

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF INDIANA)
COUNTY OF LAKE)

2015 072571

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 27 AM 11:12

MICHAEL B. BROWN
RECORDER

On this 18th day of September, 2015 before me personally appeared Donna LaMere, to me personally known, who being first duly sworn upon oath, deposes and says:

1. I make these representations upon personal knowledge and belief.
2. I have reviewed the original, fully executed trust agreement known as The Spain Joint Revocable Trust Agreement dated March 8, 2005.
3. The above trust is in existence.
4. The original ~~Trustees were Mark A. Spain and Gayle A. Spain.~~
5. The said ~~Gayle A. Spain~~ died on September 8, 2015 as evidenced by the attached certified copy of the Indiana State Department of Health Certificate of Death.
6. The powers granted to the Co-Trustees by the trust agreement included but are not limited to the following:
 - a. Buy, sell, or exchange and convey or transfer all property (real, personal, or mixed) for cash or on credit at public or private sale with or without notice; and,
 - b. Encumber, mortgage, pledge, or grant a security interest in trust property
 - c. The power to execute and deliver all instruments necessary or appropriate to accomplishing or facilitating the transaction contemplated herein.
7. According to the terms of the ~~trust~~ agreement, Mark A. Spain is the Sole Surviving Co-Trustee with full power and authority to sign or otherwise authenticate and exercise the powers of the trustee.
8. The Trust holds title to the following described real property located in Lake County, Indiana, to wit:

Lot Numbered 10 in Block 1 in Ellendale First Addition to the Town of Highland, as the same appears of record in Plat Book 32, page 78, the Recorder's Office of Lake County, Indiana.

Commonly known as 3308 George Street
Highland, Indiana 46322
Tax Parcel No.: 45-07-27-358-005.000-026

FILED

OCT 16 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITLE CORP

15-30187

4858 A

16-
3308
MT
AM



9. I make this affidavit with respect to the above-described real estate to induce the Lake County Auditor to accept the signature of the surviving Co-Trustee and do so understanding that grantees and title companies hereinafter will rely hereon with respect to the interest and powers of the surviving Co-Trustee in the real estate.

I affirm under the penalties for perjury that the foregoing representations are true.

Further Affiant sayeth not.

Affiant Signature: *Donna LaMere*
Printed Name: Donna LaMere

STATE OF INDIANA)

)SS:

COUNTY OF LAKE)

Before me the undersigned, a Notary Public, in and for said County and State, personally appeared Donna LaMere, and he being first duly sworn by me upon his oath, says that the facts affixed to the foregoing instrument are true. Signed and sealed this 18th day of September 2015.



Signature *Philip J. Ignarski*
Philip J. Ignarski

My County of Residence: Lake
My Commission Expires: June 26, 2022

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. Donna LaMere

This instrument prepared by: Donna LaMere, Attorney at Law #03089-64





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 64591

Local No 002992

EDR No 00000467820

State No 042555

1. Decedent's Legal Name (First, Middle, Last) GAYLE ANNE SPAIN				1a. Maiden Name (If female) MILLER		2. Sex FEMALE	3. Time Of Death 02:40 AM	4. Date Of Death (Month/Day/Year) 09/08/2015	
5. Social Security Number [REDACTED]		6a. Age - Yrs 63	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) 01/04/1952		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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) 2701 SEBERGER DRIVE						12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322		13. County Of Death LAKE	
14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			15. Surviving Spouse's Name MARK SPAIN			15a. (If Wife) Give Maiden Last Name LAKE		16. Decedent's Usual Occupation CO-OWNER	17. Kind Of Business/Industry RESTAURANT
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 2701 SEBERGER DRIVE		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) ROBERT B MILLER	
22. Mother's Name (First, Middle, Last) ANNE MILLER		23. Mother's Maiden Last Name KLEMOFF		24. Informant's Name MARK SPAIN		24. Informant's Address (Street, City, State, Zip Code) HIGHLAND, IN 46322		25. Place Of Disposition KELLY-CARROLL CREMATION SERVICES GARY, IN	
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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)		25c. Location - City, Town, And State		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC.-HIGHLAND, 2828 HIGHWAY AVENUE, HIGHLAND, IN 46322	
27b. Signature Of Indiana Funeral Service Licensee LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD01006015		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. METASTATIC BREAST CANCER 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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE C. CONGESTIVE HEART FAILURE DUE TO COPD D. ...		28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Disease Or Injury) LAKE COUNTY HEALTH DEPARTMENT		29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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: JOSEPH C. LEGASPI, 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: JOSEPH C. LEGASPI, 9307 CALUMET AVE D1, MUNSTER, IN 46321		44. License Number 01059155A	
45. Date Certified 09/10/2015		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): SEP 10 2015	



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 11 2015
Susan J Best, MD

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED