STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 021356

2000 MAR 29 AM 9:05

FILED

MAR 24 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

IN THE MATTER OF THE ESTATE OF LESTER C. McDONALD, Deceased

DATE OF DEATH: JANUARY 9, 2000

AFFIDAVIT OF HEIRSHIP

Comes now LYNETTE A. MARTIN, being duly sworn upon her oath and states as follows:

That she is the daughter of the decedent, Lester C. McDonald, deceased, who died testate, a resident of Lake, County, Indiana on January 9, 2000, the decedent's Will having been filed of record in Estate Docket 45 DO2 0003 ES 54 in the office of the Clerk of Lake County, Indiana.

That the decedent was the owner of the following real estate in Lake County, Indiana:

The North 44 feet of the South 132 feet of the East 100 feet of Block 28 being parts of Lots 2 and 7 in said Block, in Railroad Addition to Crown Point, as per Plat thereof, recorded in Miscellaneous Record "A", page 508, in the Office of the Recorder of Lake County, Indiana

Commonly known as 605 N. Sherman St., Crown Point, IN

Key # 9-71-7

01963

15.00
23867

That to the best of Affiant's knowledge, said Lester C. McDonald left surviving him the following heirs at law:

MICHAEL C. McDONALD	Adult - Son	7845 Marshall St. Merrillville, IN 46410
PATRICK A. McDONALD	Adult - Son	605 N. Sherman St. Crown Point, IN 46307
LYNETTE A. MARTIN	Adult-Daughter	606 N. Sherman St. Crown Point, IN 46307

Said decedent left no other child or children nor descendants of any predeceased child or children, and that the survivors are competent adults.

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, at the time of his death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes or Indiana Inheritance Taxes.

Affiant further states that all outstanding debts and obligations of the decedent, including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing the heirship of Lester C. McDonald, deceased.

Lynette A. Martin

LYNETTE A. MARTIN

Affiant

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 13 day of March, 2000.

Suzanne Neitzel
Notary Public

My Commission Expires:

County of Residence:

SUZANNE NEITZEL
Notary Public, State of Indiana
County of Porter
My Commission Expires 04/19/2008

This Document Prepared By:

JOHN F. HILBRICH #7513-45
HILBRICH, CUNNINGHAM & SCHWERD
2637 - 45th Street
Highland, IN 46322
Phone: (219) 924-2427

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5CC

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

Local No. 0083-00

265267

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)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
LESTER CHARLES MC DONALD	MALE	4:00 AM	JANUARY 9, 2000

4. *SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo., Day, Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
341-20-5760	72			SEPT.29,1927	CHICAGO, ILLINOIS

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one - See Instructions)
NO	N/A	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
605 N. SHERMAN ST.	CROWN POINT	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
DIVORCED	NONE	OWNER/OPERATOR	NURSING HOME SECURITY

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	CROWN POINT	605 N. SHERMAN STREET

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46307	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☐ No ☐ Yes	WHITE	Elementary/Secondary (0-12): 12	College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
CHARLES MC DONALD	ELIZABETH GRUNEWALD

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
MICHAEL C. MC DONALD	7845 MARSHALL ST.,MERRILLVILLE,IN 46410	SON

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION - City or Town, State
☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	JANUARY 11, 2000 N.W.IND. CREMATION SERVICES	CROWN POINT, INDIANA

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
N/A	N/A	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James F Burns	1009461	BURNS FUNERAL HOME, 10101 BROADWAY CROWN POINT, IN 46307-8801

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. FDH83002445

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute Pulmonary Edema DUE TO (OR AS A CONSEQUENCE OF)	
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	b. Chronic Obstructive lung disease DUE TO (OR AS A CONSEQUENCE OF)	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	NO	NO	N/A

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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
	0103830	1/11/00

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

DR. BERNARDO LUCINA, 1121 S. INDIANA AVE., CROWN POINT, IN 46037

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Alexander S Dillinger MD	January 13, 2000

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

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)
	JAN 13 2000

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.
	Alexander S Dillinger MD

LAKE COUNTY HEALTH COMMISSIONER