

AFFIDAVIT OF HEIRSHIP

I, Michele Lee Denson n/k/a Michel Pete, on oath, state:

1. That the Decedent, Valerie Ann Denson, died in Munster, Indiana, on February 17, 2005, at the age of 85.
2. That I am of legal age; I reside at 6741 Leland Ave, Hammond, IN 46323, and I am the daughter of the Decedent.
3. That the Decedent was married one time; the first marriage was to William H Denson on 1962 and was terminated by divorce in 1965.
4. That there was one child born to the Decedent's first marriage:

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FILED FOR RECORD

NAME	RELATIONSHIP	ADDRESS	AGE IF MINOR
Michele Lee Denson n/k/a Michel Pete	Daughter	6741 Leland Ave, Hammond, IN 46323	

and no other children were born to or adopted of Decedent's first marriage.

5. That one child was born on September 23, 1957 and who was given up for adoption and whose whereabouts and name are unknown and no other children were born to or adopted by the Decedent during Decedent's lifetime.

6. That the following are the heirs of the Decedent:

NAME	RELATIONSHIP	ADDRESS	AGE IF MINOR
Michele Lee Denson n/k/a Michel Pete	Daughter	6741 Leland Ave, Hammond, IN