RETURN TO: ATTORNEY THOMAS M. DOGAN
Chapel Square, Suite 238, 7863 Broadway, Merrillville, IN 46410

N

8·15·170·3

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

93087591

SURVIVOR'S AFFIDAVIT

Julia N. Fudge of the County of Lake, State of Indiana, being duly sworn upon her oath, alleges and says that Shirley K. Fudge died intestate, a resident of Lake County, Indiana, on the 26th day of November 1993; that she was his wife and she lived with him to the day of his death as husband and wife; that to the best of affiant's knowledge, there is no Federal Estate Tax or Indiana State Inheritance Tax due and owing due to his death.

The following described real estate was owned as husband and wife by the entireties at the death of the decedent (Death Certificate attached), and this affidavit is given for purposes of clearing title to said real estate.

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

Lot Fifty-nine (59), as marked and laid down on the recorded plat of Fee's Forest Hills Addition, in Lake County Indiana.

(Commonly known as 46 Indian Trail, Merrillville, Indiana.)

Further affiant sayeth not.

FILED
DEC 20 1993
Onne N. Anton

Julia N. Fudge
Julia N. Fudge

RECORDER'S OFFICE SEAL INDIANA

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
Dec 27 9 16 AM '93
SAMUEL ORLICH
RECORDER

Subscribed and sworn to before me, a Notary Public for said County and State, this 29th day of November, 1993.

Thomas M. Dogan, Notary Public

My Commission Expires:
June 8, 1995

Resident of Porter County

30573

10 CC's

Local No. 3742-93........

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): SHIRLEY K. FUDGE
2 SEX: Male
3a TIME OF DEATH: 2:02P M.
3b DATE OF DEATH (Month Day Yr): November 26, 1993
4 SOCIAL SECURITY NUMBER: 309-22-9082
5a AGE—Last Birthday (Years): 90
5b UNDER 1 YEAR Months Days
5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo Day Yr): December 9, 1902
7 BIRTHPLACE (City and State or Foreign Country): Oxford, Mississippi
8a WAS DECEDENT A US VETERAN?: No
8b YEAR LAST SERVED IN US ARMED FORCES?: ----
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b FACILITY NAME (If not institution give street and number): Munster Med-Inn
9c CITY, TOWN OR LOCATION OF DEATH: Munster
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife give maiden name): Julia Steczyk
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sheet & Tin
12b KIND OF BUSINESS/INDUSTRY: U.S. Steel Corp.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Merrillville
13d STREET AND NUMBER: 46 Indian Trail
13e ZIP CODE: 46410
13f INSIDE CITY LIMITS ☐ No ☒ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8+ College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First Middle Last): William Fudge
19 MOTHER'S NAME (First Middle Maiden Surname): Hattie Kirby

INFORMANT

20a INFORMANT'S NAME (Type/Print): Julia Fudge
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 46 Indian Trail Merrillville, In. 46410
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 29, 1993 Calvary Cemetery
21c LOCATION—City or Town, State: Portage, Indiana
22a EMBALMER'S NAME: Robert A. Craigin, Jr.
22b EMBALMER'S LICENSE NO.: FD08700735
23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): FD01005912
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, In. 46410

CAUSE OF DEATH

26 PART I Enter the diseases, 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.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): [handwritten]
DUE TO (OR AS A CONSEQUENCE OF): [handwritten]
DUE TO (OR AS A CONSEQUENCE OF): [handwritten]
DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

THIS CERTIFIES THE ABOVE ... COMPLETE COPY OF THE CERTIFICATE ... DEATH ON FILE WITH THE ...

FILED DEC 20 1993

[signature]

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: OGS [illegible]
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature]
29c MEDICAL LICENSE NO.: IN 20248
29d DATE SIGNED (Month Day Year): 11/29/93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): W.U. HEHEMANN D.O. 9505 CALUMET AVE. MUNSTER, IN 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander S. Williams MD
32 DATE FILED (Month Day Year): November 30, 199[3]

CORONER USE ONLY

33 MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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)
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER PD 1

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