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

- They are the duly appointed and acting surviving Co-Trustees to the HELEN T. BANYAI
 TRUST Dated July 28, 2004.
- 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.
- 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".
- 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 STOFCIK-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

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SEP 9.5 202/

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR COMMUNITY TITLE COMPANY FILE NO. 42854

25 % W# 20245

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

- That under the terms of the Trust and First Amendment thereto, DONALD J. BANYAI
 and PAULA STOFCIK-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:
 - Showing current status of the HELENT. 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.
- That all interest in the property transferred is a result of the death of HELEN T. BANYAl
 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

_/4 h day (of Sept wil- 2020	4.
Janus	OF Buel	Tout Steph Douge to truste
DONALD J. BAN	YAI, CO-TRASTE	PAULA STOFCIK-BANYAK
Co-Trustee of th	e HELEN T. BANYAY	Co-Trustee of the HELEN T. BANYAI
Trust Dated July	28, 2004	Trust Dated July 28, 2004
STATE OF INDIANA))ss:	
COUNTY OF LAKE	C/x	1912
day of	لسك, 2024, personally app Dated July 28, 2004, and ackr	Public for Lake County, State of Indiana, on this / eared DONALD J. BANYAI, Co-Trustee of the HELEN T. nowledged the execution of the foregoing Affidavit of the purposes stated therein. IN WITNESS WHEREOF, I
	To	Dall
SEAL S	DARLEEN S. BIRCHEL My Commission Expires May 10, 2025 Commission Number NP0699646 Lake County	Notary Public Signature
STATE OF INDIANA)	\sim
) SS:	10
COUNTY OF LAKE)	191
day of	معامہ, 2024, personally appe Dated July 28, 2004, and ack	Public for Lake County, State of Indiana, on this ared PAULA STOFCIK-BANYAI, Co-Trustee of the HELEN nowledged the execution of the foregoing Affidavit of the purposes stated therein. IN WITNESS WHEREOE. I

DARLEN S. BIRCHEL
My Commission Expres
May 10, 2025
Commission Number NP0699466
Lake County

have subscribed my name and affixed my notarial seal hereto.

Notary Public Signature

THIS INSTRUMENT PREPARED BY:

Michael D. Dobosz, Attorney (#14539-45) Hubrich Cunningham Dobosz Vinovich & 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.

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Missist D. Orless, Attenus at Ass

