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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-025140

9:25 AM 2021 Mar 19

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SUCCESSOR TRUSTEE
THE GEORGE AND ANN VERSAL LIVING TRUST AGREEMENT

I, KELLY A. ONEY, being of legal age and duly sworn upon her oath, depose and state as follows:

1. That Affiant, KELLY A. ONEY, is the surviving daughter of George Versal, who died a resident of Lake County, Indiana, on the 15th day of September, 2005, and Ann Versal, who died a resident of Lake County, Indiana on the 15th day of February, 2021, (*see Death Certificates attached hereto as Exhibit "1"*).

2. That prior to their deaths, George and Ann Versal executed a Trust Agreement dated December 5, 1994, most recently amended and restated on July 22, 2011. Under this Living Trust Agreement, George and Ann Versal named their daughter, KELLY A. ONEY, as Successor Trustee.

3. That in establishing the Trust dated December 5, 1994, most recently amended and restated on July 22, 2011, George and Ann Versal transferred various assets into the Trust, including the real estate known as:

See Legal Description attached as Exhibit "2"

4. That George and Ann Versal, subsequent to the execution of the above-referenced Trust, did not revoke or restate the trust document prior to their death.

5. That KELLY A. ONEY is the named Successor Trustee in The George and Ann Versal Living Trust Agreement dated December 5, 1994, most recently amended on July 22, 2011,

FILED

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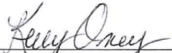
**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

23 cc
C# 129939
KAC

NOT AN OFFICIAL DOCUMENT

and, therefore, has all those powers conveyed upon her by the above-referenced Trust as Successor Trustee.

6. That Affiant, KELLY A. ONEY, makes this Affidavit for the purpose of causing the proper title and transfer of assets located in The George and Ann Versal Living Trust Agreement dated December 5, 1994, most recently amended and restated on July 22, 2011, and for the administration of such assets pursuant to the terms of said Trust.



KELLY A. ONEY, Successor Trustee
Of the George and Ann Versal Living Trust
Agreement dated December 5, 1994, most recently
amended and restated on July 22, 2011

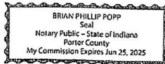
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, Brian Phillip Popp, Notary Public, this 16th day of March, 2021, *Kelly A. Oney*, Successor Trustee of the George and Ann Versal Living Trust Agreement dated December 5, 1994, most recently amended and restated on July 22, 2011, acknowledged the execution of the foregoing or attached Affidavit of Successor Trustee of the George and Ann Versal Living Trust Agreement, as her voluntary act for the purposes stated therein.

Brian Phillip Popp, Notary Public



Brian Phillip Popp
License No: NP0699804
My Commission Expires: 06/25/25
County of Residence: Porter



Property of Lake County Recorder

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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: Brian P. Popp, Laszlo & Popp, P.C., 200 East 80th Place, Suite 200, Merrillville, IN 46410 Telephone: 219-756-7677; Facsimile: 219-756-7678 Email: brianpopp@laszlopopp.com
Return to: Brian P. Popp, Laszlo & Popp, P.C., 200 E. 80th Place, Suite 200, Merrillville, IN 46410

Property of Lake County Recorder

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 23,879-03 State No.

TYPE/PRINT IN PERMANENT BLACK INK
DECEASED - NAME **GEORGE VERSAL** M F SEX **Male** AGE AT TIME OF DEATH **800** F DATE OF DEATH **September 16, 2005**

10. SOCIAL SECURITY NUMBER **5861** 11. MARRIAGE STATUS **Married** 12. PLACE OF DEATH (Name only and zip code) **East Chicago, Indiana**

13. FACILITY NAME (Name of institution, give street and number) **St. Anthony's Inpatient Hospice Center** 14. CITY/TOWN/LOCALITY OF DEATH **Crown Point** 15. COUNTY OF DEATH **Lake**

16. ADDRESS (State, County, City/Town/Localization, Street and Number) **Indiana Lake Crown Point 942 Elm Drive**

17. SEX CODE **46007** 18. PLACE OF BIRTH (Country, State, County, City/Town/Localization) **U.S.A.** 19. RACE - American Indian, Alaska Native, or Other Race **White** 20. DECEASED'S EDUCATION (Name of institution, year, month, day) **12** 21. EMPLOYER'S BUSINESS INDUSTRY **Water Treatment**

