

GINA PIMENTEL  
RECORDER

2023-014923

STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

1:52 PM 2023 Jun 7

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF SUCCESSOR CO-TRUSTEES**  
**OF THE GRACE JEAN HENDERSON REVOCABLE LIVING TRUST AGREEMENT**

We, SUSAN C. KOZA and KAREN C. MITCHELTREE, being of legal age and duly sworn upon our oath, depose and state as follows:

1. That Affiants are the daughters of Grace Jean Henderson, who died a residence of Lake County, Indiana, on April 25, 2023. *(See Death Certificate attached as Exhibit "1")*.

2. That prior to her death, Grace Jean Henderson executed the Grace Jean Henderson Revocable Living Trust Agreement dated July 7, 1992 and February 10, 2000, most recently amended and restated on August 6, 2015.

2. Under this Revocable Living Trust Agreement, Grace Jean Henderson named her daughters, SUSAN C. KOZA and KAREN C. MITCHELTREE, as Successor Co-Trustees.

3. That in establishing the Trust dated July 7, 1992 and February 10, 2000, most recently amended and restated on August 6, 2015, Grace Jean Henderson transferred various assets. Including real estate, into the Trust. *(See attached Exhibit "2")*.

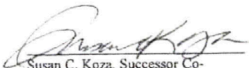
4. That Grace Jean Henderson subsequent to the execution of the above-referenced Trust, did not revoke or restate the trust document prior to her death.

5. That SUSAN C. KOZA and KAREN C. MITCHELTREE, are the Successor Co-Trustees of The Grace Jean Henderson Revocable Living Trust dated July 7, 1992 and February 10, 2000, most recently amended and restated on August 6, 2015, and, therefore, have all those powers conveyed upon them by the above-referenced trust as Successor Co-Trustees.

6. That Affiants, SUSAN C. KOZA and KAREN C. MITCHELTREE, make this affidavit for the purpose of causing the proper authority, title and transfer of real estate located in

# NOT AN OFFICIAL DOCUMENT

The Grace Jean Henderson Revocable Living Trust Agreement dated July 7, 1992 and February 10, 2000, most recently amended and restated on August 6, 2015.



Susan C. Koza, Successor Co-Trustee of the Grace Jean Henderson Revocable Living Trust Agreement Dated July 7, 1992 and February 10, 2000, most recently amended and restated on August 5, 2015



Karen C. Mitcheltree, Successor Co-Trustee of the Grace Jean Henderson Revocable Living Trust Agreement Dated July 7, 1992 and February 10, 2000, most recently amended and restated on August 6, 2015

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE

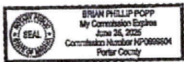
Before me, the undersigned, a Notary Public, in and for said County and State, this 12<sup>th</sup> day of May, 2023, appeared, SUSAN C. KOZA AND KAREN C. MITCHELTREE, Successor Co-Trustees of The Grace Jean Henderson Revocable Living Trust Agreement and/or acknowledged the execution of the above instrument 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.

Brian Phillip Popp, Notary Public



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



"I affirm, under the penalties for perjury, that I have taken reasonable care to reduce each social security number in this document, unless required by law."



Brian P. Popp

Prepared by: Brian P. Popp, Laszlo & Popp, P.C., 200 E. 80<sup>th</sup> Place, Ste. 200, Merrillville, IN, 46410, T: 219-756-7677, F: 219-756-7678, E: [brianpoppe@bszlspopp.com](mailto:brianpoppe@bszlspopp.com)

