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STATE OF INDIANA
COUNTY OF LAKE

) SS: WILLIAM R. MAYOROS, DECEDENT
)

RECEIVED
SEP 08 2009
LAKE COUNTY ASSESSOR
PAUL G. KARRAS

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died testate on October 12, 2008, while domiciled in Cook County, Illinois. See attached certified copy of the death certificate for William R. Mayoros.

2. The will of the decedent was probated and spread of record in the Cook County (Illinois) Circuit Court and a certified Exemplified copy of that will is attached to this affidavit.

3. That forty-five (45) days have elapsed since the death of the decedent.

4. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.

5. That the following named person is the only beneficiary of the decedent:

Mercedes R. Mayoros, Wife

6. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided under IC §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.

7. That the decedent's sole probate asset is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Plots Numbered Sixty-seven (67) and Sixty-eight (68), as marked and laid down on the recorded plat of Cedar Point Park, Cedar Lake, Indiana, a Subdivision of part of fractional N.W. 1/4 of fractional N.W. 1/4 of fractional Section 26, Township 34 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana as the same appears of record in Plat Book 15, page 5, in the Recorder's Office of Lake County Indiana.

Parcel Number: 45-15-26-152-003.000-043

Commonly Known as: 13420 Cedar Street (aka 13420 Dewey Street)
Cedar Lake, IN 46303

Appraised Value: \$50,000

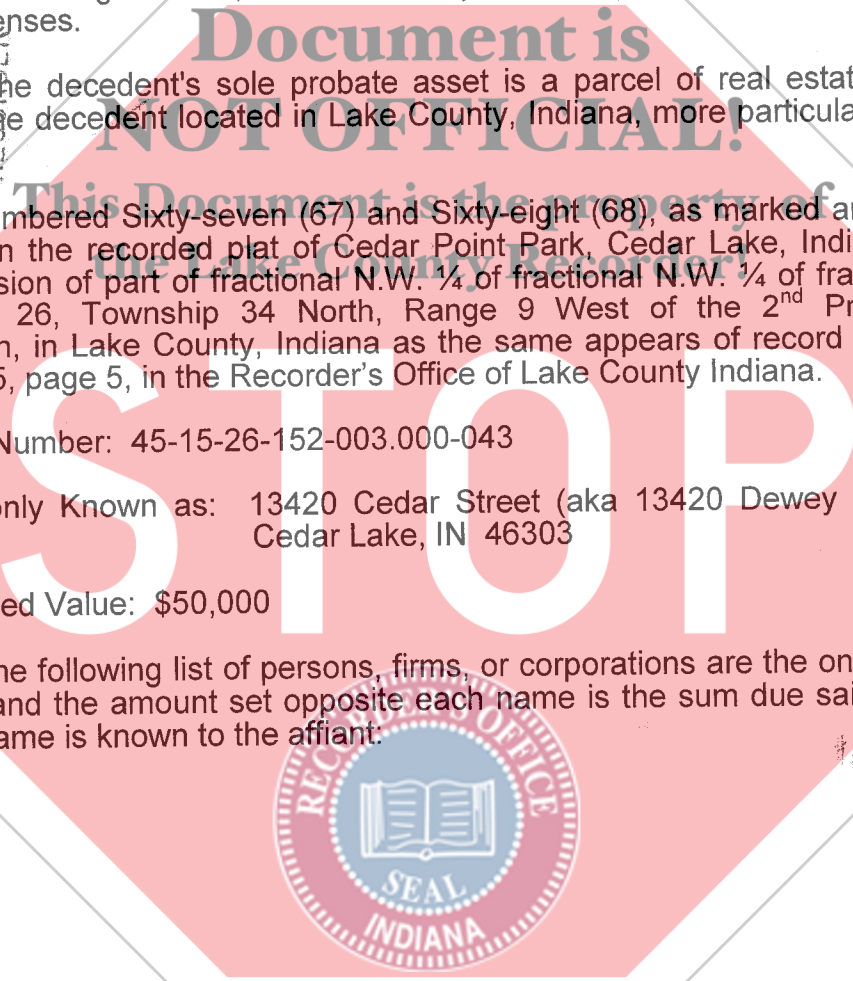
That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant:

None

012770

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER

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PEGGY HOLINGA KATONA
LAKE COUNTY RECORDER

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4782
RJR

9. That the individual entitled to the real estate as a result of the decedent's death is the following devisee listed under Article Second of the decedent's Last Will and Testament, namely:

Mercedes R. Mayoros, Wife

9. That by reason of the above-stated matters, the affiant requests that the above-listed real estate of William A. Mayoros, be transferred to her pursuant to the provisions of the decedent's Last Will and Testament, in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3.

10. Each person's distributive share has been calculated as follows:

Mercedes R. Mayoros - 100%

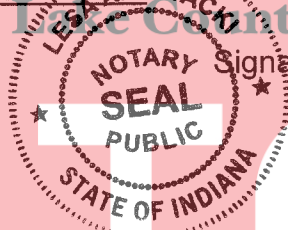
Mercedes R. Mayoros
Mercedes R. Mayoros

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Mercedes R. Mayoros, and being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 4th day of September, 2009.

My commission expires: 02/03/2010

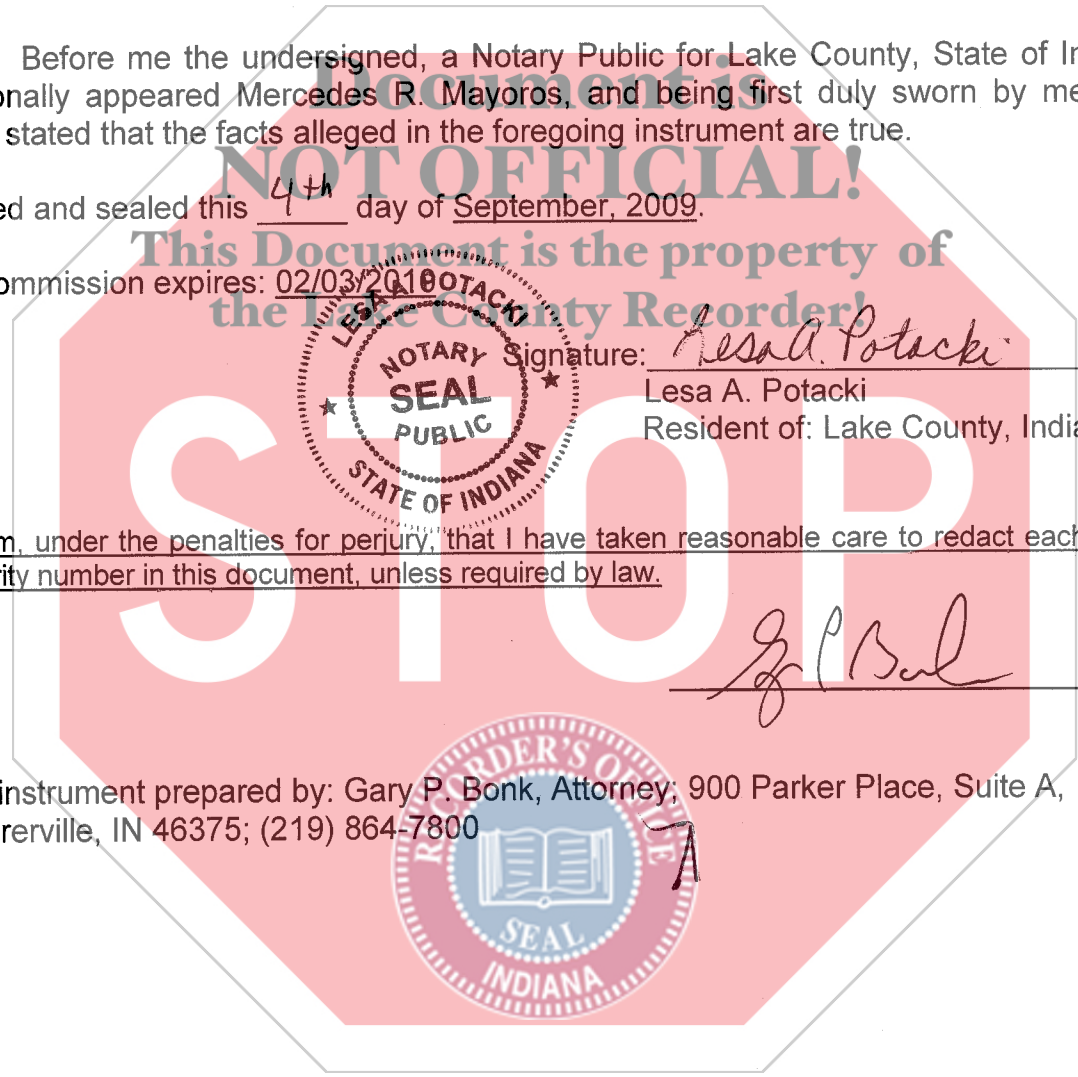
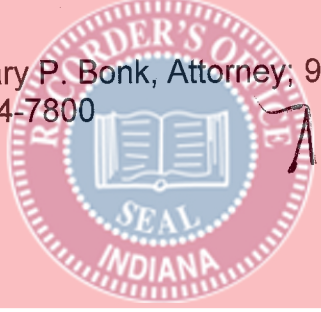


Signature: *Lesa A. Potacki*
Lesa A. Potacki
Resident of: Lake County, Indiana

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

G.P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT - PROBATE DIVISION

I, HENRY A. BUDZINSKI Judge of the Circuit Court of Cook County, Illinois,
certify that DOROTHY BROWN was on the date of the attached certificate the duly
qualified clerk of this court and that the certificate was made by her and is in legal form.

JULY 23. 2009

Henry A. Budzinski

Judge

Judge's No.

I, DOROTHY BROWN Clerk of the Circuit Court of Cook County, Illinois, certify that
HENRY A. BUDZINSKI was on the date of the above certificate a duly qualified judge of
this court and that the certificate was made by the judge.

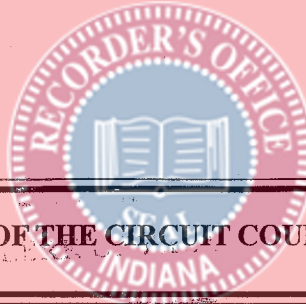
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Witness, JULY 23. 2009

Dorothy B

Clerk of Court

STOP



DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS CERTIFICATE OF DEATH				STATE FILE NUMBER	
LOCAL FILE NUMBER							
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) William Arthur Mayoros			2. SEX Male		3. DATE OF DEATH (Month/Day/Year) (Spell Month) October 12, 2008		
4. COUNTY OF DEATH Cook		5a. AGE AT LAST BIRTHDAY (Years) 80		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____	
6. DATE OF BIRTH (Month/Day/Year) May 9, 1928		7a. CITY OR TOWN Palos Heights					
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Palos Community Hospital					7c. PLACE OF DEATH (Check only one: see instructions)		
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input checked="" type="checkbox"/> Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL		9. SOCIAL SECURITY NUMBER 349-20-6473		10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Mercedes R. Wedeam	
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) 16542 Trumbull		13b. APT. NO.		13c. CITY OR TOWN Markham	
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13e. COUNTY Cook		13f. STATE IL		13g. ZIP CODE 60428	
14. FATHER'S NAME (First, Middle, Last) Andrew Mayoros			15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Margaret Kollath				
16a. INFORMANT'S NAME Mercedes R. Mayoros		16b. RELATIONSHIP Wife		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 16542 Trumbull, Markham, IL 60428			
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Holy Sepulchre Cemetery		19. LOCATION - CITY, TOWN AND STATE Alsip, Illinois		20. DATE OF DISPOSITION (Month/Day/Year) October 16, 2008	
21a. FUNERAL HOME NAME McKenzie Funeral Home, Ltd.		STREET AND NUMBER 15618 S. Cicero Ave.		CITY OR TOWN Oak Forest, Illinois		STATE Illinois	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas H. Wiselus</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010222		22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>			
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) OCT 14 2008		24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → 6/16/08 Myocardial Infarction		Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
b. Valvular Heart Disease		Due to (or as a consequence of):					
c. Coronary Artery Disease		Due to (or as a consequence of):					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Atrial Fibrillation, seizure disorder, Hypertension		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation			
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. LOCATION OF INJURY Street and Number		Apartment Number		City or Town		State ZIP Code	
35. DESCRIBE HOW INJURY OCCURRED:				36. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____			
37. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 10/10/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) October 12, 2008		40. TIME OF DEATH 10:56 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - 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 stated.							
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) NELSON M McLEMORE III, MD 19259 S CENTRAL AVE Palos Hts, IL 60463				43. PHYSICIAN'S LICENSE NUMBER 036-084437			
44. TITLE OF CERTIFIER Attending		45. DATE CERTIFIED (Month/Day/Year) 10/13/08		46. SIGNATURE OF CERTIFIER <i>Nelson M. McLeMore III</i>			

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

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

OCT 14 2008

I, David 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 THEREOF, 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 Orr
COUNTY CLERK

Last Will and Testament

WILLIAM A. MAYOROS

KNOW ALL MEN BY THESE PRESENTS, that I, WILLIAM

A. MAYOROS, of the Village of Markham, County of Cook and State of Illinois, being of sound and disposing mind and memory, do hereby revoke any and all Wills or Codicils thereto by me made, and do make, publish and declare this to be my Last Will and Testament in manner following:

FIRST: I direct that my Executrix, hereinafter named, pay all of my just debts, funeral expenses and costs of administration out of my estate, treating all so-called "inheritance taxes" as costs of administration.

