

NOT AN OFFICIAL DOCUMENT

FILED

Jan 20 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-503404
01/20/2022 02:28 PM
TOTAL FEES: 25.00
BY: SP
PG #: 10

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF IN)
COUNTY OF Lake) SS:

AFFIDAVIT OF DEVOLUTION

Comes now **Mary Douglas**, being duly sworn upon her oath and states as follows:

1. That she is an adult sister of the decedent, **Nordley Wheeler, III**. *see attached

2. That **Nordley Wheeler, III** died intestate, a resident of Lake County, Indiana on the **July 29, 2020**, with an undivided **1/10** interest as tenants in common in real estate located at **2324 Taney Place, Gary, IN 46404**.

3. The most recent instrument conveying title is an Affidavit to Transfer Real Property, recorded **May 19, 2021** under instrument number **2021-037768**, wherein **Nordley Wheeler, III** did acquire title to real estate located in Lake County, Indiana as Tenant in Common.

4. That the legal description to which **Nordley Wheeler, III**, acquired title was for the following legal description, to-wit:
Lots Six (6) and Seven (7), in Block Fourteen (14) in Sidney Loewenstein's First Subdivision to the City of Gary, as shown in Plat Book 8, Page 33, in Lake County, Indiana.

PIN: 45-08-17-151-037.000-004

More Commonly Known as **2324 Taney Place, Gary, IN 46404**

5. That at least 7 months have passed since the decedent's death.

6. That no letters testamentary or letters of administration have been issued to a court appointed personal representative for the decedent.

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7. That no Court has issued findings or an order preventing the devolution of real estate as dictated by IC 29-1-7-15.1.

8. That the names of each distributee known to the affiant that share in his 10% interest are:

Mary Douglas	1.42857%
Roena Dickinson	1.42857%
Carlene Jones	1.42857%
Doris Wheeler	1.42857%
LaTonya Jones	1.42857%
Huey Finkley	0.71420%
Lateya Finkley	0.71420%
Timothy Polk	0.47610%
Tamica D. Stubblefield	0.47610%
Leona Polk	0.47610%
Total	10.0000%

9. That she is an adult sister of the decedent, **Edrick A. Wheeler**.

10. That **Edrick A. Wheeler** died intestate, a resident of Lake County, Indiana on the **December 9, 2020**, with an undivided 1/10 interest as tenants in common in real estate located at **2324 Taney Place, Gary, IN 46404**. *see attached

11. The most recent instrument conveying title is an Affidavit to Transfer Real Property, recorded **May 19, 2021** under instrument number **2021-037768**, wherein **Edrick A. Wheeler**, did acquire title to real estate located in Lake County, Indiana as Tenant in Common.

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12. That the legal description to which **Edrick A. Wheeler**, acquired title was for the following legal description, to-wit:

Lots Six (6) and Seven (7), in Block Fourteen (14) in Sidney Loewenstein's First Subdivision to the City of Gary, as shown in Plat Book 8, Page 33, in Lake County, Indiana.

PIN: 45-08-17-151-037.000-004

More Commonly Known as 2324 Taney Place, Gary, IN 46404

13. That at least 7 months have passed since the decedent's death.
14. That no letters testamentary or letters of administration have been issued to a court appointed personal representative for the decedent.
15. That no Court has issued findings or an order preventing the devolution of real estate as dictated by IC 29-1-7-15.1.
16. That the names of each distributee known to the affiant that share in his 10% interest are:

Mary Douglas	1.42857%
Roena Dickinson	1.42857%
Carlene Jones	1.42857%
Doris Wheeler	1.42857%
LaTonya Jones	1.42857%
Huey Finkley	0.71420%
Latoya Finkley	0.71420%
Timothy Polk	0.47610%
Tamica D. Stubblefield	0.47610%
Leona Polk	0.47610%
Total	10.0000%

17. That she is an adult sister of the decedent, **Annette Wheeler**.
18. That **Annette Wheeler** died intestate, a resident of Lake County, Indiana on the **December 13, 2020**, with an undivided 1/10 interest as tenants in common in real estate located at **2324 Taney Place, Gary, IN 46404**. *see attached

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19. The most recent instrument conveying title is an Affidavit to Transfer Real Property, recorded **May 19, 2021** under instrument number **2021-037768**, wherein **Annette Wheeler**, did acquire title to real estate located in Lake County, Indiana as Tenant in Common.

20. That the legal description to which **Annette Wheeler**, acquired title was for the following legal description, to-wit:

Lots Six (6) and Seven (7), in Block Fourteen (14) in Sidney Loewenstein's First Subdivision to the City of Gary, as shown in Plat Book 8, Page 33, in Lake County, Indiana.

