

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 025313

2014 MAY -7 AM 8:41

MICHAEL B. BROWN
RECORDER

PARCEL #45-07-26-454-010.000-006

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

AFFIDAVIT OF CERTIFICATION OF TRUST

RUSSELL E. WIDING, being sworn upon oath, states and certifies as follows:

1. That RUSSELL E. WIDING is the duly appointed and acting Successor Trustee of the EARL H. WIDING and GENEVIEVE L. WIDING REVOCABLE LIVINGTRUST dated December 27, 2003, amended by First Amendment dated March 23, 2004 and also amended by Second Amendment dated September 21, 2006.

2. The original Co-Trustee, Earl H. Widing, died April 18, 2004, as evidenced by the redacted copy of his death certificate attached hereto and made a part hereof, marked as Exhibit "A", and the surviving Co-Trustee, GENEVIEVE L. WIDING, died December 23, 2013, as evidenced by the redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit "B".

3. The Trust Agreement is in existence and is in full force and effect and there were no additional amendments made to the Trust prior to the death of Co-Trustors, EARL H. WIDING and GENEVIEVE L. WIDING, after September 21, 2006.

4. That the said EARL H. WIDING and GENEVIEVE L. WIDING served as Co-Trustees since the creation of said Trust on the date give above and upon the deaths of Trustors, EARL H. WIDING and GENEVIEVE L. WIDING, the Trust terms called for the Affiant, RUSSELL E. WIDING to act as Successor Trustee.

5. That at the death of EARL H. WIDING and GENEVIEVE L. WIDING, the EARL H. WIDING and GENEVIEVE L. WIDING REVOCABLE LIVING TRUST was the owner of the following described real estate:

Lot Nine (9), Sheraton Gardens First Addition to Town of Griffith, as shown in Plat Book 32, page 32, in Lake County, Indiana.

FILED

MAY 01 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

012365

19 00
44644
AP

Commonly known as: 951 N. Dwiggins Ave., Griffith, IN 46319

6. Affiant makes this Affidavit of Certification of Trust for the purpose of showing the current status of the EARL H. WIDING and GENEVIEVE L. WIDING REVOCABLE LIVING TRUST dated December 27, 2003, amended by First Amendment dated March 23, 2004 and also amended by Second Amendment dated September 21, 2006, providing the name of the Successor Trustee named in the Trust and/or Amendments thereto, providing confirmation that he has been acting as Successor Trustee since the deaths of the survivor of the original Co-Trustees and Grantors/Trustors on the dates heretofore set forth, and for the purpose of showing that the undersigned has the right to act for and on behalf of the Trust.

7. That the estates/trusts of EARL H. WIDING and GENEVIEVE L. WIDING, both deceased, were not subject to federal estate tax.

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

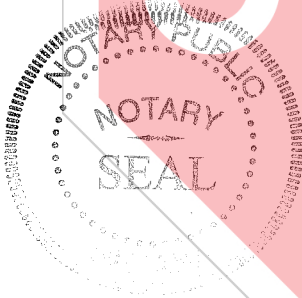
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Lake County Recorder!

Russell E. Widing
RUSSELL E. WIDING,
Successor Trustee

STATE OF INDIANA ***** COUNTY OF LAKE ***** ss:

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared RUSSELL E. WIDING, who acknowledged the execution of this instrument this 28th day of April, 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:
WILLIAM J. CUNNINGHAM, ATTORNEY AT LAW (#3471-45)
HILBRICH CUNNINGHAM DOBOSZ VINOVICH & 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.

William J. Cunningham, Attorney at Law



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

I certify that I have redacted all social security numbers from this document. Michael D. Dobosz, Attorney

1. DECEASED—NAME (First, Middle, Last) Earl H. Widing		2. SEX Male	3a. TIME OF DEATH 11:56AM	3b. DATE OF DEATH (Month, Day, Yr.) April 18, 2004	
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) 81	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) June 14, 1922	
7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) The Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Genevieve O'Donnell	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright		12b. KIND OF BUSINESS/INDUSTRY Manufacturing	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith		13d. STREET AND NUMBER 951 N. Dwiggins St.	
13e. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____		18. FATHER'S NAME (First, Middle, Last) Harry Widing			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Dorothy Will		20. INFORMANT'S NAME (Type/Print) Genevieve Widing			
20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 951 N. Dwiggins St. Griffith, In. 46319		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 22, 2004 Kelly-Carroll Cremation Srv. Gary, Indiana		21c. LOCATION—City or Town, State	
22a. EMBALMER'S NAME Not Applicable		22b. EMBALMER'S LICENSE NO. Not Applicable		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24. SIGNATURE OF FUNERAL DIRECTOR <i>Paul A. Peter</i>		24a. LICENSE NUMBER (of License) FDO8601585	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinme Rd. Highland, In. 46322 FH1030002		
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. CMF Coronary Artery Disease Approximate Interval Between Onset and Death					
26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
29. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MD		29c. MEDICAL LICENSE NO. 010343780	29d. DATE SIGNED (Month, Day, Year) 4/19/04		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ARSHAD MALIK MD 8500 Blountville Rd. Indianapolis, IN 46268					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</i>		THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LOCAL HEALTH DEPARTMENT. April 18, 2004			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED APR 21 2004
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 04525

Local No 004160

EDR No 000000360023

State No 058778

Main form containing fields for decedent information (Name, Sex, Date of Birth, etc.), residence, education, cause of death, and certifier information.

I certify that I have redacted all social security numbers from this document. Michael D. Dobosz, Attorney

Exhibit "B"