

5
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MacArthur Drake
504 Broadway
Ste 317-320
Mary, IN 46102

91042610

AFFIDAVIT FOR COLLECTION OF SMALL ESTATES

WILLIE L. TAYLOR, being first duly sworn upon oath, deposes and says:

1. That he is the husband and sole heir of BETTIE J. TAYLOR, who died at Decatur, Macon County, Illinois, on the 8th day of February, 1991. (A copy of Affiant's and Decedent's Marriage License and a copy of Decedent's Medical Certificate of Death are attached hereto as Exhibit 1 and 2, respectively)

2. That said Decedent had no children.

3. That Decedent left no Last Will and Testament and died intestate.

4. That more than forty-five (45) days have elapsed since the death of the Decedent.

5. That no application or petition for appointment of a personal representative is pending or has been granted in any jurisdiction.

6. That the value of Decedent's gross probate estate, wherever located, less liens and encumbrances, does not exceed Eight Thousand Five Hundred Dollars (\$8,500.00).

7. That, pursuant to I.C. 29-1-8-1, 2 and 3, Affiant is entitled to payment, transfer, issuance or delivery of all property, or evidence thereof, owned by Decedent upon presentation of the instant Affidavit to any and all holders and/or recorders of said property.

DULY
SWORN
TO

AUG 2 1991 1 of 3:

Willie Lee Taylor
WILLIE L. TAYLOR

Anna M. Antone
AUDITOR LAKE COUNTY

01326

14.00



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 21 12 05 PM '91
ROBERT (BOB) NEELAND
RECORDER

8. That Decedent's estate consists of the following:

A. Real property (real estate) located at:

2184 Madison Street
Gary, Lake County, IN 46407,

and legally described as:

Lot Twenty-two (22) in Block
Twenty-two (22) in Chicago-Tolleston
Land and Investment Company's Sixth
(6th) Addition to Gary, Lake County,
Indiana; and

#42-134-22

B. Monies and/or proceeds being held by the Calumet Township (Indiana) Trustee, which has becomee due and payable as rent for indigent person(s) residing and/or having resided at the location identified in Subsection A, above

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9. That Decedent's estate consists of no other assets.

10. That this Affiant has paid or is responsible for the payment of the administrative expenses associated with Decedent's death, including funeral expenses.

11. That this Affidavit is made to be relied upon by any person or persons interested in the aforesaid facts, and particularly by the:

A. Lake County Auditor, Assessor and/or Recorder of Deeds, located in Crown Point, Indiana, for the purpose of modifying the tax records and the recorded deed to the aforescribed real property (real estate) to reflect the name of WILLIE L. TAYLOR, of 1276 W. Green, Decatur, Illinois 62522, as the sole owner of said real property (real estate), located at:

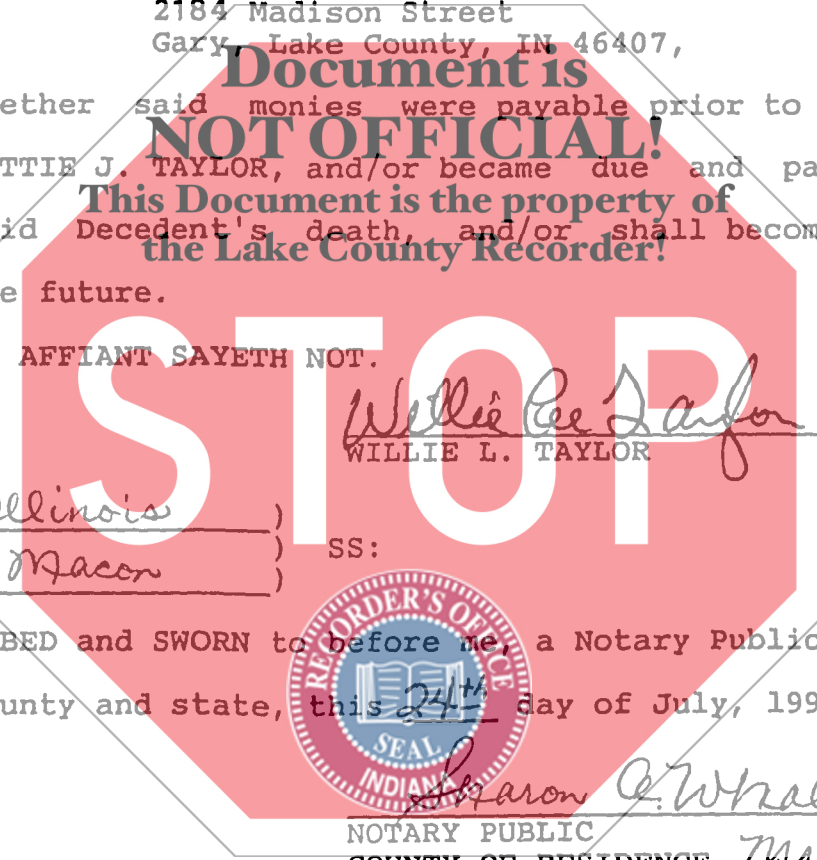
Page 2 of 3: Willie L. Taylor
WILLIE L. TAYLOR

2184 Madison Street
Gary, Lake County, IN 46407; and

B. Calumet Township (Indiana) Trustee in releasing and delivering to said WILLIE L. TAYLOR, of 1276 W. Green, Decatur, Illinois 62522, any and all monies payable by said Trustee as rent for any indigent person(s) residing on the premises located at:

2184 Madison Street
Gary, Lake County, IN 46407,

whether said monies were payable prior to the death of BETTIE J. TAYLOR, and/or became due and payable after said Decedent's death, and/or shall become payable in the future.



