

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006238

2014 JAN 31 PM 2:04

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
)
COUNTY OF LAKE)

PARCEL #45-11-14-330-017.000-036

SS:

AFFIDAVIT OF CERTIFICATION OF TRUST

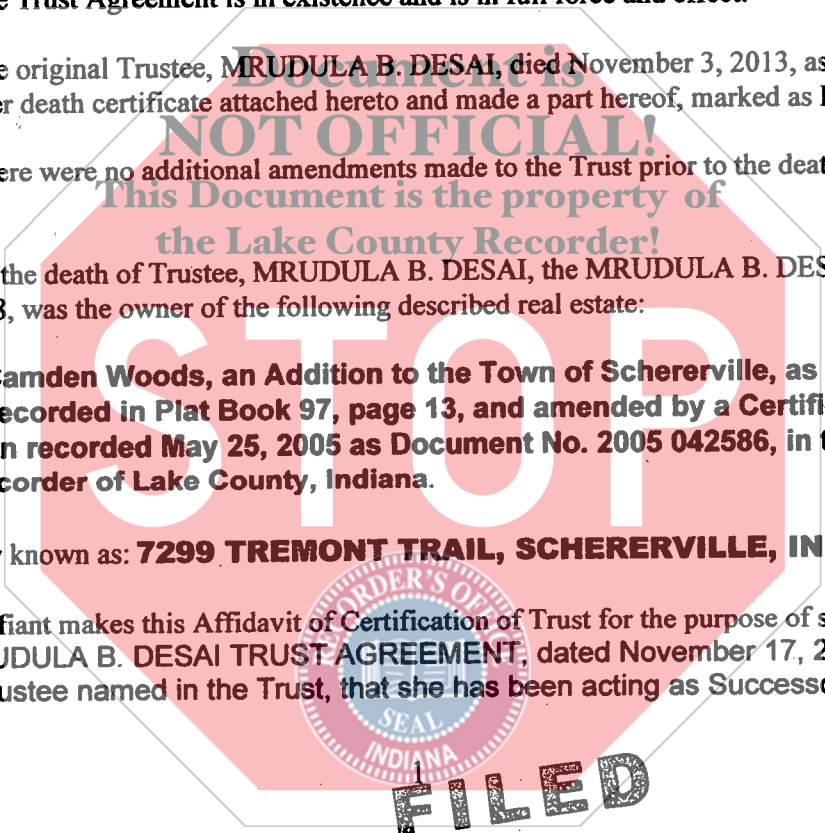
BHAVNA B. DESAI, being sworn upon oath, states and certifies that:

1. She is the duly appointed and acting Successor Trustee to the MRUDULA B. DESAI Trust Agreement dated November 17, 2008.
2. The Trust Agreement is in existence and is in full force and effect.
3. The original Trustee, MRUDULA B. DESAI, died November 3, 2013, as evidenced by the redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit "A".
4. There were no additional amendments made to the Trust prior to the death of MRUDULA B. DESAI.
5. At the death of Trustee, MRUDULA B. DESAI, the MRUDULA B. DESAI TRUST Dated November 17, 2008, was the owner of the following described real estate:

Lot 1 in Camden Woods, an Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 97, page 13, and amended by a Certificate of Correction recorded May 25, 2005 as Document No. 2005 042586, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: **7299 TREMONT TRAIL, SCHERERVILLE, IN 46375**

6. Affiant makes this Affidavit of Certification of Trust for the purpose of showing current status of the MRUDULA B. DESAI TRUST AGREEMENT, dated November 17, 2008, that she is the Successor Trustee named in the Trust, that she has been acting as Successor Trustee since



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JAN 31 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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November 3, 2013, the date of death of MRUDULA B. DESAI, original Trustee, and that she has the right to act for and on behalf of the Trust.

7. That the Trust of MRUDULA B. DESAI, deceased, was not subject to federal estate tax.

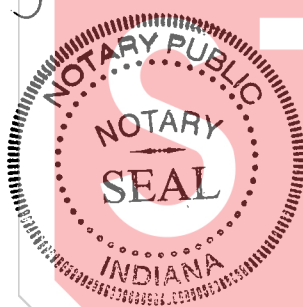
IN WITNESS WHEREOF, Affiant has executed this Affidavit of Certification of Trust on this 28th day of January, 2014.

Bhavna B Desai

BHAVNA B. DESAI,
Successor Trustee of the
Mrudula B. Desai Trust

STATE OF INDIANA ***** COUNTY OF LAKE ***** SS:

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared BHAVNA B. DESAI, who acknowledged the execution of this instrument this 28th day of January, 2014.



