

92012547

HEIRSHIP AFFIDAVIT

LAKE COUNTY TITLE INS. CORP.  
THE PROFESSIONAL CENTER  
SUITE 215  
CROWN POINT, IN 46007

N

Allen G. Hedman & Susan M. Vrtikapa, being first duly sworn upon his/her oath deposes and says that he/she makes this affidavit to induce Lawyers Title Insurance Corporation to issue its policy of title insurance, that he/she has personal knowledge of the matters hereinafter set forth and that:

1) KATHOLINE (HEDMAN) HAAS died on the 13<sup>TH</sup> day of MAY 1985;

2) That the sole heirs at law of said decedent are as follows:

*Allen G. Hedman*  
*Susan M. Vrtikapa*

#17-130-22-123

3) That all debts, funeral expenses and doctor bills of said decedent have been fully paid;

4) That said decedent died without leaving a will and that no probaton of the estate of said decedent has been or will be opened; and

5) That any and all Federal Estate taxes and/or Indiana Inheritance taxes incurred by virtue of said death have been paid.

Document is NOT OFFICIAL!  
This document is the property of the Lake County Recorder!

ROBERT BOYERELAND  
RECORDER  
MAY 2 9 17 AM '92

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

FURTHER AFFIANT SAITH: NOT

*Allen G. Hedman*  
Allen G. Hedman  
*Susan M. Vrtikapa*  
Susan M. Vrtikapa

STATE OF INDIANA )  
COUNTY OF LAKE )

SS:

Before me, a Notary Public in and for said County and State, on this 30th day of January 1992, personally appeared:

Allen G. Hedman

and each acknowledged the execution of the above and foregoing document to be his and/or her voluntary act.

WITNESS my hand and Notarial Seal.



FILED

Susan J. Rudloff

Notary Public

FEB 28 1992

My commission expires 09/14/95 Resident of Lake County

*Anna N. Anton*  
AUDITOR LAKE COUNTY

STATE OF INDIANA )  
COUNTY OF LAKE )

SS:

Before me, a Notary Public in and for said County and State, on the 11th day of February, 1992, personally appeared: Susan M. Vrtikapa

and acknowledged the execution of the above and foregoing document to be his and/or her voluntary act.

WITNESS my hand and Notarial Seal

*Susan J. Rudloff*  
Susan J. Rudloff Notary Public  
Resident of Lake County

My commission expires 09/14/95

This Instrument Prepared By: Allen G. Hedman & Susan M. Vrtikapa

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TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Local No. 954-35

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

Below for State Use

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**FILED**  
FEB 28 1985

EMBALMER'S NAME: James F. Burns  
FUNERAL DIRECTOR'S SIGNATURE: *James F. Burns*  
FUNERAL HOME: GENERAL HOME 238  
LICENSE NO. 946  
LANCE COUNTY HEALTH COMMISSIONER

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONTRIBUTORS OF ANY OTHER CAUSE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED NAME KATHOLINE (HEDMAN) HAAS		SEX FEMALE	DATE OF DEATH (MONTH DAY YEAR) MAY 13, 1985
RACE WHITE	AGE (Last Birthday) 77	DATE OF BIRTH (MO DAY YEAR) MAR 18, 1908	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH HOBART		HOSPITAL OR OTHER INSTITUTION ST. MARY MEDICAL CENTER	IF HOSP OR INST, Indicate DOA Or Hosp. Reg. Imp. (Specify)
STATE OF BIRTH MISSOURI	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED WIDOWED	SURVIVING SPOUSE (Full name) NONE
SOCIAL SECURITY NUMBER 306 48 9488	USUAL OCCUPATION HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY AT HOME	
RESIDENCE - STATE IND.	COUNTY LAKE	CITY, TOWN OR LOCATION HOBART	IS RESIDENCE ON A FARM? NO
STREET AND NUMBER 686 WATER ST.	IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS (Specify Yes or No) YES	
IS DECEASED OF SPANISH ORIGIN? NO			
FATHER - NAME THOMAS EDWARD RYAN	MOTHER - MAIDEN NAME MARY SUSAN BYRD		
INFORMANT - NAME ALLEN G. HEDMAN	RELATIONSHIP SON	MAILING ADDRESS 686 WATER ST.	CITY OR TOWN STATE ZIP HOBART, IND 46342
BURIAL, CREMATION, REMOVAL, OTHER BURIAL	CEMETERY OR CREMATORY - FUNERAL HOME CALUMET PARK CEMETERY	LOCATION MERRILLVILLE	CITY OR TOWN STATE IN
DATE MAY 16, 1985	FUNERAL HOME - NAME AND ADDRESS BURNS FUNERAL HOME, 701 E. 7th,	CITY OR TOWN STATE ZIP HOBART, IN 46342	
NAME OF ATTENDING PHYSICIAN DR. JOHN KOLETEIS	DATE SIGNED MAY 13, 1985	HOUR OF DEATH M	
MAILING ADDRESS - PHYSICIAN 611 HARRISON ST. MERRILLVILLE, IN	HEALTH OFFICER SIGNATURE <i>Paul Johnson</i>	DATE RECEIVED BY LOCAL HEALTH OFFICER 5-21-85	
IMMEDIATE CAUSE Cerebral aneurysm		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS		Interval between onset and death	

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