STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2014 025313

2014 MAY -7 AM 8: 41

MICHAEL B. BROWN

STATE OF INDIANA ) PARCEL #45-07-26-454-010.000-006
) SS:

COUNTY OF LAKE

## **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 0 1 2014

012365

44644

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

P

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

Ŋ

- 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. WIIDING and GENEVIEVE L. WIDING, both deceased, were not subject to federal estate tax.

## 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.

Williamm, J. Cunningham, Shorney at Law



					4		
ATTENTION (	ESTATE: The Social Security of by this state agency in ord utory responsibility. Disclosurers will be no penalty for refu	y#is ler to INDIANA S isal.	STATE DEPART CERTIFICATE (			e No.	
PE/PRIN	T DECEASED NAME OF THE		,	2. SEX	3a. TIME OF DE	ATH 35. DATE OF DEATH Glonds	Om 162
IN	Earl H. W:			Mal	e 11:562	Am April 18.	
ERMANEN LACK INK		Say, AGE—Last Birthday (Years)		pra Minutes	DATE OF BIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City and State)	or Foreign Country)
	8e. WAS DECEDENT	8b. YEAR LAST SERVED IN		<u> </u>	une 14,1922	Hammond, In	<u>diana</u>
	A U.S. VETERAN?	U.S. ARMED FORCES?	HOSPITAL D topulant	38. F	OTHER OF DEATH (Check only o		
	Yes	1945	☐ ER/Outputent	□ DOA	Orrect   Residence	t Li Other (Specify)	
ECEDENT	96. FACILITY NAME (If not institu		-±		WN, OR LOCATION OF DEATH	96. COUNTY OF DEATH	
	The Commun	ity Hospita		Mun	ster	Lake	
	10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give enden name)	12a. DE	CEDENT'S USUAL C	OCCUPATION (Give kind of working life. Do not use retired)	126. KIND OF BUSINESS/IND	USTRY
	13a. RESIDENCE—STATE	Genevieve (	DODUETH Mi	Llwrigh	<u>t</u>	Manufactur	ina
	Indiana	Lake	13c. CITY, TOWN, OR LOCATIO	<b>N</b>	13d. STREET AND N	UMBER	
ಪ್ರಾಥಾಣಕಾಗಿ ಬಿಡ್ಡಾರ್	13e. ZIP CODE   13f. INSIDE CIT	Section 1	Griffith  15. WAS DECEDENT OF HISPA	4000000		Dwiggins St.	
	☐ No ☐ Ques WHAT COUNTRY		7 No □ Yes di		16. RACE—American Indian. Black, White, etc.	17. DECEDENT'S ED (Specify only highest gra	
	46319 134 ON A FAR	0.0.0.	Mexican, Puerto Rican, etc.)		(Specify) White	Elementary/Secondary (0-12)	College (1-4 or 5 + )
Oct to	18. FATHER'S NAME (First Made	Yes	<u> </u>			12	
RENTS	Harry Widin		•	•	RS NAME Great Michie Maiden	Surneme)	
OBMANIT	20s. INFORMANTS NAME (Type/	<i></i>			thy Will		
ORMANT	Genevieve W				r or Rural Route Number. City or		
	21a. METHOD OF DISPOSITION		21b. DATE AND PLACE OF DISP	qqins &	st.Griffith	In.46319 Wif	<u>e</u>
	Burnel X Cremeton	Removal from State		22, 20		21c. LOCATION—City or Town, Stat	
	Other (Special	5n	Kelly-Carrol	l Crema	tion Sev	Tames Tandida	
POSITION	224. EMBALMERS NAME	/ in	275. EMBALMERS LICENSE		23. WAS DEATH REPOR		<u> </u>
	Not Applica		Not Applic	able	1 No □ Ye		
ż	24s. SIGNATURE OF FUNERAL DE	RECTOR O NTO	24h. LICENSE N	MBER 2	S. NAME ADDRESS, AND LICE	PISE NUMBER OF FUNERAL HOME	
	Tand A	p.f.	Cof Ligarina		uiper Funer	cal Home 9039	Kleinma
	Caux 90	I KILLING	FD0860	1585 <sub>ne</sub> R	d. Highland,	In. 46322 F	H1030002
-	26. PART I. Enter the disease arrest, shape, or a	ns, injuries, or complications that case hours failure. List only one cause on	and the deset. Do not enter nonspector fine. Country R	dic terms, such as car			Approximate interval Setween Coset and Death
	disease or condition	DUE TO CO	AS A CONSEQUENCE OF):	/	the second	·	
JSE OF TH		6	Corone	11	CITY D	sone_	•
	Conditions, if any, which gave rise to the sessediese cause.	DUE TO COP	AS A CONSEQUENCE OF:		0		
	stating the underlying cause last	DUE TO (OF	AS A CONSEQUENCE OF			<del></del>	
		4					
,	PART II. Other significant conditions			27. WAS DECED			
			TWO ER'S	PREGNANT (POSTPARTUE (Yes or no)	OR 90 DAYS PERFORM	D? AVAILABLE PR	IOR TO. DF CAUSE
Г			A STATE OF THE PARTY OF THE PAR			1 ,	