FURTHER AFFIANT SAYETH NOT.

Willie Lee Taylor
WILLIE L. TAYLOR

STATE OF Illinois)
COUNTY OF Macon)

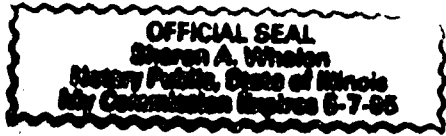
SS:

SUBSCRIBED and SWORN to before me, a Notary Public in and for said county and state, this 24th day of July, 1991.



Sharon A. Whalen
NOTARY PUBLIC
COUNTY OF RESIDENCE Macon

My Commission Expires:
5-7-95



THIS AFFIDAVIT PREPARED BY:

MACARTHUR DRAKE, ESQ.
504 Bdwy., Ste. 317-320
Gary, IN 46402
(219) 882-6004

STATE OF MISSISSIPPI



To any Judge, Minister, Justice or any other Person Lawfully authorized to celebrate the Rites of Matrimony.

Document is
YOU ARE HEREBY LICENSED TO CELEBRATE THE
NOTES OF MATRIMONY!

BETWEEN
This Document is the property of
the Lake County Recorder!

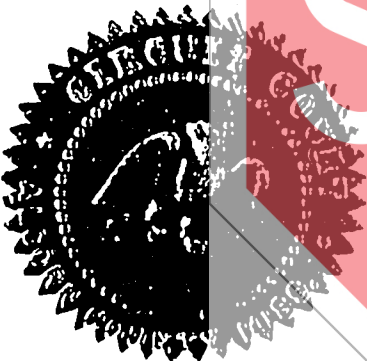
Mr. Willie Lee Taylor and
Ms. Betty Joe Smith

and for so doing this shall be your warrant.
Given under my hand and official seal, this the
30 day of November

in the year of our Lord One Thousand Nine Hundred
and Sixty Three

J. Adair D. D. Circuit Clerk.

By *Chase Wilson* D.C.



The State of Mississippi, } By Virtue of A License
Alcorn County

From the Clerk of the Circuit Court of said County of Alcorn I have
this day celebrated the Rites of Matrimony between

Mr. Willie Lee Taylor and
Ms. Betty Joe Smith

Given under my hand, this the 30 day of November A.D. 1963

M. E. Buchanan (Seal)

REGISTRATION DISTRICT NO. 5R.0

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER 177

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Bettie J. Taylor Female 3. February 8, 1991

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. Macon 5a. 45 5b. 5c. 5d. March 5, 1945

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN C. 7a. GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DO. OF CARE (PATIENT, SPEC. &c.)
6a. Decatur 6b. Decatur Memorial Hospital 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER ARMED FORCES? (Y/N)
7. Jackson, TN. 7a. Married 8. Willie Taylor 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY OR Y/N; 7TH GR. GRADE COMPLETED)
10. 321-42-2490 11a. Nurses Aid 11b. hospital 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY COUNTY
13a. 1276 West Green St. 13b. Decatur 13c. Yes 13d. Macon

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CLEAR, MEXICAL, PUERTO RIC)
13e. Il. 13f. 62522 14a. Black 14b. X NO 14c. YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
15. Robert Smith 16. Roberta Jones

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Willie Lee Taylor Husband 17c. 1276 West Green St. Decatur, IL. 62522

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the words of dying, such as cardiac arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (b) Acute Respiratory Distress Syndrome 36 Hours

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF (a) Chronic obstructive pulmonary disease and Chronic obstructive pulmonary disease

PART II. Other pathological conditions contributing to death but not resulting in the underlying cause given in PART I.
19a. NO 19b. YES

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN P. THREE MONTHS?
20a. 20b. 20c. YES NO X

(1) (DD) (SUB) (ATTER) THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. 2/08/91 21b. No 21c. 11:55 P.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE (Type or Print) 22b. 2/12/91

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. N. L. Still, M.D.; 1 Memorial Dr.; Decatur, IL. 62526 22d. 036-043020

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL CREMATION REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Greenwood 24c. Decatur Illinois 24d. Feb. 12, 1991

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. J. J. Moran & Sons 2501 N. Monroe Decatur Illinois 62526

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. 25c. 7344

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Stephen M. Bean 26b. February 13, 1991

VR200 (Rev. 1/89) Illinois Department of Public Health - Office of Vital Records (BASED ON 1980 U.S. STANDARD CERTIFICATE)

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STATE OF ILLINOIS)
COUNTY OF MACON)

I, STEPHEN M. BEAN, COUNTY CLERK within and for said County and State aforesaid and keeper of the records hereby certify that this is a true and correct copy of the record on file in this office. IN TESTIMONY THEREOF I have hereunto subscribed my name, affixed the OFFICIAL SEAL OF SAID COUNTY at my office in DECATUR, ILLINOIS this 12 day of FEBRUARY, 1991.

C.T. L + I 6th
L. 22 B. 22

NOT VALID UNLESS SEAL OF COUNTY AFFIXED.

#42-13422

Stephen M. Bean
MACON COUNTY CLERK

EXHIBIT 2

1326-A