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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 063353

2019 SEP 18 PM 2:21

MICHAEL D. BROWN
RECORDER

Property Numbers: 45-19-24-456-005.000-008

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

The Estate of Ruth A. Hitzeman
Date of Death: March 3, 2019

Affidavit of Trust and Oath of Co-Trustees

NOT OFFICIAL!

**This Document is the property of
the Lake County Recorder!**

STOP

Under the pains and penalties of perjury, the undersigned hereby affirm as follows:

1. That Affiants have personal knowledge of the facts herein.
2. That the Hitzeman Living Trust dated February 24, 2010 is the subject of this Affidavit.
3. That Ruth A. Hitzeman, Co-Trustee, passed away on the 4th day of March, 2019. A complete and accurate copy of Ruth A. Hitzeman's death certificate, with Social Security Number Redacted, has been attached hereto, made a part hereof and labeled Exhibit A.
4. That pursuant to Article 3 Section 4 of the Hitzeman Living Trust dated February 24, 2010, Keith Hitzeman and Kevin Hitzeman, the surviving Co-Trustees, are the duly appointed and acting Co-Trustees of said Trust and have all powers granted thereunder. A complete and accurate copy of the relevant pages of said Trust Agreement are attached hereto, made a part hereof and labeled Exhibit "B". The pages, which are not attached to this Affidavit, are of a personal nature and set forth, among other things, the distribution of property. The pages not attached hereto do not modify the powers of the Co-Trustees.
5. That Affiants affirm under Oath and under the Pains and Penalties of perjury that they will discharge the duties as surviving Co-Trustees pursuant to the terms of said Trust and the laws of the State of Indiana.
6. The foregoing Affidavit of Trust and Oath of Co-Trustees is recorded in support of a Co-Trustees' Deed dated the ___ day of September, 2019 conveying the following property from the Hitzeman Revocable Trust dated February 24, 2010 to Keith Hitzeman, to wit:

\$2500

JTB

✓ # 1503

A part of the West half of the Southeast quarter of Section 24 Township 33 North, Range 9 West of the 2nd PM described as follows: Commencing at the Southwest corner of Lot 12, Bel Aire Estates Unit 3, as per plat thereof, recorded in the Recorder's Office of Lake County, Indiana, thence South along the East right of way line of Bel-Aire Drive, extended South, a distance of 85.07 feet to the place of beginning, thence continue South along said line 275.21 feet to the North right of way line of State Road No. 2, thence Easterly along said right of way line 112.0 feet, thence North parallel to the said East right of way line of Bel-Aire Drive extended South 275.21 feet, thence Westerly parallel to the South line of said Bel-Aire Estates Unit 3, 112.0 feet to the point of beginning, in the Town of Lowell, Lake County, Indiana.

Commonly known as: 1805 E. Commercial Avenue, Lowell, Indiana 46356

Further Affiants Sayeth Not
This Document is the property of the Lake County Recorder!


Keith Hitzeman, Co-Trustee

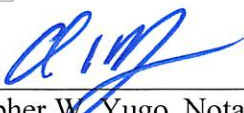

Kevin Hitzeman, Co-Trustee

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

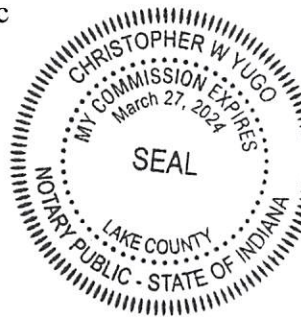


Before me, a Notary Public, in and for said County and State, this 11th day of September, 2019, personally appeared Keith Hitzeman and Kevin Hitzeman, who acknowledged the execution of the foregoing Affidavit of Trust and Oath of Co-Trustees, as their free and voluntary act.

Given under my hand and notarial seal.


Christopher W. Yugo, Notary Public
License No.: NP0681709

My Commission Expires: March 27, 2024
County of Residence: Lake



**Record and Return to: Christopher W. Yugo, Attorney at Law
1313 White Hawk Drive, Crown Point, Indiana 46307**

I affirm under the penalties of perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

Christopher W. Yugo, Esq.



