2008 077112

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2000 NOV 13 AM 9: 24

MICHAEL A. BROWN RECORDER

| Record | & I | Return | to:] | Robert | L. N | ∕leinzer, | Jr., | Р. | O. | Box | 11 | 1. St. | John. | . IN 463 | 373 |
|------------------------|-----|--------|-------|--------|------|-----------|------|----|----|-----|----|--------|-------|----------|-----|
| AND THE REAL PROPERTY. | | | | | | - , | , | | | | | -, | , | | |

STATE OF INDIANA) SS: **AFFIDAVIT COUNTY OF LAKE**

CAROL J. GRADY, being first duly sworn upon her oath, deposes and says:

1. That my late husband, KEITH GRADY, and myself, as husband and wife, acquired title to the following described real estate: (SEE ATTACHED LEGAL)

commonly known as 2030 Route 41, Schererville, Indiana 46375.

- 2. That when we acquired the property, we were duly married.
- 3. That my husband, Keith Grady, died on July 30, 2008 in Phoenix, Arizona.
- 4. That a copy of the death certificate, with redacted personal information, is attached.
- 5. That the purpose of this Affidavit is to remove Keith Grady's name from the title and place the title strictly in the name of the ocument is

undersigned.

Further Affiant saith not.

I affirm under the penalties of perjury, that the aforesaid representations are true

the Lake County RCAROL J. GRAD

SUBSCRIBED AND SWORN to before me, a Notary Public, this 2 day of October 2008

My Commission Expires 2-18-09 County of Residence -AKE

PARY PUBLIC KUBERT (Printed Signature)

This Instrument Prepared by:

ROBERT L. MEINZER, JR. #9132-45, Attorney at Law

9190 Wicker Avenue, P. O. Box 111, St. John, IN 46373-111

Tel: (219) 365-4321; fax 219-365-9510

I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number in this document, unless required by law.

81844C

Robert L. Meinzer, Jr., Attorney at Law

FILED

CTIC has made an accommodation recording of the instrument

NOV 12 2008

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

(1)

Part of the Northeast Quarter of the Southeast Quarter of Section 17, Township 35 North, Range 9 West of the 2nd P.M. Described as follows: Commencing at a point of intersection of the West right-of-way line of U.S. Highway No. 41 and the South line of the Northeast Quarter of the Southeast Quarter of said Section 17, a distance of 940.0 feet to the point of beginning of this described parcel; thence North 88 degrees 01 minutes 14 seconds West, a distance of 225.0 feet to a point, thence North 00 degrees 02 minutes 43 seconds East a distance of 118.0 feet to a point, thence South 88 degrees, 01 minutes 14 seconds East, a distance of 125.0 feet to the West right-of-way line of U.S. Highway No. 41, thence Southerly along said West right-of-way line of U.S. Highway No. 41, a distance of 118.0 feet to the point of beginning, all in the Town of Schererville, Lake County, Indiana.



VERIFICATION BOX: (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT, COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

| ORIGINAL | |
|----------|--|
| STATE | |
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STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

DEATH NO.

| COPY | | | CE | RTIFICA | ALF OF | DEA | AH. | | | | | 18-032300 | | | |
|---|---|--|------------------------------|--------------------------|-------------------------|--|--|--------------------|-------------------|------------------------|------------------------|--|----------------|---------------------|--|
| NAME OF A. FIRST | | | B MIDDLE C. LAST | | | | SEX | | | DATE OF DEATH | MOI | MONTH DAY | | YEAR | |
| DECEASED | KEITH | | | | GRADY | | | _{2.} MAL | | 3. | -2008 | Maar | | <u></u> | |
| RACE | | | WAS DECEDENT | OF HISPANIC O | RIGIN: | | IF YES, INDICATE CUBAN, ETC. | MEXICAN | I, SPANISH, PUI | RTO RICAN, | WAS DECEA | SED EVER IN U.S | S.ARMED F | ORCES? | |
| 4A CAUC | CASIAN | | 4B. NO | | | | 4C. | | | | 5. NO | | | | |
| PLACE OF DEATH | | A. COUNTY | 6B. TOWN OR CIT | Y | | | 6C. HOSPITAL OF INSTITUTION | R (IF A | ESIDENCE GIVI | STREET ADDR | ESS) | | 6D. NUR | SING | |
| | COPA | | PHOENI) | (| | | SERENIT | | | ALLIATIVI | E CARE | | HOM | E | |
| DATE OF BIRTH | MONTH | DAY YEAR | AGE (YEARS LAST BIRTHDAY) | FUNDER 1 YEA MOS DAYS | | | MARRIED, NEVE WIDOWED, DIVO | RCED (SF | | SURVIVING SPOUSE | | (IF WIFE, GIVE | MAIDENIN | AME) | |
| 7. | -1936 <i>All</i> | eaction | _{8A} 72 | 88. | 8C. | | , MARRIË | 2 | | 10. | ROL ST | . JOHN | JESS OR I | UNLISTRY | |
| STATE AND | н | (, name country) | CITIZEN OF WHA INTENTIO | T COUNTRY? NALLY LEF | T SO | CIAL SEC | acted 4089 | × 1 | USUAL OCCUP | | | | | | |
| 11. | | E, ILLINOIS | _{12.} BLANK | | | | 4089 150. ZIP CODE | | 14A, WHOL | | | 14B.ELECT | | | |
| USUAL RESIDENCE | 15A. STATS | 1 | _ | ISC. TOWN OF | | | 60914 | - 1 | 16.4 WEEK | | | HIGHEST GRADE ELFTH GRA | COMPLET | ED | |
| 15 ILLIN | RESS OR R.F.D. | KANKAKEI | INSIDE CITY LIMI | BOURBO | JNNAIS | 2 | PREVIOUS STAT | | 16.4 VVEEN | .5 | \$ 1 4 s | ARY SECONDARY | | OLLEGE | |
| | | | | | | OF RESIDENCE | - | EET DI ANIX | | ļ | 12 | | -4 or 5+) | | |
| | RBOR PKY, A | PARTMENT A | 15F. YES | 15G. C.LAS | NO ST | | 18. INTENTION | | A FIRST | | 18A. B. MIDDLE | 14 | 18B. C LAST | | |
| DOD | | | _ | GRADY | | | NAME | | | В | | O'ROU | RKF | | |
| ROBERT STEPHE | | | | | TIONSHIP TO | | _{20.} ELIZAL ADDRESS |) <u> </u> | STREET | | CITY AND S | | | IP CODE | |
| | OL GRADY | | | DECE | POUSE | | | SOP E | KY ADAD | TMENT A | BOURE | BONNAIS, I | ILLINO | IS 60914 | |
| BURIAL, CRE | MATION. | DATE | | RY OR CREMAT | ORY - NAME/L | | V | | | IER'S SIGNATUR | | 0011117110, 1 | [| ERT. NO. | |
| REMOVAL, OTHER (Specify) 24 CREMATION 25 08-04-2008 | | | | A CREMAT | TON SERV | VICES, | INC., PHOE | NIX, | 974 1 | ITENTION | ALLYLE | FT BLANK | | 7B. | |
| FUNERAL HO | | NAME | | ADDRESS | ner | CITY. | AND STATE | | | | | as such (SIGNATU | | ERT NO. | |
| 28 MER | CER MORTI | JARY P | O BOX 9867 | 1541 E THO | OMAS RD | PHOE | NIX AZ | 20 mg | 29A.Th | HOMAS M. | ADKINS | 3 | 2 | 98 F0982 | |
| | TO THE BES | T OF MY KNOWLEDGE D CAUSE(S) STATED | EATH OCCURRED A | THE TIME DATE | AND PLACE AN | D H | K' L | ON | THE BASIS OF EX | AMINATION AND/C | 'R INVESTIGAT | ION, IN MY OPINION S) AND MANNER ST | N DEATH OX | CUPRED | |
| λ 1 | 30 SIGNATU | FARZAD SA | KHA MD | NT NEW | | SIGNATURE | | | | | | | | | |
| To be completed by CERTIFYING | DATE SIGN | IED (Mo., Day, Year) | HOUR OF DEATH | | | A SIGNATURE AND TITLE OF STATE | | | , Day, Year) HOUR | | | R OF DEATH | | | |
| com | 31 07-31-2008 | | 21181- | | | | | | | | | 36. | | | |
| # 55 E | NAME OF | NAME OF ATTENDING PHYSICIAL | | | | | | | AD (Mo., Day, Ye | ar) | PRONOUNCED DEAD (Hour) | | AD (Hour) | | |
| | 33 | | | | | | 37. | | ON | | 38. A | | ī | | |
| NAME AND | ADDRESS OF CERT | TFIER, PHYSICIAN, MED 2 | ICAL EXAMINER C | STREET P | ENFORCEMENTAL POENIX. A | NT AUTH | ORITY AUTI | ORIZED | FOR CREMATIO | N MEDICAL EX | AMINER'S SK | NATURE | | | |
| 39. FAR2 | ZAD SAKHA | MD 8 | 55004 | | | | 40. | /ES | Tan | 41. AIME | | _, M.D. TE REC'D IN STA | TE OCCIOE | | |
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| | 2012 | | | | | THE | THE PARTY OF THE P | | | | | | | | |
| | | ditions contributing to dear | th but not resulting in | the underlying c | ause given in P | art I | ON S | | | TOPSY | | REFERRED TO N | MEDICALE | XAMINER | |
| 48 SEPS | SIS, DM II, F | | 110 | DAV | EQ. | NII 0 | | NO In- | | NO | 50. YES | 3 | | | |
| MANNEH OF | DEATH | DATE O | | DAY | 2 40 | RUC | INJURY AT WOR | K? DE | SCRIBE HOW IN | JURY OCCURR | EU | | | | |
| | | 52. PLACE | OF INJURY | | 53. | | 54. WHERE LO | 55. | CT. | REET ADDRESS | | TY OR TOWN | | STATE | |
| NATI | JRAL DEAT | SPECIF | | | E. | S_E | AL 3 | ONIEU! | 31 | TECH NUUNESS | Ci | | | CIMIC | |
| 31 | VTARY ENTRIES | 56. | | | - V | ./VDI | 5 7. | | | | | | | | |

G**49624**36

Date Issued: 08-22-2008

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

PATRICIA ADAMS ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Arizona
Department of
Health Services

ANY ALTERATION OR FRASURE VOIDS THIS DOCUMENT