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STAGE OF TRACES LAKE COUNTY FILED FOR RECORD

2014 078676

2014 DEC 10 PH 1: 48

MICHAEL BURKOWN RECORDER

STATE OF INDIANA

) SS:

COUNTY OF LAKE

AFFIDAVIT OF SUCCESSOR TRUSTEE

THE STEPHEN AND ZORA SAJN REVOCABLE LIVING TRUST

I, ZORA SAJN, being of legal age and duly sworn upon my oath, depose and state as follows:

- 1. That Affiant, Zora Sajn, is the surviving spouse of Stephen Sajn, who died a resident of Lake County, Indiana, on June 3, 2013 (see attached Death Certificate).
- 2. That prior to his death, Stephen Sajn executed a Trust Agreement dated July 17, 1996. Under this Revocable Living Trust Agreement, Stephen Sajn and Zora Sajn, were the Co-Trustees.
- 3. That in establishing the Trust dated July 17, 1996, Stephen Sajn transferred various assets (i.e. bank accounts (checking, savings) certificates of deposit, investment & brokerage accounts, etc.), into the trust, more particularly described as follows:

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- 4. That Stephen Sajn subsequent to the execution of the above-referenced Trust, did not revoke or restate the trust document prior to his death.
- 5. That Zora Sajn is the surviving Trustee of the Stephen and Zora Sajn Revocable Living Trust dated July 17, 1996, and, therefore, has all those powers conveyed upon her by the above-referenced Trust as the sole Trustee.
- 6. That Affiant, Zora Sajn, makes this affidavit for the purpose of causing the proper title and transfer of assets located in the Stephen and Zora Sajn Revocable Living Trust dated July 17, 1996.

FILED

Zora Sajn, Trustee of the Stephen and Zora Sajn Revocable Living Trust dated July 17, 1996

DEC 1 0 2014

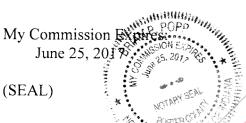
PEGGY HOLINGA KATONA AKE COUNTY AUDITOR 016976

00 cp

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, this day of November, 2014, personally appeared, Zora Sajn, Trustee of the Stephen and Zora Sajn Revocable Living Trust dated July 17, 1996, and/or acknowledged the execution of the above instrument to be her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.



Brian P. Popp, Notary Public

County of Residence: Porter

OT OFFICIAL!

This Document is the property of

"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."

Brian P. Popp

Prepared by: Brian P. Popp, Laszlo & Popp, PC, 200 East 80th Place, Suite 200, Merrillville, IN 46410. Return to: Brian P. Popp, Laszlo & Popp, PC, 200 East 80th Place, Suite 200, Merrillville, IN 46410.

EXHIBIT "A"

PARCEL 1: The North 330 feet of the South 1,320 feet of the West 660 feet of the East half of the Northwest quarter of Section 27, Township 34 North, Range 8 West of the 2nd P.M., in Lake County, Indiana.

PARCEL 2: The North 330 feet of the South 990 feet of the West 660 feet of the East half of the Northwest quarter of Section 27, Township 34 North, Range 8 West of the 2nd P.M., in Lake County, Indiana.

