

BOB THOMAS BURNS TRUST

(Created by Declaration of Trust of Bob Thomas Burns, dated September 27, 2001)

**TERMINATION OF SOLE TRUSTEE AND
ACCEPTANCE OF SUCCESSOR CO-TRUSTEES**

NOW COME the undersigned and declare the following with respect to the Bob Thomas Burns Trust:

WHEREFORE, by written Declaration, dated September 27, 2001, Bob Thomas Burns of Mt. Zion, Illinois, created the "Bob Thomas Burns Trust."

WHEREFORE, once the trust was established, Bob Thomas Burns funded the trust with parcels of real estate and other property.

WHEREFORE, Bob Thomas Burns named himself as the original trustee and he continued to serve as trustee until he became incapable of properly managing his financial and personal affairs as has been established by the written Certificate of his attending physician, a copy of which is attached as Exhibit A hereto.

WHEREFORE, the Declaration of Trust named his spouse, Mary Ellen Burns, as the first alternate successor trustee and further named the undersigned, Anna Lee Burns and Jeannine C. Burns, as the second alternate successor co-trustees.

WHEREFORE, the first alternate successor trustee, Mary Ellen Burns, has also become incapable of properly managing her financial and personal affairs as has been established by the written Certificate of her attending physician, a copy of which is attached as Exhibit B hereto.

WHEREFORE, the undersigned confirm the incapacity of their father, Bob Thomas Burns, as certified by his attending physician, Dr. Lazris, and confirm the incapacity of their mother, Mary Ellen Burns, as certified by her attending physician, Dr. Schuchman.

WHEREFORE, the undersigned are duly qualified, ready and willing to accept the duties as successor co-trustees.

WHEREFORE, this acceptance shall take effect immediately upon the written acceptances as shown below.

WITNESSETH:

NOW THEREFORE, the undersigned hereby accept and direct as follows:

A. The undersigned, Anna Lee Burns, hereby accepts the position of successor co-trustee of the Bob Thomas Burns Trust.

B. The undersigned, Jeannine C. Burns, hereby accepts the position of successor co-trustee of the Bob Thomas Burns Trust.

C. This appointment and acceptance is made pursuant to §701 of the Illinois Trust Code [760 ILCS 3/701] and paragraph FOURTEENTH of the trust.

Dated: November 17, 2023.

Anna Lee Burns
Anna Lee Burns

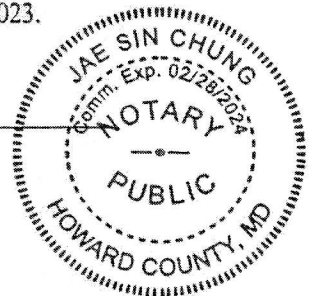
Jeannine C. Burns
Jeannine C. Burns

STATE OF MARYLAND)
)
COUNTY OF Howard) SS.

I, the undersigned, a Notary Public in and for said county and state, certify that Anna Lee Burns, personally known to me to be the same person whose name is subscribed to the foregoing instrument, acknowledged that she has signed and delivered the instrument as her free and voluntary act, for the uses and purposes therein signed and delivered as set forth.

Given under my hand and official seal, this 17th day of November, 2023.

[Signature]
Notary Public

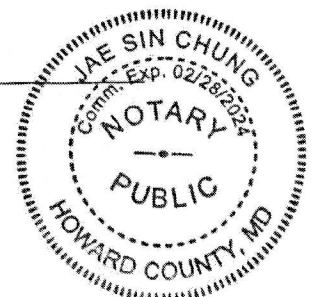


STATE OF MARYLAND)
)
COUNTY OF Howard) SS.

I, the undersigned, a Notary Public in and for said county and state, certify that Jeannine C. Burns, personally known to me to be the same person whose name is subscribed to the foregoing instrument, acknowledged that she has signed and delivered the instrument as her free and voluntary act, for the uses and purposes therein signed and delivered as set forth.

Given under my hand and official seal, this 17th day of November, 2023.

[Signature]
Notary Public



PHYSICIAN'S REPORT

This report is requested for the purpose of determining whether a guardianship for your patient should be pursued. Chapter 740 Illinois Compiled Statutes 110/10 allows for the disclosure of otherwise confidential information to determine whether a guardianship is needed.

Patient's Name: Bob Burns 1-10-36

Physicians's Name and Address: Andy Lazzis, M.D.
16334' Cicero La Columbus, MO 63104

Date of Last Examination of Patient: 10/30/23

Description of the nature and type of patient's disability.

W/O CVA + memory loss

Assessment of how the disability impacts on the ability of the patient to make decisions or to function independently:

Difficult to take medicines on his own
Unable to walk

An analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, educational condition, adaptive behavior and social skills, which have been performed within the past 3 months:

Increased confusion and inability to care for
himself or medicine

Do you believe a guardianship is needed for this patient? Yes

If so, does the patient require a plenary guardian or a limited guardian? Needs full time guardian

Please state the scope and extent of the guardianship you would recommend and the reasons for your recommendation:

Guardian to serve as medical &
FINANCIAL POA

What is your recommendation as to the most suitable living arrangement of this patient and, where appropriate, treatment or habilitation plan for the patient and the reasons therefor:

Date of this report: 10/30/23

Physician's Signature

Andy Lazzis

[Signature]
Signature(s) of all persons
who performed the evaluations
upon which the report is based



PHYSICIAN'S REPORT

This report is requested for the purpose of determining whether a guardianship for your patient should be pursued. Chapter 740 Illinois Compiled Statutes 110/10 allows for the disclosure of otherwise confidential information to determine whether a guardianship is needed.

Patient's Name: Mary Burns

Physicians's Name and Address: Mattan Schuchman

5901 Holabird Ave, Baltimore, MD 21224

Date of Last Examination of Patient: 9/15/23

Description of the nature and type of patient's disability.

Alzheimer's dementia without behavioral disturbance, Subdural hematoma

Assessment of how the disability impacts on the ability of the patient to make decisions or to function independently:

Gradual decline as expected with dementia. HOH impacts communication, white board works only occasionally now that her cognition has declined. Dementia is now advanced stage and she is not able to make any decisions or perform any activities of daily life independently

An analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, educational condition, adaptive behavior and social skills, which have been performed within the past 3 months:

9/13/23 CT- Left-sided subdural subacute hematoma with mass effect and approximately 3.5 mm of rightward midline shift. Chronic microvascular ischemic changes in the periventricular white matter.

Do you believe a guardianship is needed for this patient? Yes

If so, does the patient require a plenary guardian or a limited guardian? Plenary

Please state the scope and extent of the guardianship you would recommend and the reasons for your recommendation:

Ms. Burns needs full guardianship of person and property due to advanced dementia with loss of all capacity for decision making

What is your recommendation as to the most suitable living arrangement of this patient and, where appropriate, treatment or habilitation plan for the patient and the reasons therefor:

Ms. Burns lives in a memory care unit at Sunrise in Columbia.

Date of this report: 10/18/23



Physician's Signature

**Mattan
Schuchman**

Digitally signed by Mattan
Schuchman
Date: 2023.10.19 16:33:11
-04'00'

Signature(s) of all persons
who performed the evaluations
upon which the report is based