Suicide Contri not by

Michael D. Dobosz, Attorney

I certify that I have redacted all sogial security numbers from this document.

RTIFIER

ALTH FICER

.

DATE OF INJURY

ESIGNED (Month D

APR 2 1 2004

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1 Exhibit "A"

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 04525

ENÉVIEVE L WIDING		O'DONNELL		A STATE OF THE STA	FEMALE	06:01 AM	in ton their fill as in a graph of the total fill the secondary with fill a passiple i	12/23/2013
		onth 6d Under 1 Day Hours	6e: Under 1 Hour Minutes		nth (Month/Day/Ye /16/1923	B. BINNOISCE HAMMO		e or Foreign Country)
Ever in U.S. Armed Forces? 10. If Death Occ	arred in A Hospital;		10a. If Death Occurre Hospice Facility	ed Somewhe	re Other Than A H	ospital Nursing Home/Long	term Care Fa	cility
Facility Name (If Not Institution, Give Street and	Emergency Department Outpat Number)	lient 📋 Dead on Amvai	Other (Specify)			and the second s		
OMMUNITY HOSPITAL City Or Town, State, And Zip Code			13. County Of	f Death		☐ Marrie	Status At Tim of Married	But Separated Divo
UNSTER, IN, 46321 Surviving Spouse's Name	-	15a. (If Wife)Give Maide	LAKE In Last Name	18	. Decedents Usua	人名英克斯萨 医医血管心管	医乳头病 化磺酸铵化	ver Married
	I 18a. County		18b. City Or Town		MEMAKER		OWN	HOME
. Residence - State DIANA	LAKE		GRIFFITH		e de le se per de la leur de la l Internación de la leur de la leur Leur de la leur de laleur de la leur de la			L 18f Inside City Limi
c. Street And Number					18d. Ar		Zip Code 46319	⊠ Yes □ No
51 NORTH DWIGGINS STREET  Decedent's Education  IGH SCHOOL GRADUATE OR (	20. Decedent Of H	ispanic Origin	21 De	ecedent's Ra				
OMPLETED :: Father's Name (First, Middle, Last)	NOT HISPAN	VIC	White 23. Mother's Name (F		asi)		3a. Mother's N	Aarden Last Name
EROY O'DONNELL	Lots Salation	hip To Decedent	SOPHIE O'DO 24b: Mailing Address	NNELL (Street And	Number, City, Stat		ANGNER	kom 1 f. maron 1 f. lagana 1 200 f. maron 1 f. maron 1 2 maron 1 f. maron 1 f. mar
4. Informant's Name USSELL E WIDING	SON		18663 HARRIS	金融的原因 化多基	医阿马耳根皮皮 阿哥克勒	莫勒萨羅 军官监狱员 计中启台	5	
☐ Yes ☑ No KUIPE  To Signature Of Indiana Funeral Service Licensee  AVID R. PETERSON , BY ELEC	TRONIC SIGNATUR	, 9039 KLEINMA	it is the p	rone	FD086	Lucia	see):	)300021
Tyes ⊠ No. KUIPE  Th. Signature Of Indiana Funeral Service Licenses  AVID R. PETERSON, BY ELEC  26. Part I. Enter The Chain Of Events - Dises  Such As Cardiac Arrest, Respiratory Arrest, O  A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition	ER FUNERAL HOME TRONIC SIGNATUR  ases, Injuries, Or Complication In Verificular Fibrillation Without Resulting In Death)  To The Cause Listed On	9039 KLEINMA	eo Instructions And E d The Death, Do Not E y. Do Not Abbreviate.	Examples) Enter Terruir Enter Only (	FDOBAS  THE PROPERTY OF CAUSE	M585 THIS IS A TRIU RECORD ON OUNTY HEAL	SEO): E COPY ( FILE WITI TH DEPAI	xxxxxximale
