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GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED  
2024-020408  
3:18 PM 2024 Aug 2

The Above Space is for Recording Office's Certification

Date:

CERTIFICATE OF TRUST

*Melanie E. Jones Living Trust ©*

Trust EIN: 32-3821824

I, jones-rivers, melanie e. ("Affiant"), being duly sworn, deposes and declare(s) under penalty of perjury without the United States, that the foregoing is true, correct, and complete as follows:

1. The Private Trust known as "**MELANIE E JONES LIVING TRUST©**" executed in the Nation State of Indiana on October 1<sup>st</sup>, 2023, is a valid and existing trust.
2. The name of the trustor/grantor/settlor of the Trust is: **Melanie E Jones-Rivers**
3. The name of the **currently acting Trustee**: **MELANIE E JONES-RIVERS** with mailing address of c/o 7142 Calumet Ave. #4124, Hammond, Indiana 46324.
4. The name of **Successor Trustee**: Angela L. Martin with mailing address of 7545 Birch Ave, Hammond, Indiana 46324.

**TRUSTEE** The Trustee of the Trust has the following powers:

**At capacity** Oversees Trust Assets, Banking, purchases, investments, benefits for and on behalf of the Trust.

**At Incapacity** Oversees care of ill party; Understands insurance benefits and limitations; Looks after care of any minors and dependents; Applies for disability benefits; Puts together team of advisors; Notifies bank and others Transacts necessary business; Keeps accurate records and accounting.

**At Death** Contacts attorney to review trust and process; Keeps beneficiaries informed; Puts together team of advisors; Inventories assets, determines current values; Makes partial distributions if needed; Collects benefits, keeps records, files tax returns; Pays bills, does final accounting; Distributes assets to beneficiaries as trust directs.

**CO-TRUSTEE(s) with Limited Powers**

These Trustee(s) of the Trust have the following powers Settlement/Secure Assets for Trust

- ✓ Settle all claims against trust, protect Trust Assets; Registered agent for process, to settle all claims; Keeps accurate records and accounting; Pays bills, does final accounting; Distributes assets to beneficiaries as trust directs.
- ✓ Above 1 through 3 are the duties and powers of these Co-Trustees:
  - The occupant of the Office of the Secretary of Treasury – Custodian of Minor Account;
  - All Successors and Assigns and their agents with or without notice;
- The Trust is revocable.
- The name of the living soul who may revoke this trust is jones-rivers, melanie e.
- The number of trustees who must sign documents in order to exercise the power(s) of the Trust are one (1) Trustee to sign.
- The Trust holds no real estate.

The Trust has not been terminated, revoked, modified, or amended in any manner that would cause the representations contained in this **Certification of Trust** to be incorrect. We are all of the currently acting trustees, co-trustees, successor trustee authorized to be amended by trustor. We understand that we may be required to provide copies of excerpts from the original trust indenture, documents which designate the trustees and confer the power to act in the pending transactions.

**Maxim: "No trust shall fail for want of a trustee."**

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CS RM

FUTHER CLAIMANT SAYETH NAUGHT.

This my free will, act and deed, under my hand and seal this 11<sup>th</sup> day of October 2023. I, the Affiant, declare that this certificate has been examined by me and its contents are true and correct.



Affiant's Signature By: Melanie E. Jones Date: 10-11-23  
Print Name: Melanie E. Jones-Rivers

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of IL )  
County of COOK ) ss.

On OCTOBER 11, 2023 before me, Andrea L. Lurry-Starks (insert name and title of the officer), personally appeared Melanie E. Jones-Rivers, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity(ies), and that by her signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of IL that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.  
Andrea L. Lurry-Starks  
Signature \_\_\_\_\_ (Seal)



# NOT AN OFFICIAL DOCUMENT



## OFFICE OF THE LAKE COUNTY RECORDER

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GINA PIMENTEL  
Recorder

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CUSTOMER INITIALS: myr DATE: 8 / 2 / 24

EMPLOYEE INITIALS: rm DATE: 8 / 2 / 24