



the power to sell any assets to any person; and  
the power to distribute assets.

6. The trust is now irrevocable, because of the death of the settlor.

7. There is no co-trustee. There is one trustee, namely, David H. Gustafson, the second successor trustee, who has the authority to sign or otherwise authenticate documents and exercise the powers of the trustee. The initial trustee was Howard H. Gustafson who is now deceased. The first successor trustee was Bruce V. Aldrin who resigned on February 28, 2012, by executing a resignation, at which time David H. Gustafson became the acting successor trustee and has continued to act as such.

8. The following described two parcels of real estate are assets of the trust:

Parcel 1:

Part of the Southeast  $\frac{1}{4}$  of Section 28, Township 35 North, Range 9 West of the 2<sup>nd</sup> Principal Meridian, in the Town of St. John, Lake County, Indiana, described as follows: BEGINNING at the Southwest corner thereof; THENCE East 75 feet to the center line of Schmal Street (now known as West 93<sup>rd</sup> Avenue); THENCE North 54 degrees 39 minutes East along the said center line of Schmal Street (now 93<sup>rd</sup> Avenue) 1214.56 feet; THENCE North 0 degrees 48 minutes West 416.48 feet TO THE POINT OF BEGINNING; THENCE North 0 degrees 48 minutes West 200.67 feet; THENCE South 88 degrees 04 minutes West 555.26 feet; THENCE South 35 degrees 21 minutes East 359.91 feet; THENCE North 73 degrees 45 minutes East 364.32 feet to the PLACE OF BEGINNING, except Lot 1 in Green View Estate, as per plat thereof, recorded in Plat Book 50, page 31, in the Office of the Recorder of Lake County, Indiana.

Common Address: 10100 W. 93<sup>rd</sup> Avenue  
St. John, IN 46373

Property Number: 45-11-28-455-008.000-035

Parcel 2:

Lot One (1) in GREEN VIEW ESTATE in the Town of St. John, as per plat thereof, recorded in Plat Book 50, page 31, in the Office of the Recorder of Lake County, Indiana.

Common Address: 10100 W. 93<sup>rd</sup> Avenue  
St. John, IN 46373

Property Number: 45-11-28-455-009.000-035

(Certification of Trust and Affidavit of Successor Trustee in Aid of Title to Real Estate - Page 2 of 5)

9. Record title to said real estate was conveyed by the Warranty Deed dated August 11, 1995, and recorded October 13, 1995, as Document Number 95062105, in the Office of the Recorder of Lake County, Indiana, made by Howard H. Gustafson, to Howard H. Gustafson, Trustee U/D/T dated 7-1-95, F/B/O The Gustafson Revocable Trust.

10. Subsequently, record title was conveyed by the Warranty Deed dated February 21, 2005, and recorded February 23, 2005, as Document Number 2005 012871, in the Office of the Recorder of Lake County, Indiana, made by Howard H. Gustafson, Trustee of the Gustafson Revocable Trust dated July 1, 1995, to Howard H. Gustafson, individual grantee, a life estate with the remainder to Howard H. Gustafson, or successor, Trustee U/D/T dated July 1, 1995, F/B/O The Gustafson Revocable Trust.

11. In said Warranty Deed recorded as Document Number 2005 012871, Howard H. Gustafson was granted a life estate.

12. Under The Gustafson Revocable Trust, Howard H. Gustafson was the primary beneficiary. Under Article 7 of said trust, the designated beneficiaries upon the death of Howard H. Gustafson, entitled to distribution of trust assets, are David H. Gustafson and Stephen P. Gustafson.

13. Howard H. Gustafson, also known as Howard Herbert Gustafson, the original trustee and primary beneficiary of said trust, who also held a life estate in the above described real estate, died on May 18, 2014. A certified copy of the State of Washington Department of Health Certificate of Death of Howard H. Gustafson, also known as Howard Herbert Gustafson, is attached hereto and made a part hereof by reference.

14. The Gustafson Revocable Trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification of Trust and Affidavit of Successor Trustee in Aid of Title to Real Estate to be incorrect.

