

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-005065
10:28 AM 2024 Feb 1

AFFIDAVIT OF SUCCESSOR TRUSTEE
THE HAROLD JOHN LANGE, JR. and DIANE LYNN LANGE
REVOCABLE LIVING TRUST AGREEMENT

I, AMY M. O'ROURKE, being of legal age and duly sworn upon my oath, depose and state as follows:

1. That Affiant, AMY M. O'ROURKE, is the surviving friend of Harold John Lange, Jr., who died a resident of Lake County on November 9, 2007, and Diane Lynn Lange, who died a resident of Lake County on December 20, 2023. (See Death Certificates attached as Exhibit "1").

2. That prior to their deaths, Harold John Lange, Jr. and Diane Lynn Lange executed a Trust Agreement dated February 12, 2002, most recently amended and restated on September 28, 2016. Under this Revocable Living Trust Agreement, Harold John Lange, Jr. and Diane Lynn Lange named their friend, AMY M. O'ROURKE as Successor Trustee.

3. That in establishing the Trust dated February 12, 2002, most recently amended and restated on September 28, 2016, Harold John Lange, Jr. and Diane Lynn Lange transferred various assets, including real estate, into the Trust. (See attached Exhibit "2").

4. That Harold John Lange, Jr., and Diane Lynn Lange, subsequent to the execution of the above-referenced Trust, did not revoke or restate the Trust document prior to their deaths.

5. That AMY M. O'ROURKE is the named Successor Trustee in The Harold John Lange, Jr., and Diane Lynn Lange Revocable Living Trust Agreement dated February 12, 2002,

FILED

FEB 01 2024

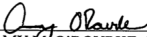
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25
13839
RN

NOT AN OFFICIAL DOCUMENT

most recently amended and restated on September 28, 2016, and, therefore, has all those powers conveyed upon her by the above-referenced Trust as the Successor Trustee.

6. That Affiant, AMY M. O'ROURKE, makes this Affidavit for the purpose of causing the proper title and transfer of assets located in The Harold John Lange, Jr. and Diane Lynn Lange Revocable Living Trust Agreement dated February 12, 2002, most recently amended and restated on September 28, 2016, and for the administration of such pursuant to the terms of said Trust.



AMY M. O'ROURKE, Successor Trustee of The Harold John Lange, Jr., and Diane Lynn Lange Revocable Living Trust Agreement dated February 12, 2002, most recently amended and restated on September 28, 2016

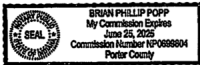
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, this 16th day of January, 2024, personally appeared *AMY M. O'ROURKE*, Successor Trustee of *The Harold John Lange, Jr., and Diane Lynn Lange Revocable Living Trust Agreement dated February 12, 2002, most recently amended and restated on September 28, 2016*, and/or acknowledged the execution of the above instrument to be her 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.

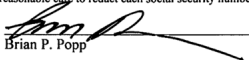
Brian Phillip Popp, Notary Public


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



NOT AN OFFICIAL DOCUMENT

"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, PC, 200 East 80th Place, Suite 200, Merrillville, IN 46410.
Return to: Brian P. Popp, Laszlo & Popp, PC, 200 East 80th Place, Suite 200, Merrillville, IN 46410.

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

EXHIBIT "1"

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 588548



Local No 004519

EDR No 000011655543

State No 2023-067105

1. Decedent's Legal Name (First, Middle, Last) Diane Lynn Lange		1a. Maiden Name (if female) Unknown		2. Gender Female	3. Time Of Death 08:48 AM	4. Date Of Death (Month/Day/Year) 12/20/2023	
5. Social Security Number [REDACTED]	6a. Age - Yrs 74	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/Lay/Year) 02/06/1949	8. Birthplace (City and State or Foreign Country) Gary, 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"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)							
10a. If Death Occurred Somewhere Other Than A Hospital: <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. Facility Name (If Not Institution, Give Street and Number) Franciscan Health Crown Point							
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"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Teacher		17. Kind Of Business/Industry Education	
18. Residence - State IN		18a. County Lake		18b. City Or Town Crown Point		18c. Zip Code 46307	
18d. Street And Number 925 Oak Drive		18e. Apt. No.		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Parents Name (First, Middle, Last) Eugene Troxel		23. Parents Name (First, Middle, Last) Vada Troxel		23a. Parents Last Name Before First Marriage Unknown			
24. Informant's Name Amy M. O'Rourke		24a. Relationship To Decedent Power of Attorney		24b. Mailing Address (Street And Number, City, State, Zip Code) 11822 W 105th Street, St. John, IN, 46373			
25a. 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)		25b. Place Of Disposition (Name Of Cemetery, Churchyard, Other Place) Heights Crematory		25c. Location - City, Town, And State Chicago Heights, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Crown Cremation Services 850 N. Madison Street, Crown Point, Indiana, 46307		27a. Funeral Home License Number PH11300014			
27b. Signifying Of Indiana Funeral Service License Kelly Mitchell, Spouse		27c. License Number (Of Licensee) FD21700031		27d. Electronic Signature Electronically Signed			
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 Trigger. Do Not Abbreviate Unless Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Severe sepsis B. Empyema C. Non-small cell lung cancer of left lower lobe D.							
29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
30. Were Autopsy Findings Used To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown							
32. Is Female? <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Pregnant, Stillborn Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, Stillborn 43 Days To 1 Year Before Death <input type="checkbox"/> Stillborn (Specify Date Within Last Year)							
33. 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	
39. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No. 38d. Zip Code	
39. Describe How Injury Occurred TRAFFIC COLLISION							
41. Signature, Of Person Certifying Cause Of Death Spencer Joel Markowitz				43. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Spencer Joel Markowitz 300 N Main Street D, Crown Point, IN 46307				44. License Number 01046970A		45. Date Certified 12/27/2023	
46. Additional Funeral Service Provider: Indianapolis Varialda				47. For Registrar Only, Date Filed (Month/Day/Year) 12/28/2023			

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH
12/28/2023

NOT AN OFFICIAL DOCUMENT

EXHIBIT "1"

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

EXHIBIT "2"

LEGAL DESCRIPTION

Condominium Unit 925 in Building C and Garage C923 in Troutwine Estates 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 to recorded September 2, 1997 as Document No. 97057850 and further amended by Fourth Amendment recorded October 21, 1997 as Document No. 97071496, and further amended by Fifth Amendment recorded November 27, 2000 as Document Nos. 2000 086041 and 2000 086052, 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 May 24, 2002 as Document No. 2002 048438 certifies the improvements as built with regard to Building "C" West.

Parcel ID: 45-16-04-101-072.000-042

More Commonly Known As: 925 Oak Drive, Crown Point, IN 46307