Yudell and Lonoff, LLC
400 Central Ave. Suite 110
Northfield, IL 60093
Phone: 847-441-9500
Fax: 847-441-9504
david@yudellandlonoff.com

FAX

Pages (including this cover): 5

To: **Internal Revenue Service**

Fax: (855) 641-6935

Date: **January 8, 2026**

Re: Camden Joseph Gula Trust u/w Nelson L. Buck dated February 10, 1956

Form SS-4

Note: On information and belief, Grantor, Nelson L. Buck did not have an SSN.

X	Urgent
	For Review
	Please Comment
X	Please Reply
	Please Recycle

From: David E. Braden

Sender's Extension: 222

NOTE: If any of the pages received are not legible, if all the pages are not received or there is any other problem with the transmission, please contact us by phone at (847) 441-9500.

IRS

INTERNAL REVENUE SERVICE
CINCINNATI IRS CAMPUS
ATTN: EIN OPERATION
CINCINNATI, OH 45999
FAX: (855) 641-6935
PHONE: 1-800-829-4933

IRS Employee #0244411980
Team #404
Date: 1/8/2026

Request for Missing Information or Papers to Complete Form SS-4

To: DAVID E BRADEN
Fax: 8474419504

We are returning your Form SS-4 (Application for an Employer Identification Number) because we need more information to process it. Please complete the missing information indicated below and send the original documents to us at the address or fax listed above. In case we need further information, please provide us with your telephone number and the best hours to contact you.

Telephone: (847) 441-9500
Fax: (847) 441-9504
Hours Available: 9:30 - 4:30 pm

PLEASE NOTE:
IMPORTANT: In order to fulfill your request for an EIN we will need you to supply us with the information indicated below along with the completed Form SS-4 and all other paperwork originally sent. Please include this coversheet and FAX them to Fax listed above.

Line 7 must indicate the name and Social Security Number of the grantor, trustor, or donor. This may also be the name and EIN of another trust or an estate.

Your fax transmission was incomplete or illegible. Please re-fax a complete and legible copy of Form SS-4 to the fax number listed above.

On information and belief, the Grantor of the trust (Nelson L. Buck) did NOT have a social security number upon his death in 08-01-1956. Please see attached Death Certificate, Box 16 showing NO SSN.

Form **SS-4**
(Rev. December 2023)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.
Go to www.irs.gov/FormSS4 for instructions and the latest information.

OMB No. 1545-0003
EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Camden Joseph Gula Tr uw Nelson L Buck dtd 02/10/1956

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name
Caroline R. Repanning, Trustee

4a Mailing address (room, apt., suite no. and street, or P.O. box)
610 Laurie Lane

5a Street address (if different) (Don't enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
Northfield, IL 60093

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located
Cook County, Illinois

7a Name of responsible party
Nelson L. Buck

7b SSN, ITIN, or EIN
None--See attached death certificate

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☒ No

8b If 8a is "Yes," enter the number of LLC members

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed)
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify)
- ☐ Other (specify)
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (TIN)
- ☑ Trust (TIN of grantor) None--See attached death certificate
- ☐ Military/National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) if any

9b If a corporation, name the state or foreign country (if applicable) where incorporated — State — Foreign country

10 **Reason for applying** (check only one box)

- ☐ Started new business (specify type)
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify)
- ☐ Banking purpose (specify purpose)
- ☐ Changed type of organization (specify new type)
- ☐ Purchased going business
- ☑ Created a trust (specify type) Irrevocable
- ☐ Created a pension plan (specify type)

11 Date business started or acquired (month, day, year). See instructions.
December 1, 2025

12 Closing month of accounting year December

13 Highest number of employees expected in the next 12 months (enter -0- if none).
If no employees expected, skip line 14.

Agricultural	Household	Other

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year **and** want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability will generally be $1,000 or less if you expect to pay $5,000 or less; $6,535 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter. ☐

15 First date wages or annuities were paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)

16 Check **one** box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale—agent/broker ☐ Wholesale—other ☐ Retail
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ Other (specify) Trust administration

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☑ No
If "Yes," write previous EIN here

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code)
David E. Braden / Yudell and Lenoff, LLC	847-441-9500 ext. 222
Address and ZIP code	**Designee's fax number (include area code)**
400 Central Avenue, Suite 110, Northfield, IL 60093	847-441-9504

Under penalties of perjury, I declare that I have examined the application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) Caroline R Repanning, Trustee — Applicant's telephone number (include area code) 847-910-2650

Signature Caroline R Repanning — Date 1/8/26 — Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2023)