22. DECEASED'S MARITAL STATUS (Name of spouse, give street and number) **Ann Versal** 23. MARRIAGE ADDRESS (Street and number or Rural Route, Number, City or Town, State, Zip Code) **942 Elm Dr., Crown Point, IN 46307** 24. SPOUSE'S SURVIVAL STATUS **Wife**

25. METHOD OF DISPOSITION Burial Cremation Other Donation Other (Specify) **Northwest Indiana Cremation Svc. Crown Point, Indiana**

26. SIGNATURE OF FUNERAL DIRECTOR **Jovan Sanchez** 27. LICENSE NUMBER FOR LICENSEE **FDOB601292** 28. NAME AND ADDRESS OF FUNERAL HOME (Name and address of funeral home, give street and number) **PHB3002445 - Burns Funeral Home 10101 Broadway, Crown Point, IN 46307**

29. PART I: Cause of death (Specify the disease or condition, the organ or system, the mode of death, the time and place of death, and the manner of death) **Coronary Art. Disease** 30. APPROXIMATE PERIOD OF ILLNESS (Specify date and time) **Hyperlipidemia** 31. CAUSE OF DEATH (Specify the disease or condition, the organ or system, the mode of death, the time and place of death, and the manner of death) **COPD**

32. PART II: Other significant conditions (Specify the disease or condition, the organ or system, the mode of death, the time and place of death, and the manner of death) **None** 33. 27. WAS RECEIVED PRESENTLY OF 30 DAYS PREVIOUSLY? **NO** 34. 28. WERE AN AUTOPSY PERFORMED? **NO** 35. 29. WERE AN AUTOPSY PERFORMED? **NO**

36. CERTIFIER: NAME AND ADDRESS OF PHYSICIAN WHO COMPLETED CAUSE OF DEATH (Name and address of physician, give street and number) **B. A. JACOBS, MD, 10607 RANDOLPH ST, Crown Point, IN**

37. SIGNATURE AND TITLE OF CERTIFIER **B. A. JACOBS, MD** 38. MEDICAL LICENSE NO. **02200290** 39. DATE SIGNED (Month, day, year) **9/16/05**

40. NUMBER OF DEATH Accidental Suicide Homicide Natural Pending Investigation Unknown Unexplained Indeterminate

41. DATE OF DEATH **September 16, 2005** 42. TIME OF DEATH **12:00 PM** 43. PLACE OF DEATH (Name of institution, give street and number) **St. Anthony's Inpatient Hospice Center** 44. COUNTY OF DEATH **Lake**

EXHIBIT "1"