The Signature Of Indiana Funeral Service Licenses AVID R. PETERSON; BY ELEC 28. Part I. Enter The Chain Of Events: □ Disease Such As Cardiac Arrest, Respiratory Arrest, OA Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease The Events Resulting in Death) Last.	FRENCE SIGNATUR FRONIC SIGNATUR  Ses, Injuries, Or Complication (Ventricular Fibrillation Without Resulting In Death)  To The Cause Listed One or Injury That Initiated	Cause Of Death (St Cause Of Death (St is - That Directly Cause ut Showing The Etiolog A CARDIOMYOPAT B. ARTERIOSCLER C.	ee Instructions And Ed The Death, Do Not Ey, Do Not Abbreviate.	Examples) Enter Terrair Enter Only ( The to (Or As A Das to (Or As A	FDOBAS  THE PROPERTY OF CAUSE	DEC 27	E COPY (FILE WITH DEPAIL  2013	Approximate Internal: One To Obath H THE TO Obath R TMEN VEARS  10 YEARS
Tyes  No KUIPE  Th. Signature Of Indiana Funeral Service Licenses AVID R. PETERSON, BY ELEC  28. Part I. Enter The Chain Of Events - Disea Such As Cardiac Arrest, Respiratory Arrest, O A Line. Add Additinal Lines II Necessary.  Immediate Cause (Final Disease Or Condition  Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease The Events Resulting in Death) Last	ER FUNERAL HOME TRONIC SIGNATUR  ases, injuries, Or Complication in Ventricular Fibrillation Witho in Resulting in Death) To The Cause Listed On the Or Injury That Initiated	Cause Of Death (St Cause Of Death (St is - That Directly Cause ut Showing The Etiolog A CARDIOMYOPAT B. ARTERIOSCLER C.	ee Instructions And Ed The Death, Do Not Ey, Do Not Abbreviate.	Due to (Or As A  Due to (Or As A  Due to (Or As A	FDOBS  al Events THE one Cause on Consequence on Consequence on LAKE Authorsy Finding Avenues  Authorsy Finding Avenues	DEC 27	E COPY (FILE WITH DEPAIL DEPAI	Approximate Internal: Ons To Death H THE THE THE THE THE THE THE THE T
D Yes ⊠ No KUIPE  The Signature Of Indiana Funeral Service Licenses AVID R. PETERSON, BY ELEC  28. Part I. Enter The Chain Of Events - Dises Such As Cardiac Arrest, Respiratory Arrest, OA Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last  art II. Enter Other Significant Conditions Contribution PERTENSION  1. Did Tobacco Use Contribute To Death?	FRENCE SIGNATUR FRONIC SIGNATUR  Ses, Injuries, Or Complication (Ventricular Fibrillation Without Resulting In Death)  To The Cause Listed One or Injury That Initiated	Cause of Death (St. St. That Directly Clause ut Showing The Etiolog  A. CARDIOMYOPAT  B. ARTERIOSCLER  C. D. The Underlying Cause G	ee Instructions And Ed The Death, Do Not Ey, Do Not Abbreviate.  THY  OSIS  Win In Part I.	Due to (Or As A  Due to (Or As A  29. Was A  30. Were /	EDOBAS  Rat Events THE one Cause(en Consequence Of Cause(en Consequence Of Conseq	DEC 2.7  COUNTY HEAL  COUNTY HE	E COPY (FILE WITH TH DEPAIR  2013  2013  The Cause Of Accident Be Determine	Approximate internal: Ons To Death H THE TO Death RTMENTENS  10 YEARS  RER  Death Pending Investigation
