

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED  
2024-028868  
3:18 PM 2024 Sep 25

STATE OF INDIANA )  
 ) SS: PARCEL NO. 45-07-19-277-026.000-027  
COUNTY OF LAKE )

AFFIDAVIT OF CERTIFICATION OF TRUST

DONALD J. BANYAI and PAULA STOFCHIK-BANYAI who reside at: 134 Briarwood Dr., Schererville, Lake County, Indiana 46375, being sworn upon oaths, state and certify that:

1. They are the duly appointed and acting surviving Co-Trustees to the HELEN T. BANYAI TRUST Dated July 28, 2004.
2. The HELEN T. BANYAI executed her Trust Agreement known as the HELEN T. BANYAI TRUST on July 28, 2004, and that said Trust is in existence and is in full force and effect and was not revoked before the death of HELEN T. BANYAI, Settlor/Grantor.
3. The original Trustee and Settlor/Grantor, HELEN T. BANYAI, died March 31, 2024, as evidenced by the redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit "A".
4. That the Settlor/Grantor, HELEN T. BANYAI, prior to her demise, had executed a First Amendment to her Trust on August 3, 2017 wherein she appointed DONALD J. BANYAI and PAULA STOFCHIK-BANYAI to act as Co-Trustees with her during her life.
5. At the death of HELEN T. BANYAI, the HELEN T. BANYAI TRUST Dated July 28, 2004, as

**FILED**

SEP 25 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY  
FILE NO. 202428541

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# NOT AN OFFICIAL DOCUMENT

amended, was the owner of the following described real estate:

**LOT 10 IN THIRD RIDGEWAY ADDITION, IN THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 26, PAGE 6, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

Commonly known as: **8350 WALNUT DR.,  
MUNSTER, IN 46321**

6. That under the terms of the Trust and First Amendment thereto, DONALD J. BANYAI and PAULA STOFCK-BANYAI, continued to act as the surviving Co-Trustees following the death of HELEN T. BANYAI, Co-Trustee/Settlor/Grantor/original Trustee.

7. The undersigned make this Affidavit of Certification of Trust for the purposes of:

- A) Showing current status of the HELEN T. BANYAI TRUST, further stating that the Co-Trustees have been acting as surviving Co-Trustees since March 31, 2024, the date of death of HELEN T. BANYAI, original Trustee;
- B) Removing the life estate reserved by HELEN T. BANYAI in the Deed in Trust executed by HELEN T. BANYAI, on July 28, 2004, conveying title to HELEN T. BANYAI, Trustee of the HELEN T. BANYAI TRUST Dated July 28, 2004, and that was recorded August 13, 2004 as Document No. 2004-068846; and
- C) Showing that the Co-Trustees have the right to act for and on behalf of the Trust including the power to sell, transfer or convey real estate pursuant to the original Deed in Trust, Trust Agreement and First Amendment..

8. The undersigned make this Affidavit of Certification of Trust for the purposes of showing current status of the HELEN T. BANYAI TRUST Dated July 28, 2004, further showing that the Co-Trustees have been acting as the surviving Co-Trustees since the date of death of HELEN T. BANYAI, surviving original Trustee, on March 31, 2024, and showing that the undersigned Co-Trustees have 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 HELEN T. BANYAI pursuant to the terms of said trust and/or first amendment thereto.

10. That excerpts of said Trust Agreement and First Amendment have been provided to Community Title evidencing the appointment of the Co-Trustees and their powers.

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



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**THIS INSTRUMENT PREPARED BY:**

Michael D. Dobosz, Attorney (#14539-45)  
HILBRICH CUNNINGHAM DOBOSZ VINOVIK & SANDOVAL, LLP  
2637 - 45th Street, Highland, Indiana 46322  
PH: (219) 924-2427 \* FAX: (219) 924-2481

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

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## CERTIFICATE OF DEATH

Form No. 10-2024

Local No 00178

EDR No 00001702099

State No 2024-016783

1. Decedent's Legal Name (First, Middle, Last) <b>Heleen T. Banyal</b>				12. Maiden Name (if female)		3. Gender <b>Female</b>		3. Time of Death <b>03:19 AM</b>		4. Date of Death (Month/Day/Year) <b>03/31/2024</b>			
5. Social Security Number		5a. Age - Yrs	5b. Under 1 Year	5c. Under 1 Month	5d. Under 1 Day	5e. Under 1 Hour	7. Date of Birth (Month/Day/Year) <b>09/29/1929</b>		8. Birthplace (City and State of Foreign Country) <b>East Chicago, Indiana</b>				
9. Ever in U.S. Armed Forces?		10. If Death Occurred in a Hospital:				11. If Death Occurred Somewhere Other Than a Hospital:							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				<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) <b>8350 Walnut Dr.</b>													
12. City or Town, State, and Zip Code <b>Munster, Indiana 46321</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				
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation <b>X Ray tech</b>		17. Kind Of Business/Industry <b>Medical</b>			
18. Residence - State <b>IN</b>			18a. County <b>Lake</b>			18b. City or Town <b>Munster</b>							
18c. Street And Number <b>8350 Walnut Dr.</b>			18d. Apt. No.			18e. Zip Code <b>46321</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education <b>Associate's degree (e.g. AA, AS)</b>				20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>				21. Decedent's Race <b>White</b>					
22. Parents Name (First, Middle, Last) <b>Frank Banyal</b>				23. Parents Name (First, Middle, Last) <b>Theresa Banyal</b>				23a. Parents Last Name Before First Marriage <b>Trego</b>					
24. Informant's Name <b>Paula Banyal</b>				24a. Relationship to Decedent <b>Niece</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>134 Briarwood Drive, Schererville, IN, 46375</b>					
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) <b>St John St. Joseph</b>				25c. Location - City, Town, And State <b>Hammond, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>Burns-Kish Funeral Home Inc-Munster, 8415 Calumet Ave, Munster, Indiana, 46321</b>				27a. Funeral Home License Number: <b>FD83004988</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>Brian T. Burns</b>				Electronically Signed				27c. License Number (Of Licensee) <b>FD8601763</b>					
28. Part I. Enter The Chain Of Events - Disease, Injuries, Or Complications - That Directly Caused The Death. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary.										Approximate Interval, Onset To Death <b>UNKNOWN</b>			
Immediate Cause (Final Disease Or Condition Resulting In Death)										A. <input type="checkbox"/> Not As A Compensable Of			
Substantially Us. 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. <input type="checkbox"/> Not As A Compensable Of			
										C. <input type="checkbox"/> Not As A Compensable Of			
										D. <input type="checkbox"/> Not As A Compensable Of			
Part II. Enter Other Significant Conditions Contributing to Death But 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			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Year Prior <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 43-114 Days Before Death <input type="checkbox"/> Unknown If Pregnant Within 1 Year Prior		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Unknown (Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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. Location Of Injury - Street		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code					
39. Describe How Injury Occurred													
41. Signature, Of Person Certifying Cause Of Death: <b>Sheldon Roderick Lewis</b>										Electronically Signed		43. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Sheldon Roderick Lewis 9006 INDIANAPOLIS BLVD, HAMILTON, IN 47531</b>										44. License Number: <b>01D48668A</b>		45. Date Certified: <b>04/02/2024</b>	
46. Additional Funeral Service Provider: <b>Candiana Vasilias</b>													
46. Signature of Local Health Officer: <b>Candiana Vasilias</b>										Electronically Signed		49. For Registrar Only: Date Filed (Month/Day/Year) <b>04/02/2024</b>	
LAKE COUNTY HEALTH DEPARTMENT													