Theresa L. Clements

NOTARY PUBLIC SIGNATURE

Theresa L. Clements
Notary Public, State of Indiana
Lake County
My Commission Expires: 07/07/2016



THIS INSTRUMENT PREPARED BY:
MICHAEL D. DOBOSZ, ATTORNEY AT LAW (#14539-45)
HILBRICH CUNNINGHAM DOBOSZ VINOVIK & SANDOVAL, LLP
2637-45TH ST., HIGHLAND, IN 46322
PH: (219) 924-2427 FAX: (219) 924-2481

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.

Michael d. Dobosz, Attorney at Law



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 00361

Local No 003601

EDR No 000000351651

State No 050571

1. Decedent's Last Name (First, Middle, Last) MRUDULA B. DESAI		1a. Maiden Name (If Applicable) DESAI		2. Sex FEMALE	3. Time Of Death 09:10 PM	4. Date Of Death (Month/Day/Year) 11/03/2013	
5. Social Security Number		6a. Age - Yrs 73	6b. Under 1 Year <input type="checkbox"/>	6c. Under 3 Month <input type="checkbox"/>	6d. Under 1 Day <input type="checkbox"/>	7. Date of Birth (Month/Day/Year) 09/27/1940	8. Birthplace (City and State or Foreign Country) JALALPORE NAVSARI, II
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred by a Hospital		11a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input 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) ST. MARGARET MERCY HEALTHCARE CENTERS-DYER				12. City Or Town, State, And Zip Code DYER, IN 46311		13. County Of Death LAKE	
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Annulled, Ann Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name		16a. (If With) Give Maiden Last Name		16b. Decedent's Usual Occupation OBYN	
17. Kind Of Business/Industry MEDICAL		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SCHERERVILLE	
18c. Street And Number 7299 TREMONT TRAIL		18d. Apt. No.		18e. Zip Code 46375		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education DOCTORATE (PHD, EDD) PROFESSIONAL (MD, DDS, DVM, LL.B, JD) NOT HISPANIC		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Asian Indian		22. Father's Name (First, Middle, Last) BALVANTRAI DESAI	
23. Mother's Name (First, Middle, Last) TARABEN DESAI		24. Informant's Name SURBHI DESAI		24a. Relationship To Decedent SISTER IN LAW		24b. Mailing Address (Street And Number, City, State, Zip Code) 3215 CROSS HAVEN CLOSE, ROCKFORD, IL 61114	
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) SOLAN PRUZIN CREMATORY		25c. Location - City, Town, And State SCHERERVILLE, IN		26. Was Coroner Consulted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27a. Name And Complete Address Of Funeral Facility SOLAN PRUZIN FUNERAL SERVICE INC- DBA SOLAN PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375		27b. License Number (Of Licensee) FD08800057		27c. Funeral Home License Number FH10200037		27d. Signature Of Indiana Funeral Service Licensee DEAN G WAGNER, BY ELECTRONIC SIGNATURE	
28. Part I. Enter The Chain Of Events - Disease, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Extent 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. CARDIO PULMONARY ARREST		28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. ATRIAL FIBRILLATION		28. Part III. Enter Other Significant Conditions Contributing To Death (But Not Resulting In The Underlying Cause Chain In Part I) C. PARSONSONS DISEASE		28. Part IV. Enter Other Significant Conditions Contributing To Death (But Not Resulting In The Underlying Cause Chain In Part I) D. HYPERTENSION	
29. Approximate Interval - Onset To Death 4 DAYS		30. Approximate Interval - Onset To Death 3 DAYS		30. Approximate Interval - Onset To Death YEARS		30. Approximate Interval - Onset To Death YEARS	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Possibly <input checked="" type="checkbox"/> No <input 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, Not Pregnant, Or Dead To Queen Before Death <input type="checkbox"/> Pregnant Or Pregnant Within Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury - State	
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Non-Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other		41. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		42. License Number 01032151A	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death PARUL DOSHI, 9800 VALPARAISO COURT, MUNSTER, IN 46321		44. Date Certified 11/05/2013		45. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		46. For Registrar Only - Date Filed (Month/Day/Year) NOV 08 2013	

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED

Exhibit "A"

I AFFIRM THAT I HAVE REDACTED ALL SOCIAL SECURITY NUMBERS FROM THIS DOCUMENT. ATTORNEYS: MI CHART, P. 009032