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AFFIDAVIT

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

STATE OF INDIANA'S NO.  
LAKE COUNTY  
FILED IN RECORD  
Apr 9 9 23 AM '90  
ROBERT BOGGS REEKIND  
RECORDER

Earl Heckman, being first duly sworn on oath, says that he resides in Lake County, Indiana; that he is the surviving husband of Zelma Heckman, also known as Zelma C. Heckman, who died on the 15th day of November, 1981, a resident of Lake County, Indiana.

That the decedent died intestate and that no probate proceedings have been started on her estate and no such proceedings are anticipated.

That at the time of the death of the said Zelma Heckman, she and this affiant were living together as husband and wife, and had so lived for more than fifty-three (53) years prior to her death, continuously and without interruption.

That the total value of all property of whatsoever kind or nature passing by reason of the death of the said Zelma Heckman, also known as Zelma C. Heckman, was less than the applicable credits available under the Tax Reform Act of 1981; that by reason thereof her estate was not subject to federal estate tax.

That this affiant is the surviving tenant by the entirety and as such is the owner of the following described real estate in Lake County, Indiana, to-wit:

The North 19 feet of Lot Five (5) and that part of Lots Three (3) and Four (4) lying South of line 39.1 feet North of the parallel to the South line of said Lot Four (4) in the Town of Leroy, as per plat thereof recorded in Plat Book 1, page 5, in the Office of the Recorder of Lake County, Indiana.

#10-40-1647

FILED

APR 6 1990

*Earl Heckman*  
Earl Heckman

*Gene A. Carter*  
Notary Public

Subscribed and sworn to before me this 15<sup>th</sup> day of MARCH

*Marcella June Mason*  
Marcella June Mason, Notary Public

My Commission Expires: January 18, 1993.

Resident County: Porter.

This Instrument Prepared By: THEODORE A. FITZGERALD, Attorney, H... IN 46341

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TRUE COPY OF RECORD OF REGISTRATION ON FILE AT LA PORTE COUNTY HEALTH DEPARTMENT

1450

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. me 513

State No. ....

FUNERAL HOME  
No. 125  
FUNERAL DIRECTOR'S LICENSE No. 366

DECEASED—NAME  
1. **Zelma C Heckman** SEX **Female** DATE OF DEATH (MONTH DAY YEAR) **November 15, 1981**

RACE **White** AGE **74** UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH **July 8, 1907** COUNTY OF DEATH **LaPorte**

CITY, TOWN OR LOCATION OF DEATH **Michigan City** HOSPITAL OR OTHER INSTITUTION **Walters Hospital** IF HOSP OR INST include DRG# or ICD-9-CM code (optional) **Inpatient**

DECEASED  
STATE OF BIRTH **Nebraska** CITIZEN OF WHAT COUNTRY **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED **Married** SURVIVING SPOUSE (if only give maiden name) **Earl R. Heckman** WAS DECEDENT EVER IN U.S. ARMED FORCES? **No**

SOCIAL SECURITY NUMBER **317 09 3970 A** USUAL OCCUPATION **Housewife** KIND OF BUSINESS OR INDUSTRY **HOME**

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION  
RESIDENCE—STATE **Indiana** COUNTY **Lake** CITY, TOWN OR LOCATION **LeRoy** RESIDENCE ON A FARM? **No**

STREET AND NUMBER **Box 43**

IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. **No**

PARENTS  
FATHER—NAME (FIRST, MIDDLE, LAST) **(Not Given)** MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) **Nellie**

INFORMANT—NAME (FIRST, MIDDLE, LAST) **Earl R. Heckman** MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) **Box 43, LeRoy, Indiana 46355**

DISPOSITION  
BURIAL, CREMATION, REMOVAL, OTHER **Burial** CEMETERY OR CREMATORY **Calumet Park Cemetery, Merrillville, Indiana**

DATE (MONTH DAY YEAR) **November 17, 1981** FUNERAL HOME (STREET AND ADDRESS, CITY OR TOWN, STATE, ZIP) **Geisen Funeral Home, 109 N East St, Crown Point Ind 46307**

NAME OF ATTENDING PHYSICIAN (FIRST, MIDDLE, LAST) **F. G. Battle M.D.** DATE SIGNED (MONTH DAY YEAR) **November 16, 1981** HOUR OF DEATH **2:40 PM**

MAILING ADDRESS—PHYSICIAN **3714 S Franklin St, Michigan City, Indiana 46360**

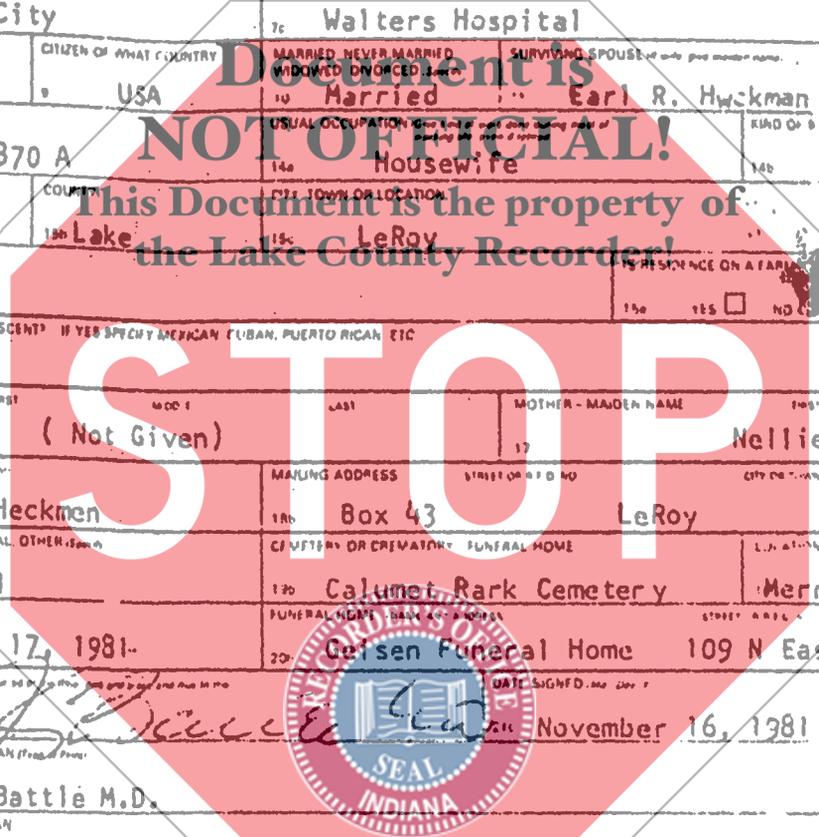
HEALTH OFFICER (FIRST, MIDDLE, LAST) **James A. ... M.D.** DATE RECEIVED BY LOCAL HEALTH OFFICER **11-18-81**

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (STATE AND UNDERLYING CAUSE) **Medical records**

PART I  
(a) DUE TO OR AS A CONSEQUENCE OF **Myocardial infarction**  
(b) DUE TO OR AS A CONSEQUENCE OF **C.H.D.**  
(c) OTHER SIGNIFICANT CONTRIBUTING CAUSES (contributing to death but not related to cause given in PART I) **Chronic obstructive pulmonary disease**

CAUSE **Chronic obstructive pulmonary disease**

AUTOPSY (Specify type or time) **No**



FILED  
APR 1980  
Not Given

ISSUED  
NOV 18 1981  
FATHER P. G. ...

11-19-81 Lt 5 Pt Lt 4