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 563573



Local No 001471

EDR No 000011541139

State No 2023-021083

1. Decedent's Legal Name (First, Middle, Last) <b>Grace Jean Henderson</b>		1a. Maiden Name (If Female) <b>Mikuta</b>		2. Gender <b>Female</b>		3. Time Of Death <b>03:00 PM</b>		4. Date Of Death (Month/Day/Year) <b>04/25/2023</b>																																																																							
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>86</b>		6b. Under 1 Year Months <b>[REDACTED]</b>		6c. Under 1 Month Days <b>[REDACTED]</b>		6d. Under 1 Day Hours <b>[REDACTED]</b>																																																																							
7. Date Of Birth (Month/Day/Year) <b>06/04/1936</b>		8. Birth-Place (City and State or Foreign Country) <b>Crown Point, Indiana</b>																																																																													
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										10. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's 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) <b>962 Ryan Court</b>										13. County Of Death <b>Lake</b>										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																																																											
12. City Or Town, State, And Zip Code <b>Crown Point, Indiana 46307</b>										15. Surviving Spouse's Name										16. Decedent's Usual Occupation <b>Closing officer</b>										17. Kind Of Business Industry <b>Title Co</b>																																																	
18. Residence - State <b>IN</b>										18a. County <b>Lake</b>										18b. City Or Town <b>Crown Point</b>										18c. Apt. No.										18d. Zip Code <b>46307</b>										18e. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
19. Decedent's Education <b>Bachelor's degree (e.g. BA, AB, BS)</b>										20. Decedent Of Hispanic Origin <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										21. Decedent's Race <b>White</b>										22. Parent's Name (First, Middle, Last) <b>John J Mikuta</b>										23a. Parent's Last Name Before First Marriage <b>Klaus</b>																																							
24. Informant's Name <b>Susan C Koza</b>										24a. Relationship to Decedent <b>Daughter</b>										24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4 Goshawk Lane, Littleton, CO. 80127</b>										25. Place Of Disposition <b>Northwest Indiana Cremation Services</b>										25c. Location (City, Town, And State) <b>Crown Point, IN</b>																																							
26. Method Of Disposition <input 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)										27. Name And Complete Address Of Funeral Facility <b>Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307</b>										27a. Funeral Home License Number <b>FH83002445</b>										27b. License Number (Of Licensee) <b>FD01009461</b>																																																	
28. Part I. Enter The <b>CHIEF OF EVENT</b> - Diseases, Injuries, Or Complications Such As Cardiac Arrest, Respiratory Arrest, Or Venous Thrombosis Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Or A Line - Add Additional Lines If Necessary. <b>metastatic renal cell carcinoma</b>										29. Cause Of Death (See Instructions And Examples) <b>metastatic renal cell carcinoma</b>										Approximate Interval: Onset To Death <b>3 months</b>																																																											
30. Part II. Enter Other Significant Conditions Contributing To Death (But Not Resulting In The Underlying Cause Given In Part I) <b>hypertension</b>										31. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										32. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																											
33. Date Of Injury (Month/Day/Year)										34. Time Of Injury										35. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										36. Location Of Injury - State										36a. City Or Town										36b. Street & Number										36c. Zip No.										36d. Zip Code									
37. Describe How Injury Occurred										38. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)										39. Signature, Of Person Certifying Cause Of Death <b>Erin Marie Vicari</b>										40. Certifier (Check One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Licensed Nurse/Registered Nurse/Physician Assistant <input type="checkbox"/> Other (Specify)										41. License Number <b>01961783A</b>										42. Date Qualified <b>04/20/2023</b>																													
43. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>Erin Marie Vicari 123 N Court Street, Crown Point, IN 46307</b>										44. Additional Funeral Service Provider										45. For Registrar Only - Date Filed (Month/Day/Year) <b>04/27/2023</b>										46. Signature of Local Health Officer <b>Christina Turtala</b>										46a. Electronically Signed <b>LAKE COUNTY HEALTH OFFICER</b>																																							

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## EXHIBIT "A"

Commonly Known as : 962 Ryan Court, Crown Point, IN 46307

That part of Lot 6 in Ellendale Farm, Unit Two, in the City of Crown Point, as per plat thereof, recorded in Plat Book 84 page 30, in the Office of the Recorder of Lake County, Indiana, and amended by a certain "Affidavit and Certificate of Correction" recorded June 26, 1998 as Document No. 98048173, described as follows: Commencing at the Northwest corner of said Lot 6; thence Southeasterly along the Northeasterly line of said Lot, having a radius of 189.03 feet convex Southerly, a distance of 47.53 feet to the point of beginning; thence continue Southeasterly along the Northeasterly line of said Lot, having a radius of 189.03 feet convex Southerly, a distance of 63.22 feet to the Northeast corner of said Lot; thence Southwesterly along the Easterly line of said Lot, a distance of 150.00 feet to the Southeast corner of said Lot; thence Northwesterly along the Southerly line of said Lot, a distance of 107.26 feet to the Southerly extension of the centerline of the common wall of an existing townhouse; thence Northeasterly, on the Southerly and Northerly extensions of said centerline, a distance of 135.73 feet to the point of beginning, in Lake County, Indiana.

Parcel ID: 45-16-18-253-008.000-042

of Lake County Recorder