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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-040717

2:07 PM 2022 Dec 8

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SUCCESSOR TRUSTEE
THE HELEN J. MELCHER REVOCABLE LIVING TRUST AGREEMENT

We, SANDRA L. HENDERLONG and SHARON L. DE ST. JEAN, being of legal age and duly sworn upon our oath, depose and state as follows:

1. That Affiants, SANDRA L. HENDERLONG and SHARON L. DE ST. JEAN are surviving daughters of HELEN J. MELCHER, who died a resident of Lake County on October 25, 2022. (See Death Certificate attached as Exhibit "1").

2. That prior to her death, Helen J. Melcher executed a Trust Agreement dated March 17, 2011. Under this Revocable Living Trust Agreement, Helen J. Melcher named her daughters, SANDRA L. HENDERLONG and SHARON L. DE ST. JEAN as Successor Co-Trustees.

3. That in establishing the Trust dated March 17, 2011, Helen J. Melcher transferred various assets into the Trust, including the real estate known as:

Lot One (1), Block One (1), Greenmeadow Manor, Unit No. 1, Crown Point, as shown in Plat Book 31, page 51, in Lake County, Indiana.

More Commonly known as: 225 Wells Street, Crown Point, IN 46307.

Parcel ID: 45-16-08-454-008.000-042

4. That Helen J. Melcher, subsequent to the execution of the above-referenced Trust, did not revoke or restate the Trust document prior to her death.

5. That SANDRA L. HENDERLONG and SHARON L. DE ST. JEAN are the named Successor Co-Trustees of The Helen J. Melcher Revocable Living Trust Agreement dated March 17, 2011, and, therefore, have all those powers conveyed upon them by the above-referenced Trust as the Successor Co-Trustees.

FILED


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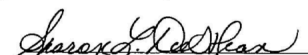
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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NOT AN OFFICIAL DOCUMENT

6. That Affiants, SANDRA L. HENDERLONG and SHARON L. DE ST. JEAN, make this Affidavit for the purpose of causing the proper title and transfer of real estate located in The Helen J. Melcher Revocable Living Trust Agreement dated March 17, 2011.


SANDRA L. HENDERLONG, Successor
Co-Trustee of The Helen J. Melcher
Revocable Living Trust Agreement
Dated March 17, 2011



SHARON L. DE ST. JEAN, Successor
Co-Trustee of the Helen J. Melcher
Revocable Living Trust Agreement
Dated March 17, 2011

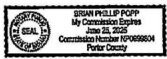
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, this 8th day of December, 2022, personally appeared *Sandra L. Henderlong and Sharon L. De St. Jean*, as Successor Co-Trustees of The Helen J. Melcher Revocable Living Trust Agreement dated March 17, 2011 and/or acknowledged the execution of the above instrument to be their 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.

My Commission Expires:
June 25, 2025


Brian P. Popp, Notary 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.



This instrument 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: bjrjppopp@laszloppopp.com
Return to: Brian P. Popp, Laszlo & Popp, PC., 200 East 80th Place, Suite 200, Merrillville, IN 46410.

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 009502

EDR No 000011452120

State No 2022-060900

1. Decedent's Legal Name (First, Middle, Last) Helen Joan Melcher		1a. Maiden Name (If Female) Daiké		2. Gender Female		3. Time of Death 05:19 AM		4. Date of Death (Month/Day/Year) 10/25/2022	
5. Social Security Number (Last 4) 91		6a. Under 1 Year Months		6b. Under 1 Month Days		6c. Under 1 Day Hours		6d. Under 1 Hour Minutes	
7. Place of Birth (Month/Day/Year) 06/17/1931		8. Birthplace (City and State or Foreign Country) Valparaiso, Indiana							
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 <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Occidents 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) Ascension St Vincent Indianapolis Hospital									
12. City Or Town, State, and Zip Code Indianapolis, Indiana 46260				13. County of Death Marion		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			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation Registered Nurse		17. Kind of Business/Industry School Nurse	
18. Residence - State IN		18a. County Lake			18b. City Or Town Crown Point				
18c. Street And Number 225 Wells 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 Associate's degree (e.g. AA, AS)			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Parents Name (First, Middle, Last) John Daiké			23. Parents Name (First, Middle, Last) Emma Daiké			24. Parents Last Name Before First Marriage Gloor			
24a. Informant's Name Sandra Henderlong		24b. Relationship To Decedent Daughter		24c. Mailing Address (Street And Number, City, State, Zip Code) 3947 Albert Lane, Bargersville, IN, 46106					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) Maplewood Memorial Cemetery			25c. Location - City, Town, And State Crown Point, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Home Gelsen Funeral, Cremation & Reception Centre 606 East 113th Avenue, Crown Point, Indiana, 46307			27a. Funeral Home License Number FH10700031				
27b. Signature Of Indiana Funeral Service Licensee Larry Allen Giesler			27c. Electronically Signed			27d. License Number (Of Licensee) FD09000013			
Cause Of Death (See Instructions And Examples)									
28. Part 1. 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.								Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. hemorrhagic stroke								days	
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.								ICD-10 CM Description (I)	
C.								ICD-10 CM Description (II)	
D.								ICD-10 CM Description (III)	
Part 2. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Over In Part 1								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Pregnant At Present Within The Past Year		33. Were Assault, Abuse, Or Neglect To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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"/> Unknown <input type="checkbox"/> Cause Not To 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 checked="" type="checkbox"/> No		38. Zip Code	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
35. Describe How Injury Occurred									
40. If Transportation Vehicle, Specify: <input type="checkbox"/> Other Vehicle <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)						41. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Hag In Charge <input type="checkbox"/> Data Collector			
42. Certifier's Signature Jon Rjland Simala 8330 Naab Road, Indianapolis, IN 46260						43. License Number 01056698A		44. Date Certified 10/31/2022	
45. Signature Of Local Health Officer T. Phyllis A. Cather						46. Electronically Signed		47. Date Filed (Month/Day/Year) 11/01/2022	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

State Form 53385 ATTENTION ESTATE: The Social Security # is being requested by the state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.