SECOND: All the rest, residue and remainder of all of my property, whether real, personal or mixed, of whatever kind, character or description and wheresoever situate, of which I may be seized and possessed, or to which I may be entitled at the time of my death, I give, devise and bequeath unto my beloved wife, MERCEDES R. MAYOROS.

THIRD: In the event my wife, MERCEDES R. MAYOROS, shall predecease me, or in the event that my said wife and I should die in a common accident, sickness or some disaster, or otherwise, under such circumstances as to render it impracticable to establish by adequate proof the order of our deaths, then I direct that it shall be conclusively presumed that my said wife predeceased me, and I further direct that in that event, all my property aforesaid, real, personal and mixed, be given, devised and bequeathed unto my children, share and share alike, provided they survive me.

William A. Mayoros

8W26 1004

FOURTH: In the event that any one or all of my said children shall fail to survive me, leaving children of his or their own surviving me, then his or their children, as shall be living at the time of my death, shall take the share of my said child or children, as provided for in Paragraph THIRD above, share and share alike, or to the survivor or survivors of them in full.

FIFTH: I hereby nominate and appoint my wife, MERCEDES R. MAYOROS, to act as Executrix of this, my Last Will and Testament, and direct that she shall not be required to give any bond or other undertaking upon her qualifying and acting as such Executrix.

I give my said Executrix full power and authority to settle and compound any claims, either in favor of or against my estate as to my said Executrix shall seem best, and for the purpose aforesaid, to execute and deliver all proper and necessary conveyances and to give full receipts and discharges.

I hereby authorize and empower my said Executrix, upon such terms and conditions as she may see fit, to sell and convey all or any part of my estate, whether real, personal or mixed, at any time during the administration of my estate, at public or private sale, with or without notice, without applying to any court for authority so to do.

SIXTH: In the event, for any reason whatsoever, my said wife, MERCEDES R. MAYOROS, is unable to act as Executrix of this, my Last Will and Testament, then, in that event, I hereby nominate and appoint BETTY EGAN, of Markham, Illinois, to act as successor-Executrix, with all of the powers and duties herein conferred upon my Executrix hereinbefore named, without being required to furnish surety on her official bond.

SEVENTH: In the event that my wife, Mercedes R. Mayoros, should predecease me, and I die leaving minor children who would take my estate under Paragraph THIRD above, then I nominate and appoint BETTY

Mercedes R. Mayoros

EGAN of Markham, Illinois, to serve as Guardian of the estate and person of such minor child or children during his or their minority, and I direct that she shall not be required to furnish surety on her bond as such Guardian. I further give unto said Guardian full discretion and authority on her part to use any of the principal of my estate, as aforesaid, for the health, welfare, education, support and maintenance of such minor child or minor children during his or their minority, the same as I would do if living.

IN WITNESS WHEREOF, I, the said WILLIAM A. MAYOROS, have set my hand and seal to this, my Last Will and Testament, contained in Three (3) typewritten pages, this page included, and I have also written my name on Pages One (1) and Two (2) hereof for the purpose of identification, at Tinley Park in the State of Illinois this 16th day of September, 1967.

William A. Mayoros (SEAL)
TESTATOR

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THE ABOVE AND FOREGOING INSTRUMENT, consisting of Three

typewritten pages, this page included, was, on the 16th day of September, 1967, duly signed, sealed, published and declared by the said WILLIAM A. MAYOROS as and for his Last Will and Testament, in the presence of us who, at his request, in his presence and in the presence of each other all present together, have hereunto subscribed our names as witnesses thereto; and we and each of us do hereby certify that at the time he so signed, sealed, published and declared said instrument to be his Last Will and Testament, we were acquainted with the said WILLIAM A. MAYOROS, and knew him to be of sound and disposing mind and memory, acting freely and voluntarily and not under duress or constraint of anyone.

Leland H. Rayson OF *6500 West 166th Street*
Tinley Park Illinois
Paul E. McHenry OF *14500 Red Island Ave*
Tinley Park Illinois
OF _____
