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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2011 042922

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 AUG 10 PM 1:34

A F F I D A V I T

MICHELLE S. FAJMAN
RECORDER

VIOLA McELROY, being first duly sworn, states:

1. She is a resident of Lake County, Indiana.

2. Affiant states that she is the surviving spouse of Wendell McElroy, who died a resident of Lake County, Indiana, on March 20, 2007. A certified copy of his death certificate is attached hereto and incorporated herein.

3. At the time of his death, Wendell McElroy and Viola McElroy, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

Lot Twenty-Four (24), Block One (1), Waverly Park, in the City of Gary, as shown in Plat Book 27, Page 1, in Lake County, Indiana.

ADDRESS OF REAL ESTATE: 593 Chase, Gary, Indiana 46404.

45-08-05-307012-000-064

4. At the time of his death, Wendell McElroy and Viola McElroy were not divorced and were living together as husband and wife.

5. To the best of Affiant's knowledge, there is no federal estate tax due from the Estate of Wendell McElroy.

6. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in the undersigned, Viola McElroy, and to induce the Auditor of Lake County to reflect the correct ownership of such real estate on said Auditor's records.

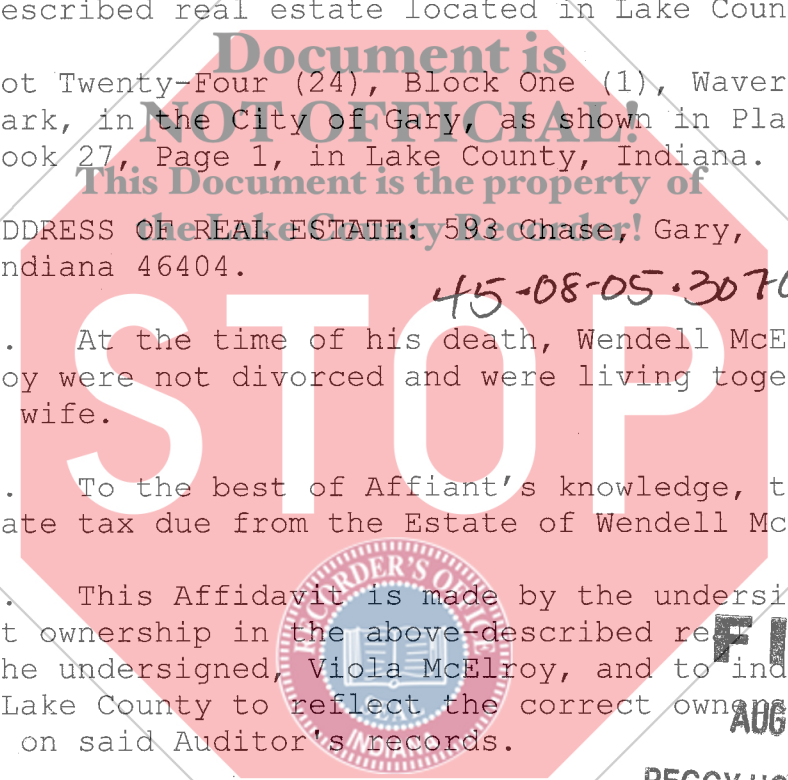
Dated August 3, 2011.

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Viola McElroy
VIOLA McELROY

002822

16.00
7122
44
NON CONF



FILED
AUG 10 2011

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 3rd day of August, 2011, personally appeared Viola McElroy, who, being duly sworn, stated that the facts contained in the foregoing Affidavit are true and correct and acknowledged the execution of the above and foregoing Affidavit.

WITNESS my hand and Notarial Seal.

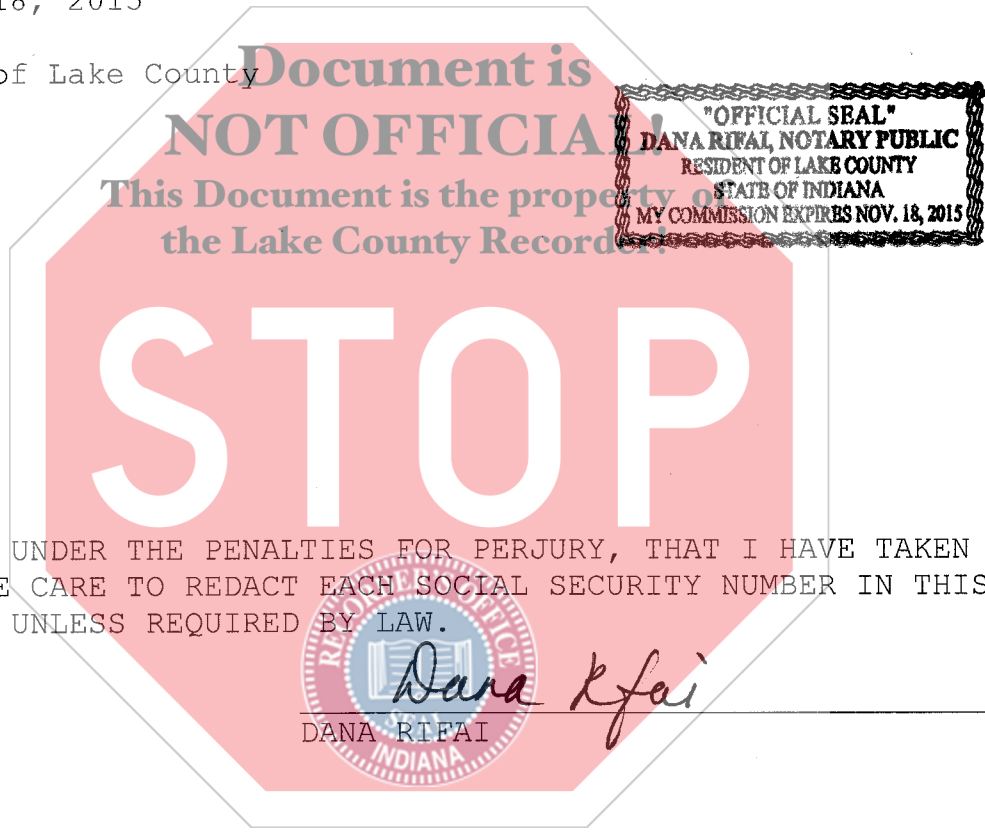
Dana Rifai

DANA RIFAI, Notary Public

MY COMMISSION EXPIRES:

November 18, 2015

Resident of Lake County



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.

Dana Rifai

DANA RIFAI

This instrument prepared by Dana Rifai, Attorney At Law, 9191 Broadway, Merrillville, Indiana 46410

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**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH **604060**

STATE FILE NUMBER

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAR 23 2007

I, TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 10-10	STATE OF ILLINOIS
REGISTERED NUMBER	STATE FILE NUMBER
DECEASED-NAME 1. WENDELL MCELROY	SEX 2. Male
COUNTY OF DEATH	DATE OF DEATH (MONTH, DAY, YEAR) 3. 3/20/2007
AGE-LAST BIRTHDAY (YRS) 5a. 74	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. DECEMBER 12, 1932
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6a. Chicago Northwestern Memorial	IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 7a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Viola Williams
SOCIAL SECURITY NUMBER 10. 296-30-3121	KIND OF BUSINESS OR INDUSTRY 11a. STOCKER
RESIDENCE (STREET AND NUMBER) 13a. 593 CHASE ST	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 9
CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. GARY	INSIDE CITY (YES/NO) 13c. YES
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK	COUNTY 13d. LAKE
FATHER-NAME FIRST MIDDLE LAST 15. WINSTON MCELROY	MOTHER-NAME FIRST MIDDLE LAST 16. BESSIE GERGER
INFORMANT'S NAME (TYPE OR PRINT) 17a. JACKIE SIMPSON	RELATIONSHIP 17b. SISTER
Enter the diseases 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. 18. PART I. (a) Cancer of stomach (b) Due to, or as a consequence of (c) Due to, or as a consequence of	MAPPING ADDRESS (STREET, AVENUE, OR T.W.P., CITY OR TOWN, STATE, ZIP) 17c. 2518 Hulm Crpy 60619
Immediate Cause (Final disease or condition resulting in death)	MODE OF DEATH (SPECIFY) 19. No
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	WAS AUTOPSY PERFORMED (YES/NO) 19a. No
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. No
DATE OF OPERATION, IF ANY 20a.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
MAJOR FINDINGS OF OPERATION 20b. (a) Cancer of stomach	DATE SIGNED (MONTH, DAY, YEAR) 21c. 3/20/2007
TIME OF OPERATION (MONTH, DAY, YEAR) 21a. 7:50 A M.	HOUR OF DEATH (MONTH, DAY, YEAR) 21c. 7:50 A M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	ILLINOIS LICENSE NUMBER 22b. 235 50804
NAME AND ADDRESS OF CERTIFIER 22a. MASON MASON MD	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. MASON MASON MD	DATE OF DEATH (MONTH, DAY, YEAR) 24d. MAR 28 2007
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CITY OR TOWN 24c. GARY INDIANA
CEMETERY OR CREMATORY-NAME 24b. OAK HILL	STATE 24d. INDIANA
FUNERAL HOME NAME 25a. Taylor Funeral Home LTD	CITY OR TOWN 25c. Chicago
STREET AND NUMBER OR R.F.D. 63 E 79th St	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 60619
LOCAL REGISTRAR'S SIGNATURE Terry Mason	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 23 2007
LOCAL REGISTRAR'S SIGNATURE Terry Mason	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 23 2007