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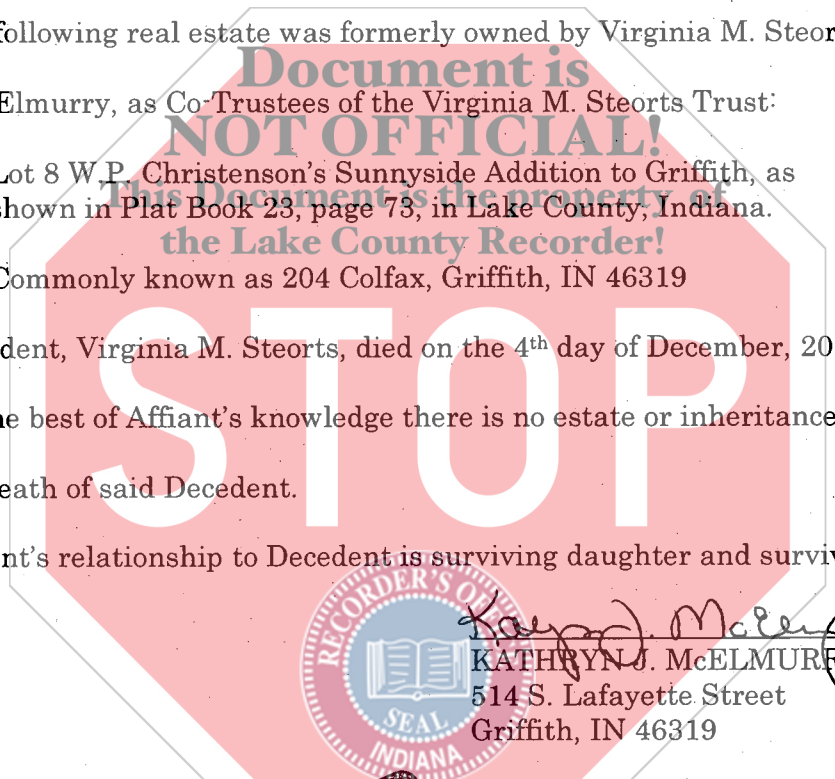
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 19 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.
 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.



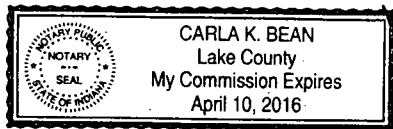
Kathryn J. McElmurry
 KATHRYN J. McELMURRY
 514 S. Lafayette Street
 Griffith, IN 46319

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 19 day of July, 2013.

FILED
JUL 17 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Carla K. Bean
 CARLA K. BEAN
 Notary Public
 Resident of Lake County

My Commission Expires:



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.

This document prepared by:

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

AMOUNT \$ 13.00
 CASH _____
 CHECK # 18655 CHARGE _____
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK M.E.

Parcel # 45-07-35-478-021.000-006

004297



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3906-10 re-sub

State No.

Form with fields for decedent's name (VIRGINIA M STEORTS), date of death (12/04/2010), social security number (26928-6982), age (79), date of birth (02/02/1931), birthplace (NEFFS, OH), facility name (RILEY HOSPICE CENTER), city (MUNSTER, IN 46321), county (LAKE), marital status (Widowed), occupation (HOMEMAKER), education (High school graduate), cause of death (Peripheral Vascular Disease, COPD, Rheumatoid Arthritis, HTN), certifying physician (James Flynn Cantorna), and registrar (Susan W. Best, D.O.).

