

2002 003739

2002 JAN 10 AM 11:17

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:

HEIRSHIP AFFIDAVIT

HENRY G. KOMP, JR. BEING FIRST DULY SWORN UPON HIS OATH,
DEPOSES AND SAYS:

THAT HE IS THE SURVIVING SPOUSE OF LAURA MAE KOMP, WHO DIED
INTESTATE ON AUGUST 9, 2001 IN LAKE COUNTY, INDIANA, AS EVIDENCED
BY HER DEATH CERTIFICATE ATTACHED HERETO.

THAT SHE LEFT AS HER SOLE SURVIVING HEIRS, THE FOLLOWING NAMED
PERSONS: HENRY G. KOMP, JR.; JOHN B. MORRIS, SON AND JOANNE M. DAVIS,
DAUGHTER. THAT MORE THAN 45 DAYS HAVE LAPSED SINCE THE DEATH OF
LAURA MAE KOMP. THAT NO ESTATE HAS BEEN OPENED IN ANY JURISDICTION
NOR IS ANY CONTEMPLATED. THAT THE VALUE OF THE DECEDENT'S GROSS ESTATE
LESS LIENS AND ENCUMBRANCES, DOES NOT EXCEED THE ALLOWANCE PROVIDED BY
I.C. 29-1-4-1, THE COST AND EXPENSES OF ADMINISTRATION AND REASONABLE
FUNERAL EXPENSES. THAT ALL OF THE ASSETS OF SAID DECEDENT WHICH WOULD
BE INCLUDABLE FOR FEDERAL ESTATE TAX PURPOSES, WERE NOT SUFFICIENT TO
NECESSITATE PAYMENT OF FEDERAL ESTATE TAXES. THAT NO INDIANA INHERITAN-
CE TAX WAS DUE OR PAYABLE.

THAT AMONG THE DECEDENT'S ASSETS IS THE FOLLOWING DESCRIBED REAL ESTATE:
LOTS 62, 63 AND THE EAST 1/2 OF LOT 64 IN BALDWIN MANOR SUBDIVISION
TO HAMMOND, AS PER PLAT THEREOF, RECORDED MARCH 14, 1952 IN PLAT BOOK
29 PAGE 39, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
COMMONLY KNOWN AS 912 SPRUCE, HAMMOND, IN. 46320
UNIT 26 KEY NO. 32-196-62

DULY ENTERED FOR JAVATION SUBJECT
FINANCIAL ACCEPTANCE FOR TRANSFER

JAN 8 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

FURTHER AFFIANT SAITH NOT.

COMMUNITY TITLE COMPANY
FILE NO L22485

(CONTINUED)

000445

1378
CM

Henry G. Komp Jr.
HENRY G. KOMP JR.

BEFORE ME, THE UNDER SIGNED NOTARY PUBLIC, IN AND FOR SAID COUNTY AND STATE, THIS 27th DAY OF December 2001, CAME HENRY G. KOMP, JR. AND ACKNOWLEDGED THE EXECUTION OF THE ABOVE AFFIDAVIT.

Karen Craig
KAREN CRAIG
Lake County
My Commission Expires
Nov. 04, 2006
NOTARY PUBLIC



THIS INSTRUMENT PREPARED BY: PATRICK McMANAMA, ATTORNEY AT LAW ID 9534-45

ATTENTION: ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1786-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) LAURA MAE KOMP				2. SEX Female	3a. TIME OF DEATH 9:44 A.M.	3b. DATE OF DEATH (Month, Day, Year) August 9, 2001	
4. *SOCIAL SECURITY NUMBER 354-34-6479		5a. AGE—Last Birthday (Years) 58	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month, Day, Year) February 21, 1943	7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana	
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? -----		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus				9c. CITY, TOWN OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Henry G. Komp, Jr.		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bookkeeper		12b. KIND OF BUSINESS/INDUSTRY Grocery Store	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Merrillville		13d. STREET AND NUMBER 7027 Polk Court	
13e. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
15a. RACE—American Indian, Black, White, etc. (Specify) White		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0, 12) 12 College (1-4 or 5 +)			
18. FATHER'S NAME (First, Middle, Last) George G. Hickle				19. MOTHER'S NAME (First, Middle, Last) Alta O'Neal			
20a. INFORMANT'S NAME (Type/Print) Henry G. Komp, Jr.				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7027 Polk Court, Merrillville, IN 46410		20c. Relationship Spouse	
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) August 14, 2001 Northwest Indiana Cremation Svcs.			21c. LOCATION—City or Town, State Crown Point, Indiana	
22a. EMBALMER'S NAME Ronald J. Mesarch		22b. EMBALMER'S LICENSE NO. FD01005912		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ronald J. Mesarch</i>		24b. LICENSE NUMBER (of Licensee) FD01005912		24c. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. #FH83007762 7905 Broadway, Merrillville, IN 46410			
26. PART I. Enter the disease, injury, or combination 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. Appropriate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE MYOCARDIAL INFARCTION 1 DAY							
b. LYMPHOMA 4 Months							
c. _____							
d. _____							
PART II. Other significant conditions - Conditions contributing to death but not previously listed in Part I							
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No			28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes		
29a. CERTIFIER (Check only one) <input checked="" 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 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>R. Barai</i>				29c. MEDICAL LICENSE NO. 01030107		29d. DATE SIGNED (Month, Day, Year) 8-13-01	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Bharat H. Barai, M.D., 125 E. 89th Avenue, Merrillville, Indiana 46410							
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. But...</i>							
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		34e. LOCATION (Specify Name and Number or Rural Route Number, City or Town, State) AUG 13 2001			
35a. DATE PRONOUNCED DEAD (Month, Day, Year)			35b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

