

Affidavit of Trust

2015 028018

1. The following Trust is the subject of this Affidavit:

Fred James McColly, Successor Trustee, or her Successors in Trust, under the Helen McColly Living Trust dated September 1, 2004, and any amendments thereto.

2. On September 19, 2013, Helen McColly, Trustmaker and initial Trustee, passed away. See attached Death Certificate.

3. Section 3 of Article Three states that in the event of the death of the initial Trustee, Helen McColly, then Fred James McColly shall serve as Successor Trustee.

4. The name and address of the currently acting sole Successor Trustee is as follows:

NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
Fred James McColly
2571 Wells Street
Lake Station, IN 46405

MICHAEL B. BROWN
RECORDER

2015 MAY 11 AM 10:13

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

5. The Trust is currently in full force and effect.

6. Attached to this Affidavit and incorporated in it are selected provisions of the Trust evidencing the following:

- a. Article One - Creation of the Trust and Initial Trustees
- Statement of Revocability of the Trust
- b. Article Three - Successor Trustees
- c. Article Twelve - Powers of Trustees
- d. Article Thirteen - Signature Pages

7. The Trust provisions that are not attached to this Affidavit are of a personal nature and set forth the distribution of Trust property. They do not modify the powers of the Successor Trustee.

8. The signatory of this Affidavit is currently the acting sole Successor Trustee of the Trust and he declares that the foregoing statements and the attached Trust provisions are true and correct, under penalty of perjury of the laws of the State of Indiana.

**FIDELITY NATIONAL
TITLE COMPANY**

92015-0649

92050649
FIDELITY HBT

FILED

MAY 06 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

20102

18.
Dr
Non-est

9. This Affidavit is dated this 8th day of May, 2014.

Fred James McColly

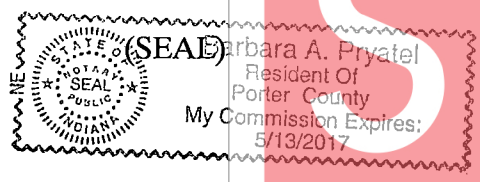
Fred James McColly, Successor Trustee under the Helen McColly Living Trust dated September 1, 2004

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, a Notary Public in and for said County and State, personally appeared Fred James McColly, as Successor Trustee under the Helen McColly Living Trust dated September 1, 2004, and any amendments thereto, who acknowledged the execution of the foregoing Affidavit of Trust, and who, having been duly sworn, stated that any representations therein contained are true.



Witness my hand and Notarial Seal this 8th day of May, 2014.



Barbara A. Pryatel
Notary Public
My Commission Expires: _____
County of Residence: _____

ACCEPTANCE AND OATH OF SUCCESSOR TRUSTEE

I, Fred James McColly, hereby accept my appointment and swear that I will faithfully discharge the duties of my trust as Successor Trustee under the **Helen McColly Living Trust dated September 1, 2004**, and any amendments thereto, according to law, so help me God.

Fred James McColly
Fred James McColly

THIS INSTRUMENT PREPARED BY:
Clifford J. Rice
RICE & RICE ATTORNEYS
100 Lincolnway, Suite 1
Valparaiso, IN 46383
219-462-0809



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001068

EDR No 00000346049

State No 045095

1. Decedent's Legal Name (First, Middle, Last) HELEN MCCOLLY				1a. Maiden Name (If female) PRIMICH		2. Sex FEMALE	3. Time Of Death 04:55 PM	4. Date Of Death (Month/Day/Year) 09/19/2013	
5. Social Security Number ██████████		6a. Age - Yrs 92	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) 02/21/1921		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
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) GOLDEN LIVING CENTER FOUNTAINVIEW PLACE									
12. City Or Town, State, And Zip Code PORTAGE, IN, 46368					13. County Of Death PORTER			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	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation PAYROLL CLERK		17. Kind Of Business/Industry STEEL	
18. Residence - State INDIANA		18a. County PORTER		18b. City Or Town PORTAGE		18d. Apt. No.	18e. Zip Code 46368	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 3175 LANCER STREET									
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) FRANK PRIMICH				23. Mother's Name (First, Middle, Last) ANNA PRIMICH			23a. Mother's Maiden Last Name CZOMPLAK		
24. Informant's Name FRED MCCOLLY			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 2571 WELLS STREET, LAKE STATION, IN 46405				
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) WESTON CEMETERY			25c. Location - City, Town, And State RENSELAEER, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342					27a. Funeral Home License Number FH83003069		
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD04006463			
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. TERMINAL DEMENTIA Due to (Or As A Consequence Of): 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. C. D.									Approximate Interval: Onset To Death CHRONIC
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. HOSPICE CARE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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			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 type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
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: SAKET SINHA, 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: SAKET SINHA, 8300 BROADWAY STE D, MERRILLVILLE, IN 46410-3006						44. License Number 01066090A		45. Date Certified 10/03/2013	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 03 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

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.

020150649
FIDELITY HBT

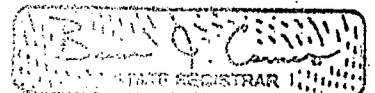


CERTIFICATE
State Form 26217 (R2 / 7-09)

359959

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE
WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

JUL 11 2014



Not valid unless machine signed with multi-colored ribbon.
It is unlawful to reproduce this record.

EXHIBIT "A"

Lot9 in Block "A" in Pleasant Park, a Subdivision in Hobart, as per plat thereof, recorded in Plat Book 32, Page 17, in the Office of the Recorder of Lake County, Indiana.