Tracking No. 269990

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No. 000744		EDR No. C00011087002		State No. 2021-011306	
1. Decedent's Legal Name (Last, First, Middle, Last) Mironovnich		2. Sex Female		3. Time of Death 10:45 AM	
4. Date of Birth 09/01/1927		5. Date of Death 02/15/2021		6. Date of Death (Month/Day/Year)	
7. Cause of Death (ICD-10 Code) (See Instructions)		8. External Cause (Date and Place of Injury)		9. Injury (Date and Place of Injury)	
10. Place of Death (City and State)		11. Place of Death (County)		12. Place of Death (Municipality)	
13. City or Town, State, and ZIP Code Crown Point, Indiana, 46307		14. County of Death Lake		15. Manner of Death (See Instructions)	
16. Decedent's Usual Residence (City and State)		17. Decedent's Usual Residence (County)		18. Decedent's Usual Residence (Municipality)	
19. Residence - State IN		20. Residence - City/Town Lake		21. Residence - ZIP Code 46307	
22. Street and Number 942 Elm Drive		23. Apartment, Condo, or Mobile Home None		24. Decedent's Usual Residence (Municipality) Crown Point, IN	
25. Education (Highest Degree) Some college, but no degree		26. Occupation (Last Held) None		27. Occupation (Last Held) (Date)	
28. Parents Name (Last, First, Middle, Last) Timo Mironovnich		29. Parents Name (Last, First, Middle, Last) Mikha Mironovnich		30. Parents Name (Last, First, Middle, Last) Novakovich	
31. Marital Status (Date of Death) Married		32. Spouse's Name (Last, First, Middle, Last) Kately A Onay		33. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
34. Marital Status (Date of Death) Married		35. Spouse's Name (Last, First, Middle, Last) Kately A Onay		36. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
37. Marital Status (Date of Death) Married		38. Spouse's Name (Last, First, Middle, Last) Kately A Onay		39. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
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43. Marital Status (Date of Death) Married		44. Spouse's Name (Last, First, Middle, Last) Kately A Onay		45. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
46. Marital Status (Date of Death) Married		47. Spouse's Name (Last, First, Middle, Last) Kately A Onay		48. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
49. Marital Status (Date of Death) Married		50. Spouse's Name (Last, First, Middle, Last) Kately A Onay		51. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
52. Marital Status (Date of Death) Married		53. Spouse's Name (Last, First, Middle, Last) Kately A Onay		54. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
55. Marital Status (Date of Death) Married		56. Spouse's Name (Last, First, Middle, Last) Kately A Onay		57. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
58. Marital Status (Date of Death) Married		59. Spouse's Name (Last, First, Middle, Last) Kately A Onay		60. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
61. Marital Status (Date of Death) Married		62. Spouse's Name (Last, First, Middle, Last) Kately A Onay		63. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
64. Marital Status (Date of Death) Married		65. Spouse's Name (Last, First, Middle, Last) Kately A Onay		66. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
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73. Marital Status (Date of Death) Married		74. Spouse's Name (Last, First, Middle, Last) Kately A Onay		75. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
76. Marital Status (Date of Death) Married		77. Spouse's Name (Last, First, Middle, Last) Kately A Onay		78. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
79. Marital Status (Date of Death) Married		80. Spouse's Name (Last, First, Middle, Last) Kately A Onay		81. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
82. Marital Status (Date of Death) Married		83. Spouse's Name (Last, First, Middle, Last) Kately A Onay		84. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
85. Marital Status (Date of Death) Married		86. Spouse's Name (Last, First, Middle, Last) Kately A Onay		87. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
88. Marital Status (Date of Death) Married		89. Spouse's Name (Last, First, Middle, Last) Kately A Onay		90. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
91. Marital Status (Date of Death) Married		92. Spouse's Name (Last, First, Middle, Last) Kately A Onay		93. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
94. Marital Status (Date of Death) Married		95. Spouse's Name (Last, First, Middle, Last) Kately A Onay		96. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
97. Marital Status (Date of Death) Married		98. Spouse's Name (Last, First, Middle, Last) Kately A Onay		99. Spouse's Name (Last, First, Middle, Last) Kately A Onay	
100. Marital Status (Date of Death) Married		101. Spouse's Name (Last, First, Middle, Last) Kately A Onay		102. Spouse's Name (Last, First, Middle, Last) Kately A Onay	

EXHIBIT "1"

NOT AN OFFICIAL DOCUMENT

EXHIBIT "2"

Condominium Unit 942 in Building B and Garage B942 in Troutwine Estate Condominium, a Horizontal Property Regime, as created by a certain Declaration of Condominium recorded August 12, 1996 as Document No. 96053792, and amended by First Amendment to Declaration recorded September 11, 1996 as Document No. 96060760, and further amended by Second Amendment recorded September 2, 1997 as Document No. 97057849 and further amended by Third Amendment recorded September 2, 1997 as Document No. 97057850 and further amended by Fourth Amendment recorded October 21, 1997 as Document No. 97071496, in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in and to the common and limited common area and facilities appurtenant thereto. Registered Land Surveyor's Certificate recorded December 12, 1997 as Document No. 97085507, and recorded June 8, 1998 as Document No. 98042453 certifies the Improvements as built with regard to Building "B".

Parcel ID: 45-16-04-101-045.000-042

More commonly known as: 942 Elm Drive, Crown Point, IN 46307