CERTIFICATION OF DEATH RECORD

ORIGINAL — STATE OF ILLINOIS — MEDICAL CERTIFICATE OF DEATH

State File Number: 56-033936
Registration District No. 16.23 — Registered Number 740

1. Place of Death: a. County: COOK COUNTY, ILLINOIS	2. Usual Residence: a. State: ILLINOIS; b. County: COOK
b. Outside/Inside city limits: EVANSTON TOWNSHIP	c. Outside/Inside city limits: EVANSTON TOWNSHIP
c. City, Village, or Town: EVANSTON; d. Length of stay in this place: 35 Years	d. City, Village, or Town: EVANSTON; e. Length of residence: 35 Years
e. Name of Hospital or Institution: EVANSTON HOSPITAL; f. Length of stay: 10 DAYS	f. Street Address: 235 GREENWOOD BOULEVARD; g. Is residence on a farm: No
3. Name of Deceased: NELSON LEROY BUCK	4. Date of Death: AUGUST 1, 1956
5. Sex: MALE; 6. Race: WHITE; 7. Married: MARRIED	8. Date of Birth: DECEMBER 2, 1882; 9. Age: 73
10a. Usual Occupation: Retired Executive; 10b. Kind of Business or Industry: Chewing Gum Manufacturing	11. Birthplace: ILLINOIS (CHICAGO); 12. Citizen of what country: USA
13. Father's Full Name: ORLANDO JACOB BUCK	14. Mother's Maiden Name: LILLIAN BREWER
15. Was deceased ever in U.S. Armed Forces: NO; 16. Social Security Number: NONE	17. Informant: a. Signature: [signature]; b. Address: 2650 RIDGE AVENUE; c. Relationship to deceased: RECORDS

18. Cause of Death

Part I. Death was caused by:

	Interval between onset and death
Immediate cause (a): Generalized Abdominal Carcinomatosis	6 mo.
Due to (b): Squamous Cell Carcinoma of Kidney	1 year
Due to (c):	

Part II. Other significant conditions contributing to death but not related to the terminal condition given in Part I(a):

19. Autopsy: Yes [X] No [ ]

20. Describe circumstances of injury, if any, whose nature is mentioned in Part I or Part II above:

21. I hereby certify that I attended the deceased from 1956, to August 1, 1956, and that I last saw the deceased alive on August 1, 1956, and death occurred at 2:15 AM on the date stated above.

Date: Aug. 2, 1956 — Signed: [signature] M.D. — Address: 636 [illegible] Street, Evanston, Ill. — Phone: DA [illegible]

22. Burial, Cremation: Cremation — Date: Aug. 3, 1956
Cemetery: Memorial Park Cemetery
Location: Skokie, Illinois

23. Funeral Director: Firm Name: John L. Hebblethwaite, Inc.
Address: 1567 Maple Avenue, Evanston, Illinois
Signature: [signature]

24. Received for filing on: August 2, 1956 — (Signed) [signature] M.D. — Local Registrar

VS & R 200 – BUREAU OF STATISTICS – ILLINOIS DEPARTMENT OF PUBLIC HEALTH – SPRINGFIELD

December 4, 2025

3931915

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

[signature]

Monica Gordon
Office of the Cook County Clerk

Corporations. Enter the corporate name as it appears in the corporate charter or other legal document creating it.

Plan administrators. Enter the name of the plan administrator. A plan administrator who already has an EIN should use that number.

Indian tribal governments/enterprises. Enter the legal name of the Indian tribal government or tribal enterprise applying for the EIN.

Line 2. Trade name of business. Enter the trade name of the business if different from the legal name. The trade name is the "doing business as" (DBA) name.

Use the full legal name shown on line 1 on all tax returns filed for the entity. (However, if you enter a trade name on line 2 and choose to use the trade name instead of the legal name, enter the trade name on all returns you file.) To prevent processing delays and errors, use only the legal name (or the trade name) on all tax returns.

Line 3. Executor, administrator, trustee, "care of" name. For trusts, enter the name of the trustee. For estates, enter the name of the executor, administrator, personal representative, or other fiduciary. If the entity applying has a designated person to receive tax information, enter that person's name as the "care of" person. Enter the individual's first name, middle initial, and last name.

Lines 4a–4b. Mailing address. Enter the mailing address for the entity's correspondence. If the entity's address is outside the United States or its territories, you must enter the city, province or state, postal code, and the name of the country. Don't abbreviate the country name. If line 3 is completed, enter the address for the executor, trustee, or "care of" person. Generally, this address will be used on all tax returns.

If the entity is filing Form SS-4 only to obtain an EIN for Form 8832, use the same address where you would like to have the acceptance or nonacceptance letter sent.