Commonly Known as: 13539 Delaware Street, Crown Point, IN 46307



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No (01957		EDR No 0000	00032677	79	State No				
1 Decedent's Legal Name (First, Middle		1a. f		Name (If female)		2. Sex 3. Time Of		20/20/20		
STEPHEN SAJN	rs 6b Under 1	/aa- @a lladar 1 l	Month 6d Under 1 Day	Se. Under 1 Hour	7 Date of B	MAL	E 04:	55 AM Birthplace (Cit	and State o	06/03/2013 r Foreign Country)
5. Social Security Number 6a Age - Y										RI VRH, C1
83 9. Ever in U.S. Armed Forces? 10.1	Months If Death Occurred in A	Days (Hospital:	Hours	Minutes 10a. If Death Occur		/27/19: ire Other T	han A Hospital			
Yes No Unknown Dispatient Emergency Department Outpatient Dead on Arrival Other (Specify)										
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT										
12. City Or Town, State, And Zip Code				13. County Of Death 14. Marital Status At Tin						Of Death it Separated Divorced
CROWN POINT, IN, 46307			LAKE		☐ Widowed ☐ Never Married ☐ Unknow					
15. Surviving Spause's Name			15a. (If Wife)Give Maide	an Last Name	16	. Deceder	it's Usual Occupat	ion	17, Kind (A Bosinessyllogsby
ZORA SAJN			BARBERIC			RPEN	TER		STEEL	INDUSTRY
18. Residence - State		18a. County		18b. City Or Tow	m					
INDIANA	L	AKE		CROWN PO	INT		18d, Apt. No.	18e. Zip	Code	18f. Inside City Limits?
18c. Street And Number										☐ Yes 🏻 No
13539 DELAWARE STREE	T	20. Decedent Of F	lianania Ociain	21 0	ecedent's Rac	e L		46	307	
19. Decedent's Education HIGH SCHOOL GRADUAT	E OR GED									
COMPLETED 22 Father's Name (First, Middle, Last)		NOT HISPA	AIC	23. Mother's Name (F	ATIAN irsi, Middle, L	ast)		23a. F	lother's Maid	en Last Name
				ANIALA CA INI				ZGA	NJAR	
IVAN SAJN 24. Informant's Name		24a, Relations	hip To Decedent	ANNA SAJN 24b. Mailing Address	(Street And N	Number, C	ity, State, Zip Cod		10/11/	
ZORA SAJN		WIFE		13539 DELAW	VARE ST	REET,	CROWN P	O <u>INT, IN 4</u>	6307	
			25. Pla (Name Of Cemetery, Co	ce Of Disposition	7 25c Locatio	on - City. T	own, And State			
25a. Method Of Disposition ☑ Burial ☐ Cremation ☐ Donation ☐ Removal From State	Entombment									
Other (Specify): 26. Was Coroner Contacted?	CA 27 Name And Com	LUMET PAR	K CEMETERY Teral Facility	ment	MERRI	PENITE	E, IN		27a. Fune	ral Home License Number:
☐ Yes ⊠ No	GEISEN FUN CROWN POI	IERAL, CREN	ATION & RECE	PTION CENTRI	E, 606 EA				FH1070	00031
27b. Signature Of Indiana Funeral Service LARRY ALLEN GEISEN, B	e Licensee:	/ 1	RF		4		License Number 09000013	(Of Licensee):		
		This D	Cause Of Death (See	The Death Do Not F	nter Termina	I Events	On On			Approximate Interval: Onset To Death
Such As Cardiac Arrest, Respiratory Arrest, Or vendricular Fibrillation without Shawing the Endough Do No. Advantage Lines if Necessary A Line, Add Additinal Lines if Necessary									6 HOURS	
Immediate Cause (Final Disease Or	Condition Resulting	In Death)	A EXSANGUINATION		Due to (Or As A Co					
Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause The Events Resulting in Death) Last	Leading To T <mark>he Cau</mark> (Disease Or <mark>Injury</mark>	186 Listed Un	GASTRIC ADENOC	CARCINOMA WITHO	UT KNOWN Due to (Or As A Co	pripaguance o	"			UNKNOWN
Part II. Enter Other Significant Conditions (Contributing to Death	But Not Resulting In). The Underlying Cause Giv	in In Part I	29. Was An	Autopsy Po	erformed?	☐ Yes	⊠ No	
	TOWN IN MENSEL				30. Were Au	topsy Find	ing Available To C	omplete The C	ause Of Deal	h? Yes No
NONE 31. Did Tobacco Use Contribute To Death	17 32. If F		Pregnani At Time Of Gooth	Not Prepared But Prepare	nt William 42 Days	Of Death	33. Manner Of C	Death: Hornicide 🔲	Accident [Pending Investigation
Yes Probably No Unkno	Wn Not	Pregnant, But Pregnant 43 D			in The Heat Wass		C Suicide C	Could Not Be Or	termined	Injury At Work?
34. Date Of Injury (Month/Day/Year)	35. Ti	me Of Injury		THE RECORD				III, FRANCISCO FILIS	.,	☐ Yes ☐ No
38. Location Of Injury - State	38a Ci	ty Or Town		KE COUNTY H	EALTH O	EPART	MENI	38c. Apt. N	o. 38c	I. Zip Code
				THE PARTY	0.7.201	13				
39. Describe How Injury Occurred					0 7 20		40. If Transports Oversion		cify: destrien Down	er (Specify)
41 Signature, Of Person Certifying Cause	e Of Death:	DONIC SICN	ATURE	Sucon in) Bu	DO CONT	er (Check Only C ying Physician	One) Coroner	. 🗆 :	leath Officer
ALISON RILEY PETROVICE 43 Name, Address And Zip Code Of Pers	on Certifying Cause C	Y Death:	TORL	LAKE COUNTY	HEALTH				45.	Date Certified
ALISON RILEY PETROVICE 46. Additional Funeral Service Provider	1 , 11161 RA	NDOLPH ST.	CROWN POINT	IN 46307			010543 47 Akas			06/07/2013
48 Signature of Local Health Officer					49.	For Regi	strar Only Date	Filed (Month/	Day/Year)	
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)						JUN 07 2013				
		AMEND	MENT TO CERTIFICAT	E OF DEATH (ENTR	Y OR ORIG	INAL)				

State Form 53395 ATTENTION ESTATE. The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal