



8. Logan Mair died April 28, 1988 leaving a widow, Josephine, and two sons, Douglas and Bruce. He had no other heirs.
9. James Mair married Lois Addison. No children were born of this union and no children were adopted by the parties.
10. James Mair died December 27, 1983 leaving a widow, Lois. He had no other heirs.
11. That the real estate in question has a fair market value of \$16,500.
12. That to the best of the affiant's knowledge, there are no outstanding debts or claims of the decedents.
13. That no real estate situated in the State of Indiana, of which any person may die seized shall be sold to pay any debt or obligation of such deceased person, which debt or obligation is not a lien of record, unless Letters Testamentary or of Administration upon said decedent's estate are taken out within five months after his death. No administration of the decedents' estates were had within this five month period.
14. That to the best of affiant's knowledge there are no federal estate or estate inheritance tax liabilities by reason of the death of said decedents.
15. The purpose of this affidavit is to demonstrate that fee simple interest in the above described real estate is vested in Josephine Mair and Lois Mair.

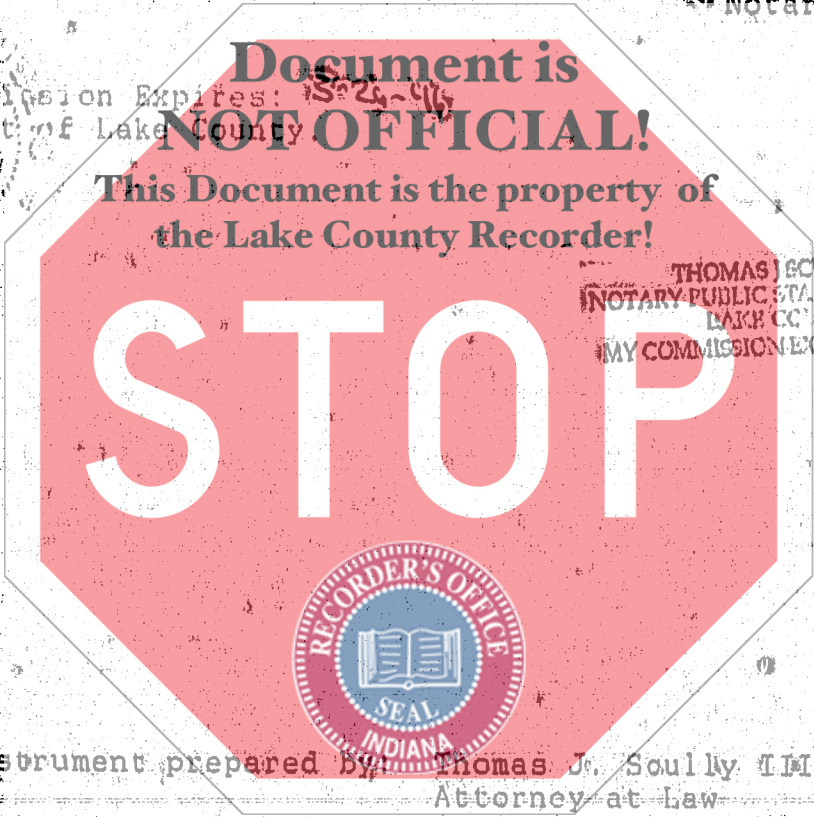
this 19th day of JANUARY, 1993 of which is executed under penalty of perjury

  
DOUGLAS MAIR, Affiant

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

SUBSCRIBED and SWORN TO before me a Notary Public in  
and for said County and State, this 19th day of May,  
1993.

*[Handwritten Signature]*  
Notary Public



THOMAS J. SOULLY III  
NOTARY PUBLIC STATE OF INDIANA  
LAKE COUNTY  
MY COMMISSION EXP. MAR. 25, 1996

This instrument prepared by: Thomas J. Souilly III  
Attorney at Law  
506 Ridge Road  
Munster, IN 46321

Mail Tax Statements to: 1642 Norwood Dr., Griffith, IN 46319

STATE OF ILLINOIS  
COUNTY OF COOK

ss. **DAVID D. ORR.** County Clerk

I, **DAVID D. ORR**, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David D. Orr*  
County Clerk

*1-880*  
*7207*  
*046*  
*41400*  
*4400*  
*Frank add Oct 28 at 34500*  
*to say*

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH **626571**

**16.10**

**James Mair** **Male** **White** **12-27-83**  
 RESIDENCE: **Chicago** **1741 W. 104th St.** **Chicago** **Illinois**  
 FATHER-NAME: **John Mair** MOTHER-MAIDEN NAME: **Margaret Logan**  
 INFORMANT NAME: **Lois Mair** RELATIONSHIP: **Wife** MAKING ADDRESS: **1741 W. 104th St. Chicago, Illinois**  
 DEATH CAUSED BY: **Coronary Artery Disease**  
 SIGNATURE OF CERTIFIER: **Robert E. [Signature]**  
 DATE AND ADDRESS OF CERTIFIER: **Dec 26 1983**  
 HOUR OF DEATH: **8:45**

**NOT OFFICIAL**  
This Document is the property of the Lake County Recorder!

**RECORDED OFFICE**  
SEAL  
INDIANA

60415

INDIANA STATE BOARD OF HEALTH

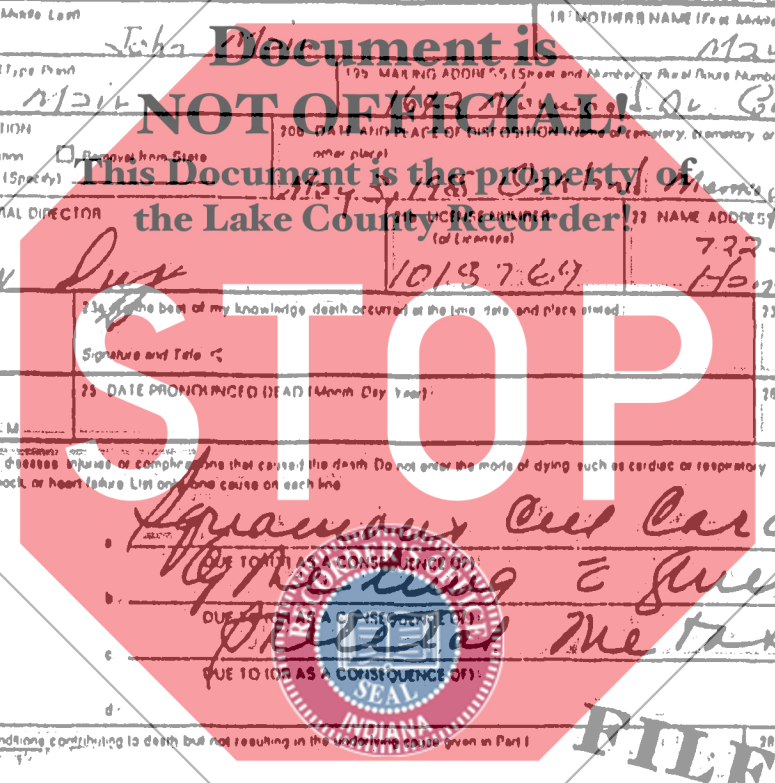
Local No. 122

CERTIFICATE OF DEATH

State No.

34-155-28, Hyde Park add, R. 28, Bl 3 & 52 Vac alley sign of L28  
319193  
OWNER OR MEDICAL EXAMINER USE ONLY

1 DECEASED - NAME FIRST MIDDLE LAST Loyd M. J.	2 SEX M	3 DATE OF DEATH (Month Day Year) 1-28-88
4 SOCIAL SECURITY NUMBER 306-03-3686	5a AGE - Last Birthday (Year) 72	5b UNDER 1 YEAR Months Days
6 YEAR LAST SERVED IN U.S. ARMED FORCES N-17	7 DATE OF BIRTH (Month Day Year) Apr 17, 1916	8 BIRTHPLACE (City and State or Foreign Country) England
9a FACILITY NAME (If not institution give street and number) St. Catherine Hospital	9b CITY/TOWN OR LOCATION OF DEATH East Chicago	9c COUNTY OF DEATH Lake
10 MARITAL STATUS - Married Never Married Widowed Divorced (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Josephine Winkelman	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life (Do not use terms)) Metalurgist
13a RESIDENCE - STATE Indiana	13b COUNTY Lake	13c CITY/TOWN OR LOCATION Griffith
13d RESIDENCE - ZIP CODE 46324	13e STREET AND NUMBER 1642 Woodward Dr.	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban American Puerto Rican etc.) No
15 RACE - American Indian Black White etc (Specify) White	16 DECEDENT'S EDUCATION (Specify only highest grade completed) (Elementary Secondary 10 12) College 1 2 3 4 12 4	17 FATHER'S NAME (Last Middle First) John Document is
18 MOTHER'S NAME (Last Middle First) Margaret Loyd	19a MARRIAGE ADDRESS (Specify and Member of Fraternal Order of Elks Member City or Town State Zip Code) 1642 Woodward Dr Griffith Ind	19b Relationship Wife
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Burial from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b DATE AND PLACE OF BURIAL (Name of cemetery, crematory or other place) 10/13/76 Griffith Ind	20c LOCATION - City or Town State Polk, Ill.
21a SIGNATURE OF FUNERAL DIRECTOR Rodney Dux	21b LICENSE NUMBER AND EXPIRES (of License) 1018767	21c NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 722-1654 St. Hammond, Ind 46341
22 TIME OF DEATH	23 DATE PRONOUNCED DEAD (Month Day Year)	24 WAS CASE REFERRED TO MEDICAL EXAMINER (Yes or no) No
25 PART I Enter the diseases injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Sudden Cardiac Arrest Due to a generalized Metabolic Disturbance	26 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	27a WAS AN AUTOPSY PERFORMED? No
28a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) <input checked="" type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.	29 SIGNATURE AND TITLE OF CERTIFIER L. A. Campaigne	29a LICENSE NUMBER 01015522
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 21) (Type Print) Lowell Steen MD, 3641 Ridge Rd Highland, Indiana	31 HEALTH OFFICER'S SIGNATURE L. A. Campaigne	32 DATE FILED (Month Day Year) 5-4-88
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY
34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED 00450	35 PLACE OF INJURY - At home farm boat factory office building etc (Specify)
36 LOCATION (Street and Number or Rural Route Number City or Town State)	37	38



FILED  
MAR 08 1988