

NOT AN OFFICIAL DOCUMENT

owner of the following described real estate:

LOT SEVENTEEN (17), KLEINMAN 1ST ADDITION TO THE TOWN OF GRIFFITH, AS SHOWN IN PLAT BOOK 31, PAGE 82, IN LAKE COUNTY, INDIANA.

Commonly known as: **727 N. ERNEST ST., GRIFFITH, IN 46319**

6. That under the terms of the Third Amendment to the GLOVER FAMILY TRUST, THOMAS S. GLOVER, was named to act as Successor Trustee upon the deaths of RONALD J. GLOVER and DOLORES L. GLOVER.

7. That the powers granted to the Successor Trustee by the original Deed in Trust executed by RONALD J. GLOVER and DOLORES L. GLOVER, Husband and Wife, on November 30, 1994, conveying title to RONALD J. GLOVER and DOLORES L. GLOVER, as Co-Trustees of the GLOVER FAMILY TRUST Dated November 30, 1994, do include the power to convey real estate and complete the sale of said property.

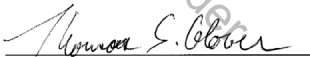
8. The undersigned makes this Affidavit of Certification of Trust for the purposes of:

- A) Showing current status of the GLOVER FAMILY TRUST AGREEMENT Dated November 30, 1994, further stating that the Successor Trustee has been acting as Successor Trustee since February 15, 2023, the date of death of DOLORES L. GLOVER, surviving original Trustee;
- B) Showing that the Successor Trustee has the right to act for and on behalf of the Trust.

9. That all interest in the property transferred is a result of the death of DOLORES L. GLOVER pursuant to the terms of said trust and/or amendments thereto.

IN WITNESS WHEREOF, I have executed this Affidavit of Certification of Trust on this

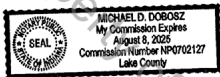
7th day of APRIL, 2023.


THOMAS S. GLOVER, Successor Trustee of the
GLOVER FAMILY TRUST AGREEMENT
Dated 11/30/1994

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, on this 7th day of APRIL, 2023, personally appeared THOMAS S. GLOVER, Successor Trustee of the GLOVER FAMILY TRUST AGREEMENT Dated November 30, 1994, known to me to be said person or who provided sufficient proof that he is the person identified herein, and acknowledged the execution of the foregoing Affidavit of Certification of Trust as his voluntary act for the purposes stated therein on Page #2 of this three (3) page document.





Notary Public Signature

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.
Michael D. Dobosz, Attorney at Law

THIS INSTRUMENT PREPARED BY:
Michael D. Dobosz, Esq. (#14539-45)
HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP
2637 - 45th Street, Highland, Indiana 46322
PH: (219) 924-2427 * FAX: (219) 924-2481

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I hereby affirm that I have redacted all social security numbers from this document. Michael D. Dobosz, Attorney

CENTRALIA STATE DEPARTMENT OF HEALTH - COUNTY CERTIFICATE OF DEATH



Local No 000895		EDR No 000000400616		State No	
1. Decedent Legal Name (First, Middle, Last) RODOLPH JAMES GLOVER		1a. Middle Name (if female)		2. Sex MALE	
3. Social Security Number		4a. Date of Birth (Month/Day/Year) 12/19/1930		3. Time of Death 01:08 AM	
5. Age (Yr) 83		6. Date of Death (Month/Day/Year) 08/19/2014		4. Birthplace (City and State or Foreign Country) HAMMOND, IN	
7. Ever in U.S. Armed Forces?		8. Death Occurred in a Hospital?		9. Place of Death <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Other (Specify)	
11. Family Name (If Not Indicated, Give Street and Number) INDIANA VETERANS HOME		13. County of Death TIPPECANOE		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	
12. City or Town, State and Zip Code WEST LAFAYETTE, IN, 47906		15a. If Policy/Policy Makers Last Name MYSLIOWY		16. Decedent's Usual Occupation SALES	
13. Sponsoring Spouse's Name DELORES GLOVER		15b. County LAKE		17. Kind of Business/Industry CALUMET BREWERIES	
18a. Residence - State INDIANA		15c. City or Town GRIFFITH		18b. Issue City/Link <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street and Number 727 NORTH ERNEST		18d. Apt. No.		18e. Zip Code 46319	
19. Cause(s) of Death SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent's Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) PERCY GLOVER		23. Mother's Name (First, Middle, Last) VIOLA GLOVER		23a. Mother's Maiden Last Name BERIGER	
24. Informant's Name DELORES GLOVER		24a. Relationship to Decedent WIFE		24b. Mailing Address (Street and Number, City, State, Zip Code) 727 NORTH ERNEST, GRIFFITH, IN 46319	
25a. Method of Disposal <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Burial in a Mausoleum <input type="checkbox"/> Other (Specify)		25b. Place of Disposal (Name of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATORY		25c. Location - City, Town, and State GARY, IN	
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name and Complete Address of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319		27a. Funeral Home License Number FH10800026	
27b. Signature of Indiana Funeral Service Licensee RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) F0D8700086		27d. Signature of Indiana Funeral Service Licensee	
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.)		28. Cause of Death (See Instructions and Examples)		Approximate Interval (Years) From Death to Death	
A. Immediate Cause (Final Disease or Condition Resulting in Death)		A. END STAGE ALZHEIMER'S DEMENTIA		YEARS	
B. 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.		YEARS	
C.		C.		YEARS	
D.		D.		YEARS	
Part II - Enter Other Significant Conditions Contributing to Death That Not Resulting in the Underlying Cause Given in Part I		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NONE		31. One (Specify Use Continue To Detail?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Reported <input type="checkbox"/> Reported by Year of Death <input type="checkbox"/> Reported, But Reported Status of Death of Spouse <input type="checkbox"/> Reported <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown <input type="checkbox"/> Cause of Death of Spouse <input type="checkbox"/> Cause of Death of Spouse <input type="checkbox"/> Cause of Death of Spouse <input type="checkbox"/> Cause of Death of Spouse	
33. Cause of Injury (Date/Time/Day)		34. Place of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		35. Injury (If Work) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. Location of Injury - State		36a. City or Town		36b. Street & Number	
37. Describe How Injury Occurred		37a. Age (No.)		37b. Zip Code	
38. Signature of Person Carrying Cause of Death LUKE G. NELLIGAN, BY ELECTRONIC SIGNATURE		38a. Consider (Check Only One) <input checked="" type="checkbox"/> Certified Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		38b. License Number 02001548A	
39. Name, Address and Zip Code of Person Carrying Cause of Death LUKE G. NELLIGAN, 8648 WEST 84TH ST., INDIANAPOLIS, IN 46278		39a. Date Certified 08/20/2014		39b. Date Certified	
40. Signature of Local Health Officer JEREMY ADLER, VIA ELECTRONIC SIGNATURE		40a. Fair Register Only - Date Filed (Month/Day/Year) AUG 21 2014		40b. Fair Register Only - Date Filed (Month/Day/Year)	