This Document was prepared by:
Christopher W. Yugo, Indiana Attorney Number 17624-45,
1313 White Hawk Drive, Indiana 46307



Exhibit "A"

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 188157

Local No 900787

EDR No 00000697010

State No 010532

1. Decedent's Legal Name (First, Middle, Last) RUTH ALICE HITZEMAN				1a. Maiden Name (If female) OTT		2. Sex FEMALE		3. Time Of Death 01:20 PM		4. Date Of Death (Month/Day/Year) 03/04/2019		
5. Social Security Number [REDACTED]		6a. Age - Yrs 94		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) 02/12/1925		8. Birthplace (City and State or Foreign Country) CHICAGO, 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) CEDAR CREEK HEALTHCARE CAMPUS												
12. City Or Town, State, And Zip Code LOWELL, IN, 46356						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			
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation OWNER		17. Kind Of Business/Industry RESTAURANT		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18c. Street And Number 408 WEST NORTH STREET		18d. Apt. No.	
18e. Zip Code 46307		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. Parent's Name (First, Middle, Last) FRANK CARL OTT		
22. Parent's Name (First, Middle, Last) FRANK CARL OTT		23. Parent's Name (First, Middle, Last) NOEMA MARIE OTT		23a. Parent's Last Name Before First Marriage CORRIVEAU		24. Informant's Name KEVIN HITZEMAN		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 917 BETTY LANE, CROWN POINT, IN 46307		
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) GEISEN CREMATION CENTRE				25c. Location - City, Town, And State CROWN POINT, IN		27a. Funeral Home License Number FH83004277		27b. Signature Of Indiana Funeral Service Licensee: MOLLY E. TUCKER, BY ELECTRONIC SIGNATURE		
27a. Funeral Home License Number FH83004277		27b. Signature Of Indiana Funeral Service Licensee: MOLLY E. TUCKER, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD09200061		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. <u>COMPLICATIONS FROM BREAST CANCER CELL TYPE UNKNOWN</u>		Approximate Interval: Onset To Death 6 MONTHS		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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. 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. _____ Due to (Or As A Consequence Of):		C. _____ Due to (Or As A Consequence Of):		D. _____ Due to (Or As A Consequence Of):		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		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						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"/> Bicyclist <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		44. License Number 02002441A		45. Date Certified 03/05/2019		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, 213 SOUTH COURT STREET, SUITE B, CROWN POINT, IN 46307						46. Additional Funeral Service Provider:		47. *Acks:		49. For Registrar Only - Date Filed (Month/Day/Year): MAR 06 2019		
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)						



NOT VALID UNLESS

RAISED SEAL AFFIXED

Exhibit "B"

HITZEMAN LIVING TRUST

Article One - Creation of My Trust

Section 1. Parties

My Trust Agreement, dated February 24, 2010, is made between RUTH A. HITZEMAN, the Trustor, and the Initial Trustees as appointed under Section 4 of Article Three.

Section 2. Trust Name

My Trust may be referred to as the:

Document is NOT OFFICIAL!
This Document is the property of
HITZEMAN LIVING TRUST, dated February 24, 2010.

The formal name of my Trust and the designation to be used for the transfer of title to the name of my Trust is:

RUTH A. HITZEMAN, KEITH HITZEMAN and KEVIN HITZEMAN, Trustees, or their successors in trust, under the HITZEMAN LIVING TRUST, dated February 24, 2010, and any amendments thereto.

Section 3. Trust is Revocable

My Trust is a revocable trust. My Trust is a grantor trust under the provisions of Sections 673-677 of the Code.

Section 4. Family Members

All references to "children" are to (i) all of the children so identified in this Section 4 (subject to the exclusion of any child under subsequent provisions of this Section 4) and (ii) any children conceived or adopted by me subsequent to the execution of this instrument and prior to my death.

a. Marital Status

I am presently unmarried.

A majority in interest of the then living income beneficiaries of any trust hereunder (in the case of a minor beneficiary, the legal guardian or natural parent of the minor beneficiary) shall have the right to remove any individual or corporate trustee of such trust by a written instrument duly acknowledged and delivered to such individual or corporation. Concurrent with the exercise of this right, the income beneficiaries (in the case of a minor beneficiary, the legal guardian or natural parent of the minor beneficiary) shall appoint a successor individual or corporate trustee by a written instrument duly acknowledged and delivered to the individual or corporation appointed successor trustee; provided, however that such corporation must be a trust company or bank possessing trust powers organized under the laws of the United States of America or one of the states thereof and it must have under its management a minimum of One Hundred Million Dollars (\$100,000,000) in trust assets. Upon receipt by the removed trustee of the written notice of acceptance of appointment by the successor trustee, the removed trustee shall forthwith surrender and deliver to the successor trustee all of the assets in the trust estate, and the trusteeship of the removed trustee shall terminate.