15. The purposes of the filing and recording of this Certification of Trust and Affidavit of Successor Trustee in Aid of Title to Real Estate include the following:

to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that David H. Gustafson, Successor Trustee of The Gustafson Revocable Trust, is the owner of said real estate;

to place of record with the Lake County Recorder's Office evidence that David H. Gustafson, Successor Trustee of The Gustafson Revocable Trust, is the record title holder of said real estate; and

to place evidence of record that David H. Gustafson, Successor Trustee of the The Gustafson Revocable Trust, is authorized and empowered to distribute said real estate to David H. Gustafson, individually, and to Stephen P. Gustafson, free and clear of trust.

Further Affiant saith not.

Dated: April 30, ~~2014~~ <sup>2015</sup>

David H. Gustafson  
David H. Gustafson

State of Washington )  
  ) SS:  
County of Snohomish )

Before me, the undersigned Notary Public in and for said County and State, personally appeared David H. Gustafson, the Affiant, and acknowledged the execution of the foregoing Certification of Trust and Affidavit of Successor Trustee in Aid of Title to Real Estate, and having been duly sworn to do so, that the representations and certifications contained therein are true.

Witness my hand and Notarial Seal this 30<sup>th</sup> day of April, 2015.

Notary Public  
State of Washington  
JOSHUA BRONSKE  
My Appointment Expires Nov 9, 2016

Signature of Notary Public: [Signature]

Printed Name of Notary Public: Joshua Bronske

Notary's County of Residence: Snohomish

Notary's Commission Expires: Nov 9<sup>th</sup> 2016

After recording, return to: Chris Fox  
Attorney at Law  
516 E. 86th Ave.  
Merrillville, IN 46410-6213



Mailing Address of Affiant: David H. Gustafson  
11311 19<sup>th</sup> Avenue SE, Apt. 101  
Everett, WA 98208-5102

The foregoing instrument was prepared by Chris Fox, Attorney at Law, Indiana License No. 19091-64; Address: 516 East 86<sup>th</sup> Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366)

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. Chris Fox

(Certification of Trust and Affidavit of Successor Trustee in Aid of Title to Real Estate - Page 5 of 5)



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-011215

LOCAL FILE NUMBER: 1801

DATE ISSUED: 05/22/2014

FEE NUMBER: 0000310514

GIVEN NAMES: HOWARD HERBERT  
LAST NAME: GUSTAFSON

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: MAY 18, 2014  
HOUR OF DEATH: 10:55 P.M.  
SEX: MALE  
AGE: 85 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: CLAREBRIDGE OF LYNNWOOD, 18706 36TH  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98037

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 19004 3RD DR SE  
CITY, STATE, ZIP: BOTHELL, WASHINGTON 980126321  
INSIDE CITY LIMITS? NO  
COUNTY: SNOHOMISH  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: APRIL 30, 1929  
BIRTHPLACE: EAST CHICAGO, LAKE CNTY, INDIANA

FATHER: LAVE GUSTAFSON  
MOTHER: EDITH UNKNOWN

MARITAL STATUS: WIDOWED  
SPOUSE:

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: CHAPEL LAWN MEMORIAL GARDENS  
CITY, STATE, ZIP: SCHERERVILLE, IN  
DISPOSITION DATE: MAY 21, 2014

OCCUPATION: MECHANICAL ENGINEER  
INDUSTRY: ELECTRICAL, GAS UTILITY  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? YES

FUNERAL FACILITY: PURDY & WALTERS AT FLORAL HILLS  
ADDRESS: 409 FILBERT RD  
CITY, STATE, ZIP: LYNNWOOD WA 98036  
FUNERAL DIRECTOR: HEATHER M. BRAATZ

INFORMANT: DAVID H. GUSTAFSON  
RELATIONSHIP: SON  
ADDRESS: 19004 3RD DR SE, BOTHELL, WA 98012

Document is  
NOT OFFICIAL

This Document is the property of  
the Lake County Recorder!

STOP

CAUSE OF DEATH:  
A. FAILURE TO THRIVE  
INTERVAL: MONTHS  
B. DEMENTIA OF ALZHEIMER'S TYPE  
INTERVAL: YEARS  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:



CERTIFIER NAME: JOSEPH T. PALERMO, DO  
TITLE: OSTEOPATH  
CERTIFIER  
ADDRESS: PO BOX 367  
CITY, STATE, ZIP: KINGSTON WA 98346  
DATE SIGNED: MAY 20, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
JOSEPH PALERMO DO

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:  
KELLY CANNON  
DATE RECEIVED: MAY 20, 2014



DOH 01-003 (1/13)