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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 020583

2019 APR - 9 PM 12: 22

MICHAEL B. DROWN

STATE OF INDIANA	)
	) SS:
COUNTY OF LAKE	)

## AFFIDAVIT OF SUCCESSOR TRUSTEE THE JOSEPH M. AND NORMA L. LEONE REVOCABLE LIVING TRUST AGREEMENT

I, JOSEPH M. LEONE, being of legal age and duly sworn upon my oath, depose and state as follows:

- 1. That Affiant, Joseph M. Leone, is the surviving spouse of Norma L. Leone, who died a resident of Lake County Recorder:

  Certificate).
- 2. That prior to her death, Norma L. Leone executed a Trust Agreement dated September 9, 1998. Under this Revocable Living Trust Agreement, Joseph M. Leone and Norma L. Leone were the Co-Trustees.
- 3. That in establishing the Trust dated September 9, 1998, Norma L. Leone transferred various assets into the Trust, including real estate as follows:

Lot 300, Unit 14, Briarwood Subdivision, in the City of Crown Point, as shown in Plat Book 64, Page 8, in Lake County, Indiana.

Parcel No. 45-16-16-201-003.000-042

More Commonly Known as: 1225 E. Greenwood Avenue, Crown Point, IN 46307

<b>AMOUNT \$</b>	
CASH	CHARGE
CHECK#_	12228
<b>OVERAGE</b>	
COPY	
NON-CON	
DEPUTY_	

- 4. That Norma L. Leone, subsequent to the execution of the above-referenced Trust, did not revoke or restate the trust document prior to her death.
- 5. That Joseph M. Leone is the surviving Co-Trustee of The Joseph M. And Norma L. Leone Revocable Living Trust Agreement dated September 9, 1998, and therefore, has all those powers conveyed upon him by the above-referenced Trust as the sole Trustee.

6. makes this affidavit for the purpose of causing the This Document is the property of proper title and transfer of assets located in The Joseph M. And Norma L. Leone Revocable Living the Lake County Recorder! Josephn-Leone

Trust Agreement dated September 9, 1998

Joseph M. Leone, Trustee of

Joseph M. and Norma L. Leone Revocable

Living Trust Agreement dated September 9, 1998

STATE OF INDIANA

**COUNTY OF LAKE** 

Before me, the undersigned, a Notary Public, in and for said County and State, this April, 2019, personally appeared Joseph M. Leone, Trustee of The Joseph M. And Norma L. Leone Revocable Living Trust Agreement dated September 9, 1998, and/or acknowledged the execution of the above instrument to be his 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 PHILLIP POPP My Commission Expires: Seal

June 26, 2025 Parter County My Commission: Expires Jun 25, 2025

(SEAL)

Brian Phillip Popp, Netary Public County of Residence: Porter

"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:

Return to:

Brian P. Popp, Laszlo & Popp, PC, 200 East 80th Place, Suite 200, Merrillville, IN 46410.

Brian P. Popp, Laszlo & Popp, PC, 200 East 80th Place, Suite 200, Merrillville, IN 46410.

## NOT OFFICIAL!

## This Document is the property of

This instrument was prepared at the request of the Grantee and is based solely on information supplied by Grantee and without examination of accuracy. This preparer assumes no liability for any errors, inaccuracies, or omissions in this instrument resulting from the information provided. No legal opinion has been rendered during the preparation of this Deed. The Parties accept this disclaimer by Owner's execution of this document.



Tracking No. 1.86086

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Lo	cal No 900	00525 EDR No 00000691605				State No					
1. Decedent's Logal Namo		)	•	1a. Maiden Nerr	io (ff formate)		-Z. Sex		. 1.		
NORMA L LEONE  5. Social Security Number		6b. Under 1 Year	6c Under 1 Mont	RATLIFF IN I Day	Se, Under 1 Hour	7. Date of	FEMALE BETT (MONTOV DRY)		3 AM		12/05/2019 Foreign Country)
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11. Facility Namo (I) Not Institution (Into Street and Municipal) ST ANTHONY MEDICAL CENTER OF CROWN POINT											
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24. Informant's Name		-	the La	ke Cou	AT WILLEY	Ordi	No profer, City, Str	to, Zip Code	\		
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27b. Signature Of Indiana	unoral Service Lice	r130 <mark>0;</mark>		. SERVICE, OT	I E FIVINGISC	JAN DA	27c, Licer	180 Munber (	Ucentee):	11 1 1 1 1 1 1	
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43. Name, Address And Zip						4000	1	44. Lidanie			On a comidd
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48. Signature of Local House Orlean.  49. For Registrar Only - Despited, Clariff Manual Control of											
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											
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State Form 53395 ATTEN	ITION ESTATE: T	he Social Security (	7 is being requesto	d by this state agenc	y in order to pursue :	responsibilit	y. Disclosure la	voluntary an	a there was	o no pontry	lo folled
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