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Local No. C	Local No. 001178 FF			DR No 000011702099			State No 2024-016783			
Local No C	Last) Comment of the last	ta, Maiden Na	ma (iffemale)	10000	2 Gender Female	3. Time OLD 03:19 AN	Sec. 12. Property 12. 12.	Date Of Death (Month/DayYear /31/2024		
Helen T, Banyal	north Colore Colo		Ta Hoder's Hour	1.7 Date of	in the Superior of Price		10-207-0-100	State or Foreign Country)		
5. Social Security Number 6a. Age - 1	Months Days	Hours	Minutes	09/29	/1929	Eas	t Chicago, i			
1. C. S. street, S. S. Accomos, S. S. Landel, S. S. Woody.	Death Occurred in A Hospitar	20	10a, If Death Occ. Hospics Facility	Dece	dent's Home	Nursing Hom	e/Long-term Care	Facility		
☐ Yes ■ No ☐ Unknown ☐			Other (Specify)	dedur F 19640	e 12 rense 11 xu	and I have	EAST IN	111111111111111111111111111111111111111		
11. Facility Name (It Not institution, Give	Street and Number) 8350 Watr	ut Dr.	my Suchasia a siposi sentia anti-	Warn !	September of September 1	(-5)	Mantal Status At	Year Old Communication		
12. City Ot Town State, And Zo Code Munster, Indiana 46321			13. County Ot Death			8	Married Married But Separated Divorced Widowed Never Married Unknown			
16. Surviving Spoute's Name	Annual Section	15a. Lest Name Before	Firel Marriage	Action 2 5 Access	Ray tech	a) Occupation	A COURT COURT	Kind Of Business/Industry dical		
18. Rescence - State	18a County	The I was I was	18b. City Or To	m	ellmen lin	11 apr 22 1 1 2	1			
IN	Lake		Munster	Harry H	mentos i decirer à	1 more 81 mg	186. Zip Code	18/. Inside City Limits?		
16c. Street And Number		MODERN CONTRACT CONTRACT	e Marie III america well in III america	METAL TO THE TOTAL	18d. A	SE NO	46321	Yes No		
8350 Walnut Dr.	102 Toll	Millian I man I i allo	MARTIN TAKENS	Heren II	Special Special	Same Same	40321			
19. Decedent's Education Associate's degree (e.g. AA	many to make the property of the paperty of the	Of Hispanic Origin h/Hispanic/Latino	Who	1. L. enters 2. 1.	appear of the contract of	mont & art		Last Name Before First Marriage		
22. Parent's Name (First, Middle, Last)		melor American	23. Parents Name (ast)	13.12.1	Trego	Last Name Before First Marriage		
Frank Banyal	The second second second	- Harma Hannar Hann	Theresa Bany		Number City Stay	a 7in Const	llego	diameter, D.		
Paula Banyai	Niece Niece	134 Briarwood	240. Mailing Address (Street And Number (Cry. Stees. Zip Code) 134 Brianwood Drive, Scherenville, IN, 46375							
25s. Method Of Disposition	I 25h Place Of Dato	25, Pl ostron (Name Of Cemstery, C	rematory, Other Place)	25c Local	ion - City, Town, A	nd State	112212	ARBERTA PROTECTION OF THE PERSON OF THE PERS		
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Other (Specify): 26. Was Coroner Contacted?	27. Name And Complete Address C Burns-Kish Funeral Hom	of Funeral Facility	Marine St. Months, M. P. S.	THE ST	I make 1	Town I	アルドラルを開発が必	Funeral Home License Number:		
☐ Yes E No	Inc-Munster 8415 Calum	et Ave, Munster, Indi	ana, 46321	11.11	11	17,711.7	Fuel was	A TOTAL PROPERTY OF THE PARTY O		
276. Sgnature Of Indiana Funeral Service Brian T. Burns	Licensee - 22 of a figure 1 2 2		Electronically S	gned	27c. Licent	se number (Oil	Licensee). FD8	Special Art with the P. S. andrew		
28. Part i. Enter The Chain Of Event Such As Card at Arrest, Respiratory A Line. Add Additional Lines If Nece	Diseases, Inturies, Or Complic Arrest, Or Ventricular Fibrillation V	Cause Of Death (Se ations - That Oirectly Cause Without Showing The Etiolog	e Instructione And d The Death, Do Not y, Do Not Abbreviate.	Examples) Enter Termin Enter Only C	al Evenis One Cause On		A STATE OF THE STA	Approximate interval: Onset To Death		
Immediate Gause (Final Disease Or	Condition Resulting In Death)	A	and nell	шерил				UNKNOWN		
Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause The Events Resulting in Death) Last	Leading To The Cause Listed On (Disease Or Injury That initiated	В		Out O As A			11 to (0.27)	A CONTRACTOR OF THE PROPERTY O		
The Events Hesulting in Death) Last	The second secon	C		Date to RDF At A T	Servicianos Offi	and a low	TO AND DECEMBER OF THE PERSON	middly to anything the middle		
	The state of the s	D	weeks () make () w	I no : Was An	Autopsy Performs	d)	☐ Yes E	ON STREET STREET STREET		
Part II. Enter Other Significant Conditions	Contributing to Death But Not Result	ng in The Underlying Cause G	Yes in Pair 1				Nete The Cause C	Di Death? Yes No		
31. Did Tebacco Use Contribute To Deat	h? 32. Il Female:			17 -000	33. N	tennier Of Death	Lucion III Singe	nt Pending Investigation		
☐ Yes ☐ Probably ☐ No 圖 Unkn	OWT Sud Pregnant West Pas Not Pregnant Mrt Pregn	Year Pegnant A time Of Death are 43 Ulays to 1 year belong Uleath			Пе	some CT Could	Not Be Determin	ed in the second of the best of the		
34. Date Of Injury (Month Day Year)	35. Time Of Injury	36. P4	ce Of Injury (E.G., Dec	edent's Home	Construction Site	Restuurant, W	ooded Area)	37. Injury At Work?		
38. Location Of Injury - State	38a, City Or Town	380. 1	Strees & Number				Sec. Apt. No.	38d. Zp Code		
39. Describe How Injury Occurred				100	40. II	Transportation	MINA State	Honkin ess		
41. Bignaure. Of Person Centifying Caus Sheldon Roderick Lewis	e Of Death:		Electronically Si	gned	42 Certifier (Cr		Coroner	Health Officer		
43. Name, Address And Zip Cods Of Person Certifying Cause Of Degri:		UTHIS IS A TRUBC	OPY OF		A ROLL OF LESS AS	01049668A		04/02/2024		
Sheldon Roderick Lewis 9006 INDIANAPOLIS BLVD, HIGHES IN 2659, A. Asstone Funer Savos Provoe: LANE COUNTY HEAL			E WITH THE			47.5 "Alcas:				
46. Signature of Local Health Officer:	LAIN STATE	ICET NUMBER OF SOME P. E. MARIE		1.45	. For Registrar C	only - Date File	d (Month Day Ye	04/02/2024		
Chandana Vavilala		ENDMENT TO CERTIFIE	Electronically Si	RI OR ORIG	SINAL)	- 1 Table 1		JAIOZIZOZ4		
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