

U.S. H.O.

AFFIDAVIT

94000619

STATE OF INDIANA }  
COUNTY OF LAKE }

SS: .

David K. Mudd, being first duly sworn upon oath, deposes and says:

1. That Affiant's ~~mother~~ <sup>father</sup> Homer Mudd died (without leaving a will) (~~xxxxxxx~~) on June 22 19 87 at Hammond, Indiana

2. That ~~they~~ <sup>he and Georgia Wanda Mudd</sup> were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

551 Lewis,, Hammond, Indiana

**FILED**

JAN. 3. 1994

*Clara N. Patton*  
CLERK LAKE COUNTY

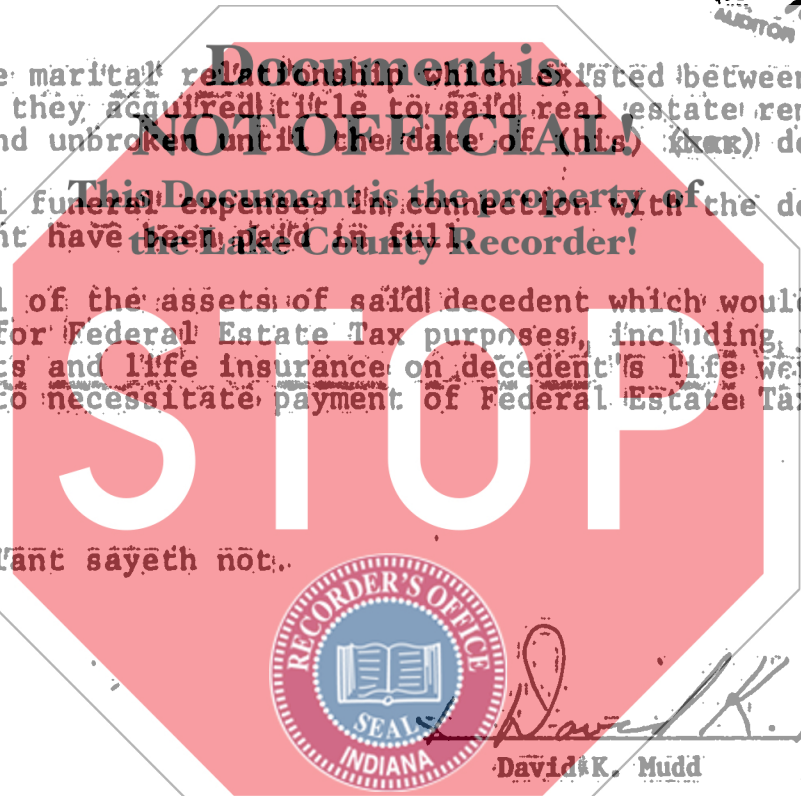
26-34 97-31

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~her~~ death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



*David K. Mudd*  
David K. Mudd

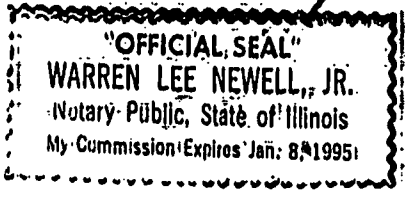
STATE OF INDIANA / S.S. NO.  
LAKE COUNTY  
FILED FOR RECORD  
JAN 4 10 43 AM '94  
SAYRE RECORDER

Subscribed and sworn to before me, a Notary Public, this 28th day of December, 1993.

*[Signature]*  
Notary Public

My Commission expires:

County of Residence:



This Instrument prepared by David K. Mudd

10021

8.00  
TW

12cc

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

Below for State Office Use

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

*June 11, 1987*  
*Filed in Hammond Health Commissioner's Office*

LICENSE No. FDE1018769

EMBALMER'S NAME: Rod A. Ivy

FUNERAL HOME  
No. FDE3002851

FUNERAL DIRECTOR'S  
LICENSE No. FDE1018769

FUNERAL DIRECTOR'S  
SIGNATURE: *Rod A. Ivy*

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.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. ....

Local No. 461

DECEASED—NAME 1 <b>Homer Mudd</b>		SEX <b>Male</b>	DATE OF DEATH—MONTH DAY YEAR <b>June 22, 1987</b>
RACE— <b>White</b>	AGE— <b>74</b>	DATE OF BIRTH— <b>10-15-1912</b>	COUNTY OF DEATH— <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>		HOSPITAL OR OTHER INSTITUTION— <b>St. Margaret Hospital</b>	IF HOSP OR INST INDIAN OWN OR IOWA OWN— <b>Inpatient</b>
STATE OF BIRTH— <b>Ky.</b>	CITIZEN OF WHAT COUNTRY— <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED— <b>Married</b>	SURVIVING SPOUSE— <b>Georgia W. Mudd</b>
SOCIAL SECURITY NUMBER <b>403-09-4999</b>	USUAL OCCUPATION— <b>Carpenter</b>	KIND OF BUSINESS OR INDUSTRY— <b>Union Local 599</b>	
RESIDENCE—STATE— <b>Indiana</b>	COUNTY— <b>Lake</b>	CITY, TOWN OR LOCATION— <b>Hammond</b>	STREET AND NUMBER— <b>551 Lewis</b>
IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			
FATHER—NAME— <b>Samuel Mudd</b>	MOTHER—MAIDEN NAME— <b>Delia Decker</b>		
INFORMANT—NAME— <b>Georgia W. Mudd-wife</b>	RELATIONSHIP— <b>wife</b>	MAILING ADDRESS— <b>551 Lewis Hammond, Indiana 46320</b>	
BURIAL, CREMATION, REMOVAL, OTHER— <b>Cremation</b>	CEMETERY OR CREMATORY— <b>Park Crematory</b>	LOCATION— <b>Park Forest, Illinois</b>	
DATE— <b>6-26-87</b>	FUNERAL HOME—NAME AND ADDRESS— <b>Huber Funeral Home, Inc., 722 165th Street Hammond, Indiana 46324</b>		
NAME OF ATTENDING PHYSICIAN— <b>H.M. Mishoulam M.D.</b>		DATE SIGNED— <b>6-24-87</b>	HOUR OF DEATH— <b>12:00 A</b>
MAILING ADDRESS—PHYSICIAN— <b>7905 Calumet Av. Munster, Indiana 46321</b>			
HEALTH OFFICER'S SIGNATURE— <i>[Signature]</i>		DATE— <b>JUN 24 1987</b>	OFFICER
IMMEDIATE CAUSE— <b>Respiratory Arrest</b>		INTERVAL BETWEEN ONSET AND DEATH— <b>JAN 3 1984</b>	
DUE TO OR AS A CONSEQUENCE OF— <b>Cirrhosis of the Liver</b>		INTERVAL BETWEEN ONSET AND DEATH— <b>None</b>	
OTHER SIGNIFICANT CONDITIONS— <b>None</b>		AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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