File Form 8822-B to report any subsequent changes to the entity's mailing address.

Lines 5a–5b. Street address. Provide the entity's physical address only if different from its mailing address shown on lines 4a–4b. Don't enter a P.O. box number here. If the entity's address is outside the United States or its territories, you must enter the city, province or state, postal code, and the name of the country. Don't abbreviate the country name.

Line 6. County and state where principal business is located. Enter the entity's primary physical location.

Lines 7a–7b. Name of responsible party. Enter the full name (first name, middle initial, last name, if applicable) and SSN, ITIN, or EIN of the entity's responsible party.

Responsible party defined. The "responsible party" is the person who ultimately owns or controls the entity or who exercises ultimate effective control over the entity. The person identified as the responsible party should have a level of control over, or entitlement to, the funds or assets in the entity that, as a practical matter, enables the person, directly or indirectly, to control, manage, or direct the entity and the disposition of its funds and assets. **Unless the applicant is a government entity, the responsible party must be an individual (that is, a natural person), not an entity.**

- For entities with shares or interests traded on a public exchange, or which are registered with the Securities and Exchange Commission, "responsible party" is (a) the principal officer, if the entity is a corporation; or (b) a general partner, if a partnership. The general requirement that the responsible party be an individual applies to these entities. For example, if a corporation is the general partner of a publicly traded partnership for which Form SS-4 is filed, then the responsible party of the partnership is the principal officer of the corporation.
- For tax-exempt organizations, the responsible party is generally the same as the "principal officer" as defined in the Form 990 instructions.

Responsible Party for Trust: Grantor / Trustor

- For government entities, the responsible party is generally the agency or agency representative in a position to legally bind the particular government entity.
- For trusts, the responsible party is a grantor, owner, or trustor.
- For decedent estates, the responsible party is the executor, administrator, personal representative, or other fiduciary.

File Form 8822-B to report any subsequent changes to responsible party information.

If you're applying for an EIN for a government entity, you may enter an EIN for the responsible party on line 7b. Otherwise, you must enter an SSN or ITIN on line 7b. But, leave line 7b blank or enter "N/A," "foreign," or similar language, if the responsible party doesn't have and is ineligible to obtain an SSN or ITIN.

Lines 8a–8c. Limited liability company (LLC) information. An LLC is an entity organized under the laws of a state or foreign country as a limited liability company. For federal tax purposes, an LLC may be treated as a partnership or corporation or be disregarded as an entity separate from its owner.

By default, a domestic LLC with only one member is disregarded as an entity separate from its owner and must include all of its income and expenses on the owner's tax return (for example, Schedule C (Form 1040)). For more information on single-member LLCs, see Disregarded entities, later.

Also, by default, a domestic LLC with two or more members is treated as a partnership. A domestic LLC may file Form 8832 to avoid either default classification and elect to be classified as an association taxable as a corporation. For more information on entity classifications (including the rules for foreign entities), see Form 8832 and its instructions.

If the answer to line 8a is "Yes," enter the number of LLC members. If the LLC is owned solely by an individual and his or her spouse in a community property state and they choose to treat the entity as a disregarded entity, enter "1" on line 8b.

Don't file Form 8832 if the LLC accepts the default classifications above. If the LLC timely files Form 2553, it will be treated as a corporation as of the effective date of the S corporation election as long as it meets all other requirements to qualify as an S corporation. The LLC doesn't need to file Form 8832 in addition to Form 2553. See the instructions for Form 2553.

Line 9a. Type of entity. Check the box that best describes the type of entity applying for the EIN. If you're an alien individual with an ITIN previously assigned to you, enter the ITIN in place of a requested SSN.

This isn't an election for a tax classification of an entity. See Disregarded entities, *later.*

Sole proprietor. Check this box if you file Schedule C or Schedule F (Form 1040) and have a qualified plan, or are required to file excise, employment, alcohol, tobacco, or firearms returns, or are a payer of gambling winnings. Enter your SSN or ITIN in the space provided. If you're a nonresident alien with no effectively connected income from sources within the United States, enter "N/A." You don't need to enter an SSN or ITIN.

Corporation. This box is for any corporation other than a personal service corporation. If you check this box, enter the income tax form number to be filed by the entity in the space provided.

Unless you are a church or church-controlled organization, if you are a corporation that is a nonprofit entity, check the "other nonprofit organization" box, and specify the purpose. See Other nonprofit organization, *later.*

If you entered "1120-S" after the Corporation checkbox, the corporation must file Form 2553 no later than the 15th day of the 3rd month of the tax year the election is to take effect. Until Form 2553 has been received and approved, you will be considered a Form 1120 filer. See the instructions for Form 2553.