2014 003319

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2014 JAN 17 AM 8: 53

MICHAEL B. BROWN RECORDER

STATE OF INDIANA COUNTY OF LAKE Return to: Carol Harbin

302 Deertrail Un: Schererville, In

AFFIDAVIT OF CERTIFICATION OF TRUST

CAROL HARBIN ,	being sworn	upon oath,	states and	certifies that:
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- I am the duly appointed and acting Successor Trustee of the Trust Agreement Dated the 6th day of October, 2004, and known as the Irene Said Trust is in existence and is in full force and effect. Jane Ruder Trust
- The original Trustee, Irene J. Ruder died on June 11, 2013 3.
- There were no amendments made to the Trust prior to the death of Irene J. Ruder 4.
- At the death of trene J. Ruder was the owner of the following described real estate: The East 36.00 feet of Lot 3, in Deer Trail Villas, as Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 94 page 13, in the Office of the Recorder of Lake County, Indiana.

Parcel No.: 45-11-15-377-006.000-036 Common Address: 231 Deer Trail Lane, Schererville, Indiana 46375

- I make this Affidavit of Certification of Trust for the purpose of showing the current status of the Irene J. Ruder Trust dated October 6, 2004 am the Successor Trustee named in the Trust, that I have been acting as Successor Trustee sliged June 11, 2013, the date of death of Irene J. Ruder, and that I have the right to action and behalf of the Trust.
 - The Estate of Irene J. Ruder, deceased, was not subject to fed state tax.

Fidelity-Highland 920134315

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

FIDELITY NATIONAL TITLE COMPANY

Page 1 of 2

010248

IN WITNESS WHEREOF, I have executed this Affidavit of Certification of Trust on the day of January, 2014 Successor Trustee ") 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." Dawn Stanley STATE OF INDIANA COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Carol Harbin , as Successor Trustee of the Irene J. Ruder , Trust Agreement, and acknowledged the execution of the foregoing instrument to be his free and voluntary act. Witness my hand and seal this 10th day of Jan. My Commission Expires: Dawn Stanley 7/29/18 Notary Public Resident of La County, Indiana THIS INSTRUMENT PREPARED BY: DAWN STANLEY
Lake County
My Commission Expires
July 29, 2018 Donald P. Bailey Attorney at Law 10729 West 159th Street Orland Park, IL 60467

