STATE OF INDIAMS LAKE COUNTY FILED FOR RECORD

2013 053119

2013 JUL 22 AM 8:53

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN RECORDER

SURVIVORSHIP AFFIDAVIT

On this \o_ day of July, 2013, KATHRYN J. McELMURRY, "Affiant," being duly sworn upon her oath states that:

- 1. Affiant is over the age of eighteen (18) and under no disability that would prevent her from testifying and has personal knowledge of the facts stated herein.
 - 2. Affiant resides at the address given below affiant's signature.
 - 3. The following real estate was formerly owned by Virginia M. Steorts and/or

Kathryn J. McElmurry, as Co-Trustees of the Virginia M. Steorts Trust:

Lot 8 W.P. Christenson's Sunnyside Addition to Griffith, as shown in Plat Book 23, page 73, in Lake County, Indiana.

the Lake County Recorder!

Commonly known as 204 Colfax, Griffith, IN 46319

- 4. Decedent, Virginia M. Steorts, died on the 4th day of December, 2010.
- 5. To the best of Affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said Decedent.
 - 6. Affiant's relationship to Decedent is surviving daughter and surviving Trustee.

KATHRYN J. McELMURRY 514 S. Lafayette Street Griffith, IN 46319

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this () day of July, 2018.

PEGGY HOLING AUDResident of Lake County

My Commission Expires:

CARLA K. BEAN
Lake County
My Commission Expires
April 10, 2016

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

This document prepared by:

ADAM J. SEDIA - #28775-45 RUBINO, RUMAN, CROSMER & POLEN-275 Joliet Street, Suite 330, Dyer, IN 46311 219-322-8222

219 322 0222

AMOUNT \$ 13.00

CASH _____CHARGE ___
CHECK # 18 CS ___
OVERAGE ___
GOPY ___
NON-COM ___
CLERK M . E

Parcel # 45-07-35-478-021 000-006

004297

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local N	5)0(p-1	Ore-sub				6-					
1. Decedent's Legat Name (नार्ड, Middle, Last) VIRGINIA M STEORTS				Ta, Maiden Last Na HESS	ame (If Female)	2. Sex		1			Of Death (Month/Day/Year) /2010	
5. Social Security Number	6a. Age Yrs	6b. Under 1 Y	ear 6c Under 11	Aonth 6d. Under 1:Day	6d. Under t Day 6e. Under t Hour 7.		Birth (Mor	nti/Day/Year) 8	: Birthplace (City /	and State Or F	oreign Country)	
20028-6982	79	Months	Deys	Hours .	Minutes	02/02/1931 NEFFS, OH						
9. Ever in U.S. Armed Forces?	10. If De	ath Occurred in A	Hospital:		10a, if Death Occur	Occurred Somewhere Other Than A Hospital: Hospite Facility Decedent's Home Nursing Home/Long-						
Yes No Unknown	Term Care Facility □ Other (Specify)											
11. Facility Name (If Not Institu		And Number)			 							
RILEY HOSPICE CEN			•		13. County	Of Death			14. Market Stat	us At Time Of	Death	
12. City Or Town, State, And Z	LAKE				☐ Married: ☐ Married; But Separated ☐ Divorced							
15. Surviving Spouse's Name				15a. (If Wife)Give Maide	15a. (If Wife)Give Maiden Last Name			dent's Usual Occup	4	Widowed □ Never Married □ Unknown 17. Kind Of Business/Industry		
							HOMEMAKER			OWN HOME		
16. Residence - State			18a: County	County 18b. City Or Town								
INDIANA			LAKE		MUNSTER							
18c. Street And Number							18d. Apt. No			p Code	181. Inside City Limits?	
1513 FRANLIN PARKWAY 19. Decedent's Education 20. Decedent Of				Histografic Orderin	Senantic Ordern 21 December				4632	•	1	
High school graduate	nish/Hispanic/Latin	21. Decedent's Race C/Latino White										
22. Father's Name (First, Middle, Last)				 	23. Mother's Name	Mother's Name (First, Middle, Last)				23a, Mother's Maiden Last Name		
WILBUR HESS				CLARA HESS				JEFFERS				
24. Informant's Nature KATHRYN MCELM	HIRRY		DAUGHT	ADDISHOP TO Decoder ZAB. Maning Address (Street And Number, Cay, State, Zop Code) HTER 514 SOUTH LAFAYETTE STREET GRIFFITH, IN 46319								
				·	lace Of Disposition							
	Burial □ Cre	mason /		ame Of Cemetery, Cremator		1		Town, And State		•	······································	
☐ Donation ☐ Entombrnent ☐ Other (Specify):		1	ITER CEMETER		nme	WAIL	RFORD,	ОН				
26. Was Coroner Contacted? ☐ Yes ☑ No		*	ete Address Of Funera L. HOME 10000.	CALUMET AVE M	UNSTER IN 453	21			* * * .		meral Home License Number: 700038	
27b. Signature O(Indiana Fun				NOT			AI	27c. Uce	nse Number (Of Lic	ensee)	<u>.,, </u>	
	_\ <		Thi	s Docume	ent is th	e pro	mer	010194	106			
28. Part L Enter The Cha	Daniel Europein	Disassas Inius	las Os Compliantia	Cause Of Death (Se	e Instructions	and Examp	ples)				Approximate	
Such As Cardiac Arrest, F A Line. Add Additional Lin	Respiratory Arre	est, Or Ventricu		out Showing The Etiolog	y. Do Not Abbrevia	ite. Enter O	nty One C	ause On			Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death A Peripheral VASCULAR Disease Or Condition Resulting In Death Due To (Or As A Consequence Of:												
Sequentially List Conditions, If Amy, Leading To The Cause Listed On 8. LOPD												
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last C. RHE UMA+0:D. AR+ hR; +: 3												
:				D. HTN	,	Due To (Or	As A Consequ	ience Of);				
Part II. Enter Other Significant	Conditions Contri	buting To Death B	ut Not Resulting in The	Underlying Cause Given In t	Part I			Performed? polings Available To	☐Yes ☑!			
31. Did Tobacco Use Contribu	te To Death?	32° H1	remale:					33. Manner Of			☐ Yes ☐ No	
☐ Yes ☐ Probably ☐ No 図Unk	•			Di Pregnent At Time Of Death Day's To 1 Year Botore Quath	Not Pregnant, But Pregna	ant Wilthin 42 Days	s Of Death	12 Natural 13 Hz	omicide 🖸 Accident 🛭		Signation	
34. Date Of Injury (Month/Day)	Year)	35. 11	me Of injury	36. P	ace Of Injury (E.G.) Die	districts Home	(6)	of Sar Residence	UWobied Apple	6.11	37. Injury At Work?	
20 1				E	y	KE COUNT	Y HEALTH	CATE OF DEATH L DEPARTMENT			☐ Yes ☐ No	
38. Location Of injury - State		38a. C	ally Or Town	356. \$	Street & Number	S	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		38c, Apt.	No. 38	d. Zip Code	
39 Describe How Injury Occurre							Aţ. · ·		144 Asportation Ini	ury, Snice	ifv:	
				E	SEA)	uiz) -		El Diver/Ope	talor 🖸 Passenger 🖸		•	
41 Signature, Of Person Certif	nymag-causa-ofbo ⊝ /	7 lu	MA	at	0	Sout?		fier (Check Only Or frying Physician 🔲	ne)	1	5 5	
43. Name, Address And Zip	Code Of Perso	on Certifying Cau	use Of Death:	7	Mark	Justin		<u> </u>	nse Number		Date Certified	
TAMOS	El	1 On	NFORN	4 1950-	45th A	.lo	1,0	2/ 64	1112-1		Just .	
48. Additional Funeral Service	Provider: MC	<u> </u>	ERAL HOME	1	7311 A	VE.	1630	47. *Ako	ソ <u>スシナル</u> **	a41 /	1'4//	
48. Signature of Local Health C	Officer:		· · · · · · · · · · · · · · · · · · ·		49. For Registra	r Only - Dafa	Filed (More	l				
		~ 0.00	But	D.O.	Cin	uhlu		-21)11				
Nate Form 10110 (R7/9-07) ATTE				···•	responsibility. Disclosure is	roluctory and the	will be poper	outer for reduced. THE RI	CORDS BY THIS SERI	ES ARE COMPE	FIGURE DER IC HANNAM	