c. Notice to Removed Trustee

Unless a serving Trustee has petitioned, or will petition within thirty days, a court as provided in the paragraphs above, written notice of removal under my Trust Agreement shall be effective immediately when signed by the person or persons authorized to make the removal and delivered to my Trustee personally, or within three business days after mailing by certified mail, return receipt requested. The written notice removing a Trustee shall identify the Successor Trustee appointed pursuant to the other provisions of this Article.

d. Transfer of Trust Property

Unless petitioning the court as provided above, the Trustee so removed shall promptly transfer and deliver to the Successor Trustee all property of my Trust under the removed Trustee's possession and control.

Section 4. Appointment of Trustees

I shall serve as the Initial Trustee of my Trust with KEITH HITZEMAN AND KEVIN HITZEMAN. In the event that I am unwilling or unable to serve as Trustee then KEITH HITZEMAN AND KEVIN HITZEMAN, shall serve jointly, or the survivor as Successor Trustees. If for any reason all of the above named Successor Trustees are unwilling or unable to serve, then a Successor Trustee shall be appointed as provided under Section 6 of this Article.

f. Manage Securities

My Trustee shall have the power to buy, sell and trade in securities of any nature, including options, futures contracts, short sales, and for such purposes, may maintain and operate margin accounts with brokers, and may pledge any securities held or purchased by my Trustee with such brokers as security for loans and advances made to my Trustee. My Trustee shall have all the rights, powers and privileges of any owner with respect to securities held in trust, including, but not limited to, the power to vote and give proxies and pay assessments or other charges, participate in voting trusts, pooling agreements, foreclosures, reorganizations, consolidations, mergers and liquidations and, in connection therewith, to deposit securities with and transfer title to any protective or other committee under such terms as my Trustee may deem advisable, and do all other acts which persons of prudence, discretion and intelligence would do or take for their own account.

g. Allocation of Principal and Income

Except as otherwise specifically provided in my Trust Agreement, the determination of all matters with respect to what is principal and income of my Trust Estate and the apportionment and allocation of receipts and expenses between these accounts shall be governed by the provisions of the Principal and Income Act as enacted from time to time under state law. Any such matter not provided for either in my Trust Agreement or under governing state statute shall be determined by my Trustee in my Trustee's discretion.

My Trustee's powers shall be subject to my Trustee's duty to treat income beneficiaries and remainder beneficiaries equitably, except as provided below:

1. A reasonable reserve for the depreciation of all income-producing, depreciable real and personal property, and capital improvements and extraordinary repairs on income-producing property, shall be charged to income from time to time;
2. A reasonable reserve for the depletion of all depletable natural resources, including, but not limited to, oil, gas and mineral and timber property, shall be charged to income from time to time;
3. Distributions by mutual funds and similar entities of gains from the sale or other disposition of property shall be credited to principal;

4. A reasonable reserve for the amortization of all intangible property having a limited economic life including, but not limited to, patents and copyrights, shall be charged to income from time to time;
5. All premiums paid and all discounts received in connection with the purchase of any bond or other obligation shall be amortized by making an appropriate charge or credit to income as the case may be; provided, however, my Trustee shall not set aside out of income a reserve for the depreciation, depletion, obsolescence, repair, replacement, improvement or amortization of capital assets (tangible or intangible) contributed to my Trust during my lifetimes or by Will upon my death. Further provided, if my Trust is a partner in a partnership, my Trustee shall be entitled to accept, with respect to such partnership interest, any accounting methods used by the partnership, regardless of whether such methods include depreciation reserves, regardless of the assumptions on which any such reserve may be based, and regardless of whether such accounting methods are inconsistent with those methods used by my Trustee with respect to other property of my Trust Estate.

The income and principal of Retirement Assets and Annuities shall be governed by the provisions under Section 1 of Article Eleven.

h. Sell, Exchange and Repair

My Trustee shall have the power to manage, control, grant options on, sell (for cash or on deferred payments), convey, exchange, partition, divide, improve and repair Trust property.

i. Lease

My Trustee shall have the power to lease Trust property for terms within or beyond the terms of the Trust and for any purpose, including exploration for and removal of gas, oil and other minerals; and to enter into community oil leases, pooling and unitization agreements.

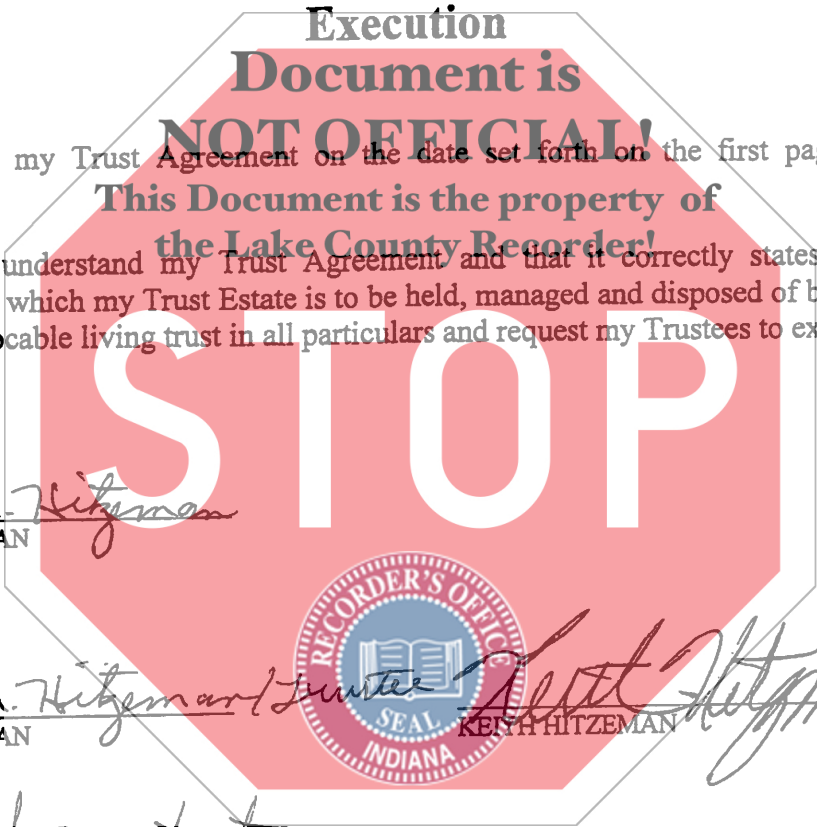
j. Permit Beneficiaries to Use or Reside Upon Trust Assets

Unless in conflict with the provisions of Section 2. e. of Article Eleven, my Trustee may permit any beneficiary to reside upon or occupy any real property in

invalid due to its scope and breadth, such provision shall be deemed valid to the extent of the scope or breadth permitted by law.

The authority of the Special Co-Trustee appointed under Section 9 of Article Three to resolve disputes between Co-Trustees, beneficiary and Trustee, and among beneficiaries in no way nullifies the provisions of this Section.

The provisions of this Section shall not apply to any disclaimer by any person of any benefit under my Trust Agreement, or any amendment thereto.



I have executed my Trust Agreement on the date set forth on the first page of my Trust Agreement.

I certify that I understand my Trust Agreement and that it correctly states the terms and conditions under which my Trust Estate is to be held, managed and disposed of by my Trustees. I approve this revocable living trust in all particulars and request my Trustees to execute it.

Trustor:

Ruth A. Hitzeman
RUTH A. HITZEMAN

Trustees:

Ruth A. Hitzeman and Trustee
RUTH A. HITZEMAN



Ruth Hitzeman TRUSTEE

Kevin Hitzeman Trustee
KEVIN HITZEMAN

STATE OF INDIANA

)
) SS
)

COUNTY OF LAKE

Before me the undersigned, a Notary Public for Lake County, Indiana, personally appeared RUTH A. HITZEMAN, KEITH HITZEMAN, and KEVIN HITZEMAN, Respectively, and acknowledged the execution of the foregoing instrument on February 24, 2010.

Gloria J. O'Drobinak

Gloria J. O'Drobinak, Notary Public

My Commission Expires: 11-28-2017

Resident of Lake County, IN



Prepared by:
John M. O'Drobinak
John M. O'Drobinak, P.C.
5265 Commerce Drive
Crown Point, IN 46307
(219) 738-2292