEMAKER), 17. Kind Of Business/Industry (HOME), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (MUNSTER), 18c. Street And Number (306 BROADMOOR AVENUE), 18d. Apt. No., 18e. Zip Code (46321), 18f. Inside City Limits?, 19. Decedent's Education (9TH - 12TH GRADE; NO DIPLOMA), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Father's Name (MATTHEW PIECZYNSKI), 23. Mother's Name (ROSE PIECZYNSKI), 23a. Mother's Maiden Last Name (FALKOWSKI), 24. Informant's Name (DANIEL MICHALSKI), 24a. Relationship To Decedent (SON), 24b. Mailing Address (3543 MADISON STREET, LANSING, IL 60438), 25. Place Of Disposition (HOLY CROSS CEMETERY, CALUMET CITY, IL), 25a. Method Of Disposition, 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place), 25c. Location - City, Town, And State, 26. Was Coroner Contacted?, 27. Name And Complete Address Of Funeral Facility (BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321), 27a. Funeral Home License Number (FH83004968), 27b. Signature Of Indiana Funeral Service Licensee (BRIAN T. BURNS, BY ELECTRONIC SIGNATURE), 27c. License Number Of Licensee (FD08601763), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, 28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I (RESPIRATORY FAILURE), 29. Was An Autopsy Performed?, 30. Were Autopsy Finding Available To Complete The Cause Of Death?, 31. Did Tobacco Use Contribute To Death?, 32. If Female: Not Pregnant Within Past Year, Pregnant At Time Of Death, Not Pregnant, But Pregnant Within 42 Days Of Death, Not Pregnant, But Pregnant 43 Days To 1 year Before Death, Unknown If Pregnant Within The Past Year, 33. Manner Of Death: Natural, Homicide, Accident, Pending Investigation, Suicide, 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), 37. Injury At Work?, 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: Driver/Operator, Passenger, Pedestrian, Other (Specify), 41. Signature, Of Person Certifying Cause Of Death (RONALD P FELDNER, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One): Certifying Physician, Coroner, Health Officer, 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (RONALD P FELDNER, 800 MACARTHUR BOULEVARD, SUITE 11, MUNSTER, IN 46321), 44. License Number (01019183A), 45. Date Certified (01/23/2013), 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) (JAN 24 2013)

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)