Tyes ☑ No.  KUIPE  Th. Signature Of Indiana Funeral Service Licenses  AVID R. PETERSON; BY ELEC  26. Part L Enter The Chain Of Events: - Dises Such As Cardiac Arrest, Respiratory Arrest, O  A Line. Add Additinal Lines II Necessary.  Immediate Cause (Final Disease Or Condition  Sequentially List Conditions, If Any, Leading, Line A. Enter The Underlying Cause (Disease)  The Events Resulting in Death) Last  art II. Enter Other Significant Conditions Contribute  YPERTENSION  1. Did Tobacco Use Contribute To Death?	FRENCE SIGNATUR  FRONIC SIGNATUR  Sess, Injuries, Or Complication  In Vertricular Fibrillation Without  To The Cause Listed One  Or Injury That Initiated  32. If Female:	Gause Of Death (St. Cause	ee Instructions And Ed The Death, Do Not Ey, Do Not Abbreviate.	Due to (Or As A  Due to (Or As A  29. Was A  30. Were /	EDOBAS  Rat Events THE one Cause(en Consequence Of Cause(en Consequence Of Conseq	DEC 27  DEC 27	E COPY (FILE WITH TH DEPAIR  2013  2013  The Cause Of Accident Be Determine	Reproximate Internal: Ons To Death H THE TO Death H THE TO YEARS  10 YEARS  RER  Death? Yes []
Tyes ⊠ No KUIPE  The Signature Of Indiana Funeral Service Licenses AVID R. PETERSON., BY ELEC  28. Part I. Enter The Chain Of Events Disease Such As Cardiac Arrest, Respiratory Arrest, OA Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition  Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease)  The Events Resulting In Death) Last  art II. Enter Other Significant Conditions Contribute  PERTENSION  1. Did Tobacco Use Contribute To Death?  Yes: ☐ Probably ☑ No ☐ Unknown  4. Date Of Injury (Month/Day/Year)  8. Location Of Injury - State.	ER FUNERAL HOME TRONIC SIGNATUR  Sees, Injuries, Or Complication Y Ventricular Fabrillation Without In Resulting In Death)  To The Cause Listed One Or Injury That Initiated  32. If Female: 10. Not Pregnant Within Past Year 10. Not Pregnant AB Transport 43  35. Time Of Injury	Gause Of Death (St. Cause	ee Instructions And Ed The Death, Do Not Ey, Do Not Abbreviate,  DAY  OSIS  Evin In Part I  I hat Prepart, But Program In Laborate Marca Of Injury (E-Q., Doo	Due to (Or As A  Due to (Or As A  29. Was A  30. Were /	FDOBS  al Events THE one Cause on Cause	DEC 2.7  DEC	E COPY (FILE WITH THE DEPAIR THE CAUSE OF Accident Be Determine at Area)  Apt. No.	Pending Investigation  Types
Describe How Injury - State	ER FUNERAL HOME FRONIC SIGNATUR  ases, Injuries, Or Complication (Ventricular Fibrillation Without Resulting In Death)  To The Cause Listed One or Injury That Initiated  32. If Female:	Cause Of Death (St. St. Triat Directly Cause of St. St. St. Triat Directly Cause ut Showing The Etiolog  A. CARDIOMYOPA  B. ARTERIOSCLER  C. D. The Underlying Cause G. The Underlying Cause G. St. St. St. St. St. St. St. St. St. St	ee Instructions And Ed The Death, Do Not Ey, Do Not Abbreviate,  DAY  OSIS  Evin In Part I  I hat Prepart, But Program In Laborate Marca Of Injury (E-Q., Doo	Due to (Or As A  Due to (Or As A  29. Was A  30. Were /	FDOBAS  Sal Events THE One Cause on Cau	DEC 2.7  DEC	E COPY (FILE WITH DEPAIR  2013  Ves Of The Cause Of The Cause Of Area)  Apt. No.	Approximate internal: Ons To Death  I THE
