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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 082435

2014 DEC 29 AM 10:49

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS: PARCEL #45-19-05-476-001.000-037
PARCEL #45-19-05-476-002.000-037

AFFIDAVIT OF CERTIFICATION OF TRUST

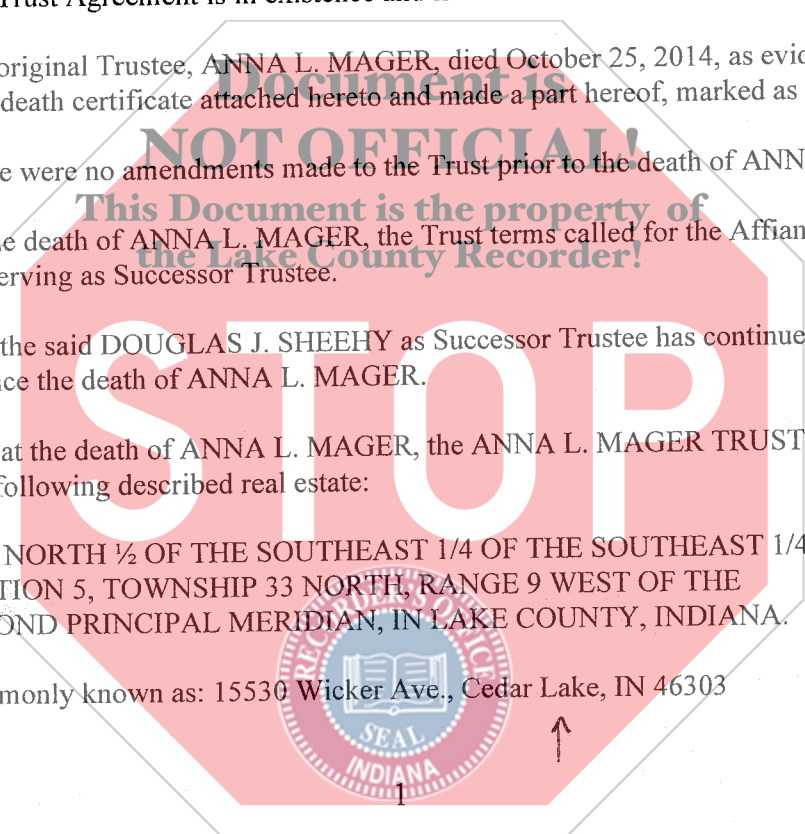


DOUGLAS J. SHEEHY, being sworn upon oath, states and certifies that:

1. He is the duly appointed and acting Successor Trustee of the ANNA L. MAGER TRUST Dated September 14, 1992.
2. The Trust Agreement is in existence and is in full force and effect.
3. The original Trustee, ANNA L. MAGER, died October 25, 2014, 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 amendments made to the Trust prior to the death of ANNA L. MAGER.
5. At the death of ANNA L. MAGER, the Trust terms called for the Affiant, DOUGLAS J. SHEEHY, to begin serving as Successor Trustee.
6. That the said DOUGLAS J. SHEEHY as Successor Trustee has continued to serve as the Successor Trustee since the death of ANNA L. MAGER.
7. That at the death of ANNA L. MAGER, the ANNA L. MAGER TRUST was a one-third (1/3rd) owner of the following described real estate:

THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 5, TOWNSHIP 33 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA.

Commonly known as: 15530 Wicker Ave., Cedar Lake, IN 46303



FILED

DEC 29 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

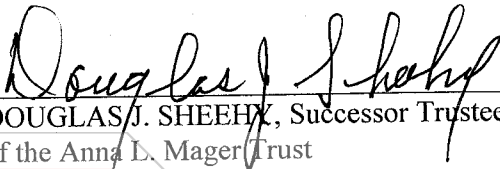
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8. Affiant makes this Affidavit of Certification of Trust for the purpose of showing current status of the ANNA L. MAGER TRUST, dated September 14, 1992, that he is the Successor Trustee named in the Trust, that he has been acting as Successor Trustee since the death of the original Trustee and Grantor on the date heretofore set forth, and for the purpose of showing that he has the right to act for and on behalf of the Trust.

9. That the estate/trust of ANNA L. MAGER was not subject to federal estate tax.

IN WITNESS WHEREOF, Affiant has executed this Affidavit of Certification of Trust on this 23rd day of December, 2014.


DOUGLAS J. SHEEHY, Successor Trustee
of the Anna L. Mager Trust

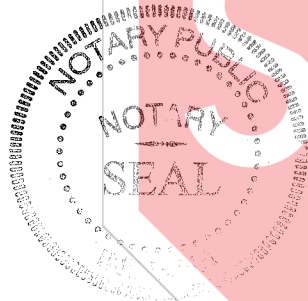
STATE OF INDIANA)

COUNTY OF LAKE)

**Document is
NOT OFFICIAL!**

This Document is the property of

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared DOUGLAS J. SHEEHY, who acknowledged the execution of this instrument this 23rd day of December, 2014.




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 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.

William J. Cunningham, Attorney at Law





CERTIFICATE OF DEATH

04300

Local No 003498

EDR No 000000411901

State No

1. Decedent's Legal Name (First, Middle, Last) ANNA L MAGER				1a. Maiden Name (If female) BUNGE		2. Sex FEMALE	3. Time Of Death 12:42 AM	4. Date Of Death (Month/Day/Year) 10/25/2014	
5. Social Security Number	6a. Age - Yrs 95	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 08/26/1919		8. Birthplace (City and State or Foreign Country) GLENVIEW, IL	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) WITTENBERG LUTHERAN VILLAGE					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry FAMILY RESIDENCE
15. Surviving Spouse's Name		18a. County LAKE			18b. City Or Town CEDAR LAKE			18d. Apt. No.	18e. Zip Code 46303
18. Residence - State INDIANA		18c. Street And Number 13702 PARRISH AVENUE		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC	
21. Decedent's Race White		22. Father's Name (First, Middle, Last) CARL BUNGE			23. Mother's Name (First, Middle, Last) EMMA BUNGE		23a. Mother's Maiden Last Name MOELLER		
24. Informant's Name ANNA MAGER		24a. Relationship To Decedent SELF		24b. Mailing Address (Street And Number, City, State, Zip Code) 13702 PARRISH AVENUE, CEDAR LAKE, IN 46303					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303						27a. Funeral Home License Number: FH83002461	
27b. Signature Of Indiana Funeral Service Licensee: SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD20700051							
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events 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.									Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death) A. SEIZURE DISORDER Due to (Or As A Consequence Of):									DAYS
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. FAILURE TO THRIVE Due to (Or As A Consequence Of):									MONTHS
C. DEMENTIA Due to (Or As A Consequence Of):									YEARS
D. NONE									NONE
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Where Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									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
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <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, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		36. Place Of Injury (E.g., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		38a. City Or Town		38c. Apt. No.		38d. Zip Code	
38. Location Of Injury - State		38b. Street & Number		39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307						44. License Number 02002441A		45. Date Certified 11/04/2014	
46. Additional Funeral Service Provider:						47. Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV-05-2014			

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. RAISED SEAL AFFIXED

EXHIBIT "A"