State Form 53306 - ATTENTION ESTATE: This Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

FILE: 122585

DATE ISSUED: AUG 20 2014

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT. It is a certified copy of the original document of death for Indiana and should be used as such. It is not a duplicate of the original document. It is a certified copy of the original document of death for Indiana and should be used as such. It is not a duplicate of the original document. It is a certified copy of the original document of death for Indiana and should be used as such. It is not a duplicate of the original document.

Jeremy P. Adler, M.D.
Tippecanoe County Health Officer

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I hereby affirm that I have redacted all social security numbers from this document. **Michael D. Dobos, Attorney**
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
Tracking No. **356604**

Local No 000564

EDR No 000911507155

State No 2023-007999

1. Deceased's Legal Name (Print, Middle Initial) Dolores L. Glover		10. Maiden Name (if female) Myslivy		2. Sex Female		3. Time of Death 06:15 AM		4. Date of Death (Month/Day/Year) 02/15/2023			
8. Social Security Number 89		5a. Age - Yrs 89		5b. Under 1 Year Months		5c. Under 1 Month Days		5d. Under 1 Day Hours			
6. Date of Birth Occurred in Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		7. Date of Death Occurred in Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		7a. Under 1 Hour Minutes		7b. Under 1 Hour (Female Only) 04/07/1933		8. Birthplace (City and State or Foreign Country) Hammond, Indiana			
11. Facility Name (if Not Institution, Give Street and Number) Crown Point Christian Village											
12. City or Town, State, and Zip Code Crown Point, Indiana 46307			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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			17. Kind of Business/Industry Real Estate Investment		
16. Resident's State IN			16a. County Lake			16b. City or Town Griffith			16c. Decedent's Usual Occupation Secretary		
16d. Street And Number 727 N Ernest			16e. Apt. No.			16f. Zip Code 46319			16g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education High School graduate or GED completed			20. Country of Birth White			21. Decedent's Race White			22. Place of Birth (City, State, and Country) Tulaja		
23. Parent's Name (First, Middle, Last) Stanley Myslivy			33. Parent's Name (First, Middle, Last) Lottie Myslivy			34. Parent's Last Name Before First Marriage Tuleja			35. Place of Birth (City, State, and Country)		
24. Informant's Name Thomas Glover			34a. Relationship to Decedent Son			24b. Mailing Address (Street And Number, City, State, Zip Code) 727 N Ernest, Griffith, IN, 46319			25. Informant's Signature Thomas Glover		
25a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment			25b. Place of Disposition (Name of Cemetery, Consecration, Other Place) Calumet/Wilbert Cemetery			25c. Location - City, Town, and State Gary, IN			27a. Funeral Home License Number FH1000020		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address of Funeral Facility White Funeral Home & Cremation Service 921 West 45th Avenue, Griffith, Indiana, 46319			27b. License Number of Licenses FD08700088			28. Signature of Indiana Funeral Service Licensee Wayne White		
Part I. Enter one signature (Coroner, Coroner's Designee, But Not Resulting in the Underlying Cause Given in Part I) heart disease										36. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Toxicology Examination Occur? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										32. Were Autopsy Findings Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Cause Grouping (Identify Year) 1										35. Term of Injury 1	
38. Location of Injury - Site Head			38a. City or Town Griffith			38b. Street Address 727 N Ernest			38c. Apt. No. 0		
38d. Zip Code 46319			38e. State IN			38f. Country USA			39. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
35. Decedent's Occupation Secretary										40. If Transportation Injury, Specify: <input type="checkbox"/> Car/Driver <input type="checkbox"/> Car/Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other NO VALID PRINTLESS	
41. Signature of Person Certifying Cause of Death Kristine MARIE Tabor										42. Date of Death 02/15/2023	
43. Name, Address and Zip Code of Person Certifying Cause of Death Kristine MARIE Tabor 300 N Main Street, Crown Point, IN 46307										44. Birth Date 02/15/2023	
44. Additional Funeral Service Location Candace Starfield										45. For Registrar Only - Schedule (If Applicable) 02/15/2023	