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loc	cal No	<u> ∙002</u>	039		I	EDR Nö ()()()	0003	2845	4.		 State N 			26		
1. Decedent's Legal Name	(First, Mic	ddie, Last)				1a. Maiden Nar	me (If female	e)		2. Sex	3. Tim	e Of Deat	th '	4. Date Of	Death (Month/Da	ay/Year)
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IRENE J RUDER 5. Social Security Number	6a. Age	Vre 1	6b. Under 1	Vear	6c. Under 1 M		Se Unde	er 1 Hour	7 Date of	FEMAL f Birth (Month/l		1:30 P			06/11/2013 Foreign Country)	
5. Social Security Number	oa. Age	- 113	ob. Onder		OC. Olider 1 lv	Monari Ga. Orider i Day			r. Date of	Dura (monda)	Soy, (car)	o. on imple	ice (City ai	ile Gtate Of	, oreign country,	
	7	9	Months		Days	Hours	Minutes		(02/17/1934	4	STEG	ER, IL			
9. Ever in U.S. Armed Forc									ed Somew	here Other Tha						
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☐ Yes ⊠ No ☐ Unki					epartment Outpa	atient Dead on Arriva	Other	r (Specify)							_	
11. Facility Name (If Not In			and Numbe	r)						1						
COMMUNITY HOS							13	. County Of	Death			14 Ma	rital Status	At Time C	f Death	
12. City Or Town, State, An	na Zip Cod	1e				• •	. 13	. County Of	Deaut						*	
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MUNSTER, IN, 46 15. Surviving Spouse's Nar						15a. (If Wife)Give Maide				16. Decedent's	: Usual Occup	1 —			f Business/Industr	
15. Surviving Spouse's Nat	ile					TOA. (I) TYIIC/OIVE INIBIO	on cast main	•		io. pededenii	obdui occup	adon			· Dasinessi inaasa	,
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18. Residence - State				18a	County		18b. C	City Or Town		IOWEWA	\LI\			7 7 7 1 1 1	J141L	
To: Nesiderice - Auto					,											
INDIANA				LAKI	E		SCH	ERERVI	LLE							
18c. Street And Number							18d. Apt. No. 18e. Zip Code 18f. Inside City I						Limits?			
											_	🗵 Yes 🛚	No			
231 DEERTRAIL L	ANE							46375								
19. Decedent's Education		ATE 6:	- <u>-</u>	20.	Decedent Of F	lispanic Origin		21. De	cedent's R	ace		*				
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JOHN DURISH		,ii	į. į				ΕΜΜΔ	DURISH	4				NOT A	VAILA	BLE	İ
24, Informant's Name					24a, Relations	ship To Decedent				d Number, City	State, Zip Co		11017	V/ (1 🗗 (1	<u> </u>	
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CAROL HARBIN					NIECE		302 DE	ERTRA	IL LAN	IE, SCHE	RERVILL	E, IN	463/5			
							ace Of Dispos			otion City To	And Clata					
25a. Method Of Disposition	¬	🗆		5b. Pla	ce Of Disposition	n (Name Of Cemetery, Cr	ematory, Otr	ner Place)		ation - City, To	wn, And State					1
☐ Burial ☒ Cremation ☐	Donauc	on 🔲 Ento	monten			DUCI		CIL	. 18							
Removal From State			9	MITS	S CREMA	TORY —			DYER	IN.						
Other (Specify): 26. Was Coroner Contacted	17	27. N			Address Of Fur								12	7a. Fune	al Home License	Number:
				. ,						· ·						
☐ Yes 🖾 No		SMI	TS FUN	IFRA	HOME.	2121 PLEASANT	SPRIN	GS LAN	E. DY	ER. IN 463	311c		. F	H1100	0037	į
27b. Signature Of Indiana F	-uneral Se	ervice Licen	isee:	/.	1110	Ducumer	16 15 (une j	A 1	27c.	License Numb	er (Of Lic	ensee):			
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28. Part I. Enter The Ch Such As Cardiac Arrest,	nain Of Ev	vents - Dis	seases, Inju	ries, O	r Complication	s - That Directly Caused	The Death	. Do Not Er	nter Term	inal Events	n THIS I	SATE	SUE CO	PY OF	To Death	mset
A Line. Add Additinal Li	, Respirai ines if Ne	cessarv.	, Or Venuic	ulai Fil	Dillation vitto	at offowing The Ellology	. 50 1101712	DI OTIGIO. L	rice orny	1 7	MF 141-1		IN CILE	AAiiii	THE !	
Immediate Cause (Final		-	ion Benultir	o In D	eath)	A. CARDIOPULMON	ARY ARRE	ST		1 1 4	COUN	TY HE	ALTH D	EPAR1	MEGE CONDS	
immediate Cause (Final	Disease	Or Condit	don Kesalli	ig iii D	Outil)	O' MI O'			Due to (Or As .	A Conse uence Or):						
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The Events Resulting In	Death) L	_ast	,	,		C. STAGE 4 LUNG C	ANCÉR					Agrana		<u>l</u>	MONTHS	
									Due to (Or As	A Consequence Of):		1		٠.		
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Part II. Enter Other Significa	nt Conditi	ons Contrib	uting to Dea	th But I	Not Resulting In	The Underlying Cause Given	vin In Part I		29. Was A	An Autopsy Per	formed?	HALTSE	Lives / T	r DALMAGE	CER	
								. :	30. Were	Autopsy Findin	g Available To	Complet	e The Cau	se Of Deat	n? res	7 No
NONE 31. Did Tobacoo Use Contr	rib. to To F	Donth?	32	If Fema	lo'		anninin	100			33. Manner O					
•						Pregnant At Time Of Death	Not Pregn	ant, But Pregnan	t Within 42 Da				e 🔲 Aço	cident 🔲	Pending Investiga	ation
☐ Yes ☐ Probably ☒	No 🔲 U	Inknown	_			Days To 1 year Before Death	Unknown	If Pregnant Within	n The Past Ye	nar [Suicide 🔲					
34. Date Of Injury (Month/D	Day/Year)		35.	Time C	of Injury	36. Pla	ce Of Injury ((E.G., Deced	lent's Hom	ne, Construction	Site, Restaur	ant, Woo	ded Area)	- 1	Injury At Work?	
				/		~		1		1				:	Yes I	No
38. Location Of Injury - Stat	te		38a	City O	r Town	38b. S	Street & Num	ber				38c	. Apt. No.	38d	. Zip Code	
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						E	A STREET	. 31/								
39. Describe How Injury Oc	ccurred					de	,,VDIAN	Willis.		/	40. If Transpo	rtation Inj	ury, Specif	y: strian ∏oth	er (Specify)	
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41. Signature, Of Person C	Certifying (Cause Of D	eath:								r (Check Only		_			
KENDELL LYNN C	DETTE	R,BY	ELECT	<u>RON</u>	IC SIGNA	IUKE				☐ Certify	ng Physician		Coroner		leath Officer Date Certified	
43. Namę, Address And Zip	p Code Of	Person Ce	ertifying Caus	e Of De	eath:						44. LICEI	nse Numb)GI	. 45.	Date Certified	
KENDELL LYNN (٦٥٣٣٥	D 50	5 MEST	LINI	COLN HIG	HIMAY SCHERE	=R\/II F	IN 463	375		02001	332A		7 . T	06/13/2013	3 l
46. Additional Funeral Serv			O AAEOI	LIIN	COLIN FIIG	HIVVAI, SCHEN		-, 114 400	,,,,		47. *Ak					
o. Additional Funeral Serv	FIUVIU														<u> </u>	
48. Signature of Local Heal	Ith Officer:	:								49. For Regis	trar Only - Da	ate Filed	(Month/Da	y/Year):		
SUSAN W. BEST,			ONIC S	IGN/	ATURE							JUN	N 17 20	13		
					AMEN	DMENT TO CERTIFICA	TE OF DEA	ATH (ENTR	Y OR OF	RIGINAL)						
			145												•	
			J' -													
			•													
State Form 53395 ATTE	NTION E	STATE: T	he Social S	ecurity	# is being requ	uested by this state age	ncy in order	to pursue r	esponsib	ility. Disclosu	re is voluntar	y and the	re will be	no penalty	for refusal.	