

2013 053121

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 JUL 22 AM 8:54

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this 10 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 13, Block 3, Independence Park, in the Town of Munster, as shown in Plat Book 24, page 23, in Lake County, Indiana.

Commonly known as 8938 E. Delaware Parkway, Munster, IN 46321

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.

FILED
JUL 17 2013
PEGGY WOLINGA KATONA
LAKE COUNTY AUDITOR

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 10 day of July, 2013.

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.

[Signature]

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

Parcel # 45-07-29-127-013 000-027

AMOUNT \$ ~~200~~ \$13.00
CASH _____ CHARGE _____
CHECK # 18655
OVERAGE _____
COPY _____
NON-COM _____
CLERK M-E

004296



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), cause of death (Peripheral Vascular Disease, COPD, Rheumatoid Arthritis, HTN), and certifying physician (James Flynn Cantorna).