Tyes ⊠ No KUIPE  Th. Signature Of Indiana Funeral Service Licenses AVID R. PETERSON , BY ELEC  28. Part I. Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, O A Line. Add Additinal Lines II Necessary.  Immediate Cause (Final Disease Or Condition  Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease The Events Resulting in Death) Last  Part II. Enter Other Significant Conditions Contribute  Typertension  1. Did Tobacco Use Contribute To Death?  YPERTENSION  1. Did Tobacco Use Contribute To Death?  Yes ☐ Probably ☒ No ☐ Unknown  4. Date Of Injury (Month/Day/Year)  39. Describe How Injury Occurred  11. Signature, Of Person Certifying Cause Of Death MOHAMED M KRAD BY ELEC  13. Name, Address And Zip Code Of Person Cert MOHAMED M KRAD BY ELEC	ER FUNERAL HOME TRONIC SIGNATUR  Sees, injuries, Or Complication in Ventricular Fibrillation Without To The Cause Listed One of Injury That Initiated  32. If Fernale   Not Pregnant Within Past Year   Not Pregnant, But Pregnant 49 35. Time Of Injury  38a. City Or Town	Gause of Death (St. St. Triat Directly Cause ut Showing The Etiolog  A CARDIOMYOPAT  B. ARTERIOSCLER  C. D. The Underlying Cause G  D. The Underlying Cause G  Cays to 1 year Steley Dools  SS 79	ee Instructions And Ed The Death, Do Not Ey, Do Not Abbreviate,  DAY  OSIS  Evin In Part I  I hat Prepart, But Program In Laborate Marca Of Injury (E-Q., Doo	Due to (Or As A  Due to (Or As A  29. Was A  30. Were /	FD083c  at Events THE one Cause(on C  Consequence Of:  LAKE Autupsy Forform  Autupsy Finding Av  a or Death  2, Construction Sit  40  142  422  Certifier (C	DEC 2.7  DEC	E COPY (FILE WITH DEPAIL  2013  2013  Yes Of The Cause Of The Cause Of Area)  Apt. No.	Pending Investigation  To Yes
The Signature Of Indiana Funeral Service Licenser AVID R. PETERSON; BY ELECTON BY ELECTON ACTION ACTION BY ELECTON BY ELE	ER FUNERAL HOME TRONIC SIGNATUR  Sees, injuries, Or Complication in Ventricular Fibrillation Without To The Cause Listed One of Injury That Initiated  32. If Fernale   Not Pregnant Within Past Year   Not Pregnant, But Pregnant 49 35. Time Of Injury  38a. City Or Town	Gause of Death (St. St. Triat Directly Cause ut Showing The Etiolog  A CARDIOMYOPAT  B. ARTERIOSCLER  C. D. The Underlying Cause G  D. The Underlying Cause G  Cays to 1 year Steley Dools  SS 79	ee Instructions And Ed The Death, Do Not Ey, Do Not Abbreviate,  DAY  OSIS  Evin In Part I  I hat Prepart, But Program In Laborate Marca Of Injury (E-Q., Doo	Due to (Or As A  Due to (Or As A	FD086  al Events THE one Cause(en Consequence of Cause(unree of Ca	DEC 2.7  DEC	E COPY (FILE WITH DEPAIR  2013  VIT OF STITLE COURSE OF THE COURSE OF TH	Approximate Internal: Ons To Death  H THE TO DEATH  TO YEARS  10 YEARS  Positive The Secretary  The Secretary  The Secretary  The Dillies Secretary  The

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary an RASED SEA to ARTIXED