

STATE OF ALABAMA

DOMESTIC FOR-PROFIT CORPORATION ARTICLES OF DISSOLUTION

INSTRUCTIONS:

STEP 1: FILE ORIGINAL AND TWO COPIES WITH THE JUDGE OF PROBATE IN THE COUNTY WHERE THE ORIGINAL ARTICLES OF INCORPORATION ARE FILED WITH SECRETARY OF STATE AND JUDGE OF PROBATE FEES ATTACHED. THE JUDGE OF PROBATE'S FILING FEE IS \$10 AND THE SECRETARY OF STATE'S FILING FEE IS \$20.

PURSUANT TO THE PROVISIONS OF THE ALABAMA BUSINESS CORPORATION ACT, THE UNDERSIGNED FOR-PROFIT CORPORATION SUBMITS THE FOLLOWING ARTICLES OF DISSOLUTION.

- Article I* The name of the corporation: ELWARD & Associates Inc
- Article II* The dissolution was authorized on August 5, 2007.
- Article III* The total number of shareholder votes entitled to be cast is 100. The number of shareholder votes for the dissolution was 100 and the number of shareholder votes against the dissolution was 0.
- Article IV* If voting by groups, the information required by **Article III** above must be separately provided for each group entitled to vote.
- Article V* If the dissolution was approved by written consent of all shareholders, a statement to that effect may be substituted for requirements in **Articles III & IV** above when a copy of such signed consent is attached.

8-27-2010
Date

Printed Name and Business Address of Person Preparing this Document:

Malcolm Elward - Owner Deceased
Type or Print Corporate Officer's Name and Title
Mary N. Elward
Signature of Officer
Executor of Estate



20100827000276090 1/2 \$31.00
Shelby Cnty Judge of Probate, AL
08/27/2010 09:35:02 AM FILED/CERT

DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO. 498 REGISTERED NUMBER 595

STATE OF ILLINOIS STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED NAME: 1. Malcolm Elward, 2. Male, 3. August 5, 2004. COUNTY OF DEATH: 4. Lake, AGE-LAST BIRTHDAY (YRS): 5a. 63, UNDER 1 YEAR: 5b. MOS., DAYS, 5c. HOURS, MIN., DATE OF BIRTH (MONTH, DAY, YEAR): 5d. September 28, 1940. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: 6a. Zion, HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6b. Midwestern Regional Medical Ctr., IF HOSP. OR INST. INDICATE D.O., OP/EMER. RM, INPATIENT (SPECIFY): 6c. Inpatient. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): 7. Memphis, Tennessee, MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Married, NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 8b. Mary Lou Namour, WAS DECEASED EVER ARMED FORCES? (YES/NO): 9. Yes. SOCIAL SECURITY NUMBER: 10. [REDACTED], USUAL OCCUPATION: 11a. Manager, KIND OF BUSINESS OR INDUSTRY: 11b. Bell South, EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. College (1-4 or 5+), RESIDENCE (STREET AND NUMBER): 13a. 1820 Hamilton Rd., CITY, TOWN, TWP, OR ROAD DISTRICT NO.: 13b. Pelhan, INSIDE CITY (YES/NO): 13c. Yes, COUNTY: 13d. Shelby, STATE: 13e. Alabama, ZIP CODE: 13f. 35124, RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): 14a. White, OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN): 14b. NO, YES SPECIFY: 14c. FATHER-NAME FIRST MIDDLE LAST: 15. Martin Elward, MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST: 16. Lillian Hurt, INFORMANT'S NAME (TYPE OR PRINT): 17a. Mary Lou Elward, RELATIONSHIP: 17b. Wife, MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c. 1820 Hamilton Rd. Pelhan, Alabama 35124. 18. PART I. 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. Immediate Cause (Final disease or condition resulting in death): (a) metastatic carcinoma, DUE TO, OR AS A CONSEQUENCE OF: (b) mets to lung, CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (c) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. pericardial effusion, when. AUTOPSY (YES/NO): 19a. No, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): 19b. DATE OF OPERATION, IF ANY: 20a. MAJOR FINDINGS OF OPERATION: 20b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO. 21. (DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: 21a. 8/5/04, WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b. No, HOUR OF DEATH: 21c. 9:35 A. M. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE: [Signature], DATE SIGNED: 22b. 8/6/04, NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 22c. Dr. Mellijor M.D. 2520 Alisha Zion, Illinois 60099, ILLINOIS LICENSE NUMBER: 22d. 036 062224, NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Burial, CEMETERY OR CREMATORY-NAME: 24b. Southern Heritage, LOCATION CITY OR TOWN STATE: 24c. Pelhan, Alabama, DATE (MONTH, DAY, YEAR): 24d. Aug. 11, 2004. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: 25a. Marsh Funeral Home 1521 Washington St. Waukegan Illinois 60085, FUNERAL DIRECTOR'S SIGNATURE: 25b. [Signature], FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 034-011914, LOCAL REGISTRAR'S SIGNATURE: 26a. [Signature], DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. 8-9-04.

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND ACCURATE COPY OF RECORD ON FILE

IN THE OFFICE OF THE CITY CLERK, WAUKEGAN, ILLINOIS. DATE 8-9-04 SIGNED Wayne Motley

AT WAUKEGAN, ILLINOIS. OFFICIAL TITLE, REGISTRAR, DISTRICT # 49.8

CERTIFICATION NOT VALID UNLESS THE SEAL OF THE CITY OF WAUKEGAN IS AFFIXED.

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20100827000276090 2/2 \$31.00 Shelby Cnty Judge of Probate, AL 08/27/2010 09:35:02 AM FILED/CERT