PIN: 45-08-17-151-037.000-004

More Commonly Known as 2324 Taney Place, Gary, IN 46404

21. That at least 7 months have passed since the decedent's death.

22. That no letters testamentary or letters of administration have been issued to a court appointed personal representative for the decedent.

23. That no Court has issued findings or an order preventing the devolution of real estate as dictated by IC 29-1-7-15.1.

24. That the names of each distributee known to the affiant that share in his 10% interest are:

Mary Douglas	1.42857%
Roena Dickinson	1.42857%
Carlene Jones	1.42857%
Doris Wheeler	1.42857%
LaTonya Jones	1.42857%
Huey Finkley	0.71420%
Latoya Finkley	0.71420%
Timothy Polk	0.47610%
Tamica D. Stubblefield	0.47610%
Leona Polk	0.47610%
Total	10.0000%

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25. That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing the heirship of **Nordley Wheeler, III, Edrick A. Wheeler, and Annette Wheeler.**


26. After the devolvement of the interests of **Nordley Wheeler, III, Edrick A. Wheeler, and Annette Wheeler** to the respective heirs, the names and interests should result as follows:

Mary Douglas	14.2857%
Roena Dickinson	14.2857%
Carlene Jones	14.2857%
Doris Wheeler	14.2857%
LaTonya Jones	14.2857%
Huey Finkley	7.14260%
Latoya Finkley	7.14260%
Timothy Polk	4.76163%
Tamica D. Stubblefield	4.76163%
Leona Polk	4.76163%
Total	100.000%



Mary Douglas

I affirm, under the penalties for perjury, that the foregoing representations are true.



Mary Douglas

***See Attached Exhibits**

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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

January, 2022 J

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 7 Day of ~~November, 2021~~, personally appeared **Mary Douglas** and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

11-13-29 Jolene Kratochvil
Notary Public

County of Residence: Lake

MAIL TAX BILLS TO: Mary Douglas, 2324 Taney Place, Gary, IN 46404
TAX KEY NO(S): 45-08-17-151-037.000-004
GRANTEE(S) ADDRESS: 2324 Taney Place, Gary, IN 46404

THIS INSTRUMENT PREPARED BY: MICHAEL D. KVACHKOFF, #31390-45 Attorney at Law
325 N. Main Street, Crown Point, IN 46307 (219) 661-9500
File No: IN-21-64360-02

I affirm, under penalties for perjury, that I have taken reasonable care to reduce each Social Security Number in this document, unless required by law: *Jolene Kratochvil*



Recorder

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

January 2022

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 7 Day of ~~November, 2021~~, personally appeared **Mary Douglas** and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

11-13-29

Jolene Kratochvil

Notary Public

County of Residence:

Lake

MAIL TAX BILLS TO: **Mary Douglas, 2324 Taney Place, Gary, IN 46404**
TAX KEY NO(S): **45-08-17-151-037.000-004**
GRANTEE(S) ADDRESS: **2324 Taney Place, Gary, IN 46404**

THIS INSTRUMENT PREPARED BY: MICHAEL D. KVACHKOFF, #31390-45 Attorney at Law
325 N. Main Street, Crown Point, IN 46307 (219) 661-9500
File No: IN-21-64360-02

I affirm, under penalties for perjury, that I have taken reasonable care to identify each Social Security Number in this document, unless required by law:

Jolene Kratochvil



Property of Lake County Recorder

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STATE OF MINNESOTA

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 2020-MN-049211

DECEDENT **EDRICK WHEELER**
LAST NAME BEFORE
FIRST MARRIAGE
ALSO KNOWN AS
SOCIAL SECURITY NUMBER
SEX **MALE**
BORN **JANUARY 07, 1967**
PLACE OF BIRTH **GARY INDIANA**

DATE OF DEATH **DECEMBER 09, 2020 (DATE FOUND)**
PLACE OF DEATH **RICHFIELD HENNEPIN MINNESOTA**

MARITAL STATUS **NEVER MARRIED**

SPOUSE

LAST NAME BEFORE
FIRST MARRIAGE

RESIDENCE **RICHFIELD HENNEPIN MINNESOTA**

PARENT **LEAETHA SCURLOCK**

PARENT **NORDLEY WHEELER JR**

FUNERAL HOME **SIMPLE TRADITIONS BY BRADSHAW**

DISPOSITION **BURIAL**

CAUSE OF DEATH
IMMEDIATE **NATURAL CAUSES**

UNDERLYING

OTHER CONTRIBUTING **MORBID OBESITY, SLEEP APNEA, ATRIAL FIBRILLATION**
CONDITIONS

MANNER

NATURAL

MEDICAL CERTIFIER

MACKENZIE RAE LOBITZ, M.D.

6600 EXCELSIOR BLVD, SUITE 100, SAINT LOUIS PARK, MINNESOTA, 55426

THIS RECORD HAS NOT BEEN AMENDED

THIS IS A TRUE AND CORRECT RECORD OF DEATH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID
12955431



62A-000948614

FILED: DECEMBER 16, 2020

Molly Mulcahy Crawford
Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: DECEMBER 22, 2020 RAMSEY COUNTY DEPT. OF PUBLIC HEALTH

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.



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STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052020295571

CERTIFICATE OF DEATH

3202019069503

1. NAME OF DECEASED - FIRST, MIDDLE, LAST ANNETTE WHEELER		4. MIDDLE INITIAL W		3. LAST NAME WHEELER	
2. AKA AND OTHER ALIASES - INCLUDE ALL FIRST, MIDDLE, LAST None		6. DATE OF BIRTH (Month/Day/Year) 10/14/1954		7. AGE AT DEATH (Years; Months; Days) 56	
8. BIRTH INFORMATION (Country, State, IN) IN		10. SOCIAL SECURITY NUMBER IN		11. MARRIAGE STATUS (Date of Divorce) DIVORCED 12/13/2020	
12. EDUCATION (Highest Completed) HIS GRADUATE		13. HIGHEST GRADE OF SCHOOL ATTENDED 12		14. US CITIZENSHIP STATUS (Date of Naturalization) 10/20	
15. OCCUPATION (Last Held) CUSTOM AGENT		16. EMPLOYER (Last) US GOVERNMENT		17. TYPE OF OCCUPATION 15	
18. RESIDENCE (Street and Number, if known) 5027 W. 134TH ST CITY OF HAWTHORNE		19. COUNTY LOS ANGELES		20. STATE OF BIRTH CA	
21. APPROXIMATE DATE OF DEATH MARY DOUGLAS, SISTER		22. APPROXIMATE PLACE OF DEATH 2324 TANEY PLACE, GARY, IN 46004		23. APPROXIMATE TIME OF DEATH 12:28:00 PM	
24. NAME OF PERSON IDENTIFYING DECEASED NORDLEY		25. MIDDLE INITIAL W		26. LAST FULL NAME WHEELER JR	
27. NAME OF PERSON IDENTIFYING DECEASED LEA ETHA		28. MIDDLE INITIAL W		29. LAST FULL NAME SCURLOCK	
30. DATE OF BIRTH 12/28/2020		31. PLACE OF BIRTH OAK HILL CEMETERY 4450 HARRISON ST, GARY, IN 46403		32. SEX MS	
33. TYPE OF DEPENDENCY TRU/SU		34. SIGNATURE OF PHYSICIAN MARGO MALONE		35. LICENSE NUMBER EMB9073	
36. NAME OF HOSPITAL, FUNERAL HOME, OR PLACE OF DEATH ANGELUS FUNERAL HOME		37. ADDRESS OF DEATH (Street, City, State, ZIP) RD 245 MUNTU DAVIS, M.D.		38. DATE OF DEATH 12/28/2020	
39. PLACE OF DEATH SOUTHERN CALIFORNIA HOSPITAL AT CULVER CITY		40. TYPE OF DEATH (Natural, Accidental, Homicide, Suicide, Unknown) Natural		41. ICD-10 CODE I10	
42. CITY LOS ANGELES		43. COUNTY LOS ANGELES		44. STATE CA	
45. STREET ADDRESS 3828 DELMAS TERRACE		46. CITY CULVER CITY		47. COUNTY LOS ANGELES	
48. CAUSE OF DEATH (Immediate Cause) CARDIORESPIRATORY ARREST		49. UNDERLYING CAUSE (Final Cause) CONGESTIVE HEART FAILURE		50. CHRONIC DISEASES (All) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (List in 51) NONE		52. ICD-10 CODE NO		53. ICD-9 CODE NO	
54. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.		55. DATE 11/11/2020		56. SIGNATURE OF PHYSICIAN MARGO MALONE	
57. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		58. DATE 12/28/2018		59. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
60. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		61. DATE 11/11/2020		62. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
63. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		64. DATE 11/11/2020		65. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
66. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		67. DATE 11/11/2020		68. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
69. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		70. DATE 11/11/2020		71. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
72. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		73. DATE 11/11/2020		74. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
75. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		76. DATE 11/11/2020		77. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
78. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		79. DATE 11/11/2020		80. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
81. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		82. DATE 11/11/2020		83. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
84. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		85. DATE 11/11/2020		86. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
87. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		88. DATE 11/11/2020		89. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
90. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		91. DATE 11/11/2020		92. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
93. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		94. DATE 11/11/2020		95. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
96. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		97. DATE 11/11/2020		98. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	
99. SIGNATURE OF COOPERATING PHYSICIAN MARCEL ADRIAN S. FILART M.D.		100. DATE 11/11/2020		101. SIGNATURE OF REGISTRAR MARCEL ADRIAN S. FILART M.D.	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



DATE ISSUED
JAN 22 2021

This copy is not a true certified copy unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF MICHIGAN
CERTIFICATION OF VITAL RECORD

COUNTY OF WAYNE

LF 6453
CF 12758



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE FILE NUMBER
268623

1. DECEDENT'S NAME (First, Middle, Last) Nordley Wheeler III		2. DATE OF BIRTH August 31, 1955	3. SEX Male	4. DATE OF DEATH July 29, 2020	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS		5a. AGE - Last Birthday (Years) 61	6b. UNDER 1 YEAR MONTHS	6c. UNDER 1 DAY DAYS HOURS MINUTES	
7a. LOCATION OF DEATH Henry Ford Hospital		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Detroit		7c. COUNTY OF DEATH Wayne	
7d. CURRENT RESIDENCE - STATE Michigan		7e. COUNTY Wayne		7f. LOCALITY Detroit	
8e. ZIP CODE 48202		9. BIRTH PLACE Gary, Indiana		10. SOCIAL SECURITY NUMBER	
11. DECEDENT'S EDUCATION High school graduate		13a. ANCESTRY African-American		13b. HISPANIC ORIGIN No	
12. RACE Black		14. EVER IN THE U.S. ARMED FORCES? Yes		15. USUAL OCCUPATION Laborer	
16. KIND OF BUSINESS OR INDUSTRY Steel Mill		17. MARITAL STATUS Divorced		18. NAME OF SURVIVING SPOUSE (If wife, give name, name, first married)	
19. FATHER'S NAME (First, Middle, Last) Nordley Wheeler Jr.		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Len Edna Scurlock		21. ADDRESS 2324 Tancey Place, Gary, Indiana 46404	
21a. INFORMANT'S NAME Mary Douglas		21b. RELATIONSHIP TO DECEDENT Sister		21c. ADDRESS	
22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION Great Lakes National Cemetery		23b. LOCATION - (City or Village, State) Holly, Michigan	
24. SIGNATURE OF MORTUARY SERVICE LICENSEE Monty S. Wulff		25. LICENSE NUMBER 4501005408		26. NAME AND ADDRESS OF FUNERAL FACILITY Charles Step Funeral Home, 18425 Beech Daly Rd. Redford Twp., Michigan 48240	
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge and belief, the cause of death was as stated on this certificate, and due to the causes and conditions stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, my opinion, based on review of the files, case materials, and due to the causes and conditions stated. Signature and Title Ellen Air, MD		28a. ACTUAL OR PRESUMED TIME OF DEATH 09:28 PM		28b. PRONOUNCED DEAD ON July 29, 2020	
29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Hospital		31. IF IN HOSPITAL Inpatient	
32. MEDICAL EXAMINER'S CASE NUMBER		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		34. DATE SIGNED August 03, 2020	
35. REGISTRAR'S SIGNATURE <i>Cathy M. Garrett</i>		36. DATE FILED August 19, 2020		37. LICENSE NUMBER 4301104470	
38. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Ellen Air, MD, 2799 W. Grand Blvd., Detroit, Michigan 48202		39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No	
41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED	
41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY	
41g. LOCATION		41h. LOCATION		41i. LOCATION	
42. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		43. IF FEMALE <input type="checkbox"/> Not pregnant within one year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the year <input type="checkbox"/> Not pregnant, but pregnant at time of 1 year within death		44. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 Days	
45. UNDERLYING CAUSE (Final disease or condition, including its etiology) * Intracerebral Hemorrhage		46. HYPERTENSION HYPERTENSION AS A CONTRIBUTING CAUSE (Y/N)		47. HYPERTENSION HYPERTENSION AS A CONTRIBUTING CAUSE (Y/N)	
48. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I		49. MANNER OF DEATH Natural		50. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No: Applicable	

374887



WARNING
ANY REPRODUCTION IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND TACTILE HOLOGRAPHIC SEAL IN BOTTOM RIGHT CORNER. NOT VALID IF PHOTOCOPIED.

AUG 2 1 2020
DATE

I, CATHY M. GARRETT, CLERK OF SAID COUNTY OF WAYNE DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

Cathy M. Garrett

CATHY M. GARRETT
Wayne County Clerk

