

Thomas L. Kirsch  
131 Ridge Rd.  
Munster 46321

STATE OF INDIANA )  
COUNTY OF LAKE )

IN THE LAKE SUPERIOR COURT  
ROOM NUMBER FIVE

93016274

IN RE: ESTATE OF  
IVA J. MOUNTS, DECEASED  
S/S #316-03-4772

) CAUSE NO. 45D01-8810-ES-197-0  
)  
) **Filed in Open Court**  
)  
)  
) FEB 23 1993

SMALL ESTATE AFFIDAVIT *Rose, Antie*  
CLERK LAKE SUPERIOR COURT

Comes now Margaret Tatum, Delmar Mounts, Martha Marion, and Helen Stephens, being first duly sworn upon their oaths, and depose and say:

1. That affiants are the adult sisters and brother of Charles L. Mounts, legal heir in the estate of Iva J. Mounts, who died on May 18, 1992, a resident of Hammond, Lake County, Indiana.

2. That no distribution of the estate of said Charles L. Mounts is pending in any Court and no proceedings therefor are contemplated by anyone to the knowledge, information, or belief of the affiants.

3. That the only asset of said Charles L. Mounts, deceased, is the following: \$6,762.79 distributive share in the estate of Iva J. Mounts, deceased.

4. That the following individuals are the sole legal heirs of said Charles L. Mounts, deceased: Delmar Mounts, Adult Brother  
Martha Marion, Adult Sister  
Helen Stephens, Adult Sister  
Margaret Tatum, Adult Sister

5. That Margaret Tatum, as executrix of the estate of Iva J. Mounts, deceased, will assume complete responsibility as to the division of Charles L. Mounts' distributive share between the legal heirs of said Charles L. Mounts, deceased.

WHEREFORE, affiants request that Margaret Tatum, as executrix of the estate of Iva J. Mounts, deceased, divide Charles L. Mounts, deceased, distributive share in the estate of Iva J. Mounts between the legal heirs of Charles L. Mounts, pursuant to the provisions of Indiana law for small estate distribution.

*Delmar Mounts*  
DELMAR MOUNTS

*Martha L. Marion*  
MARTHA MARION

*Helen L. Stephens*  
HELEN STEPHENS

*Margaret Tatum*  
MARGARET TATUM

35-70-77



STATE OF INDIANA  
LAKE COUNTY  
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MAR 12 1993

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*Anna N. Anton*  
AUDITOR LAKE COUNTY

800

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HANDBOUND HEALTH DEPARTMENT.

Local No. 442

Date Issued May 19, 1992 *Dr. Daniel D. Thomas M.D.*  
 Handbound Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT:

PARENTS:

INFORMANT:

DISPOSITION:

CAUSE OF DEATH:

CERTIFIER:

HEALTH OFFICER:

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) <b>Charles L. Mounts</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>6:40A M</b>	3b DATE OF DEATH (Month Day Year) <b>May 18, 1992</b>	
4 SOCIAL SECURITY NUMBER <b>303-03-5914</b>	5a AGE—Last Birthday (Years) <b>75</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 YEAR Hours Minutes	6 DATE OF BIRTH (Month Day Year) <b>Jan. 10, 1917</b>	
7b PLACE OF BIRTH (City and State or Foreign Country) <b>Attica, Indiana</b>	8a WAS DECEDENT A US VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN US ARMED FORCES? <b>1945</b>	9a PLACE OF DEATH (Check only one See instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) <b>4750 Calumet Avenue, Apt. 14</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Divorced</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>---</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Mechanic</b>		12b KIND OF BUSINESS/INDUSTRY <b>Automobile</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Hammond</b>	13d STREET AND NUMBER <b>4750 Calumet Ave., Apt. 14</b>		
13e ZIP CODE <b>46320</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <b>8</b> College (1-4 or 5+) <b>---</b>		18 FATHER'S NAME (First Middle Last) <b>Homer R. Mounts</b>			
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Iva Jane Oland</b>		20a INFORMANT'S NAME (Type/Print) <b>Delmar R. Mounts</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7019 Arkansa Ave., Hammond, IN 46320</b>		20c Relationship <b>Brother</b>			
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>May 20, 1992 Calumet Park Cemetery</b>		21c LOCATION—City or Town, State <b>Merrillville, Indiana</b>	
22a EMBALMER'S NAME <b>N/A</b>		22b EMBALMER'S LICENSE NO. <b>N/A</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>A. Kuiper</i>		24b LICENSE NUMBER (of Licensee) <b>FD01014511</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home PDH# 300-7500 9039 Kleinman Rd., Highland, IN 46322</b>		
26 PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) Vascular collapse</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>			
CONDITIONS CONTRIBUTING TO THE IMMEDIATE CAUSE (If any, stating the underlying cause last) <b>MAR 2 1993</b>		b <b>Due to arteriosclerotic heart and vascular disease</b>			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>ADDITIONAL LAKE COUNTY</b>		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	
				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>		29c MEDICAL LICENSE NO. <b>16120</b>	29d DATE SIGNED (Month, Day, Year) <b>May 18, 1992</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) <b>Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Dr. Daniel D. Thomas M.D.</i>			32 DATE FILED (Month, Day, Year) <b>May 19, 1992</b>		
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g DATE PRONOUNCED DEAD (Month, Day, Year) <b>May 18, 1992</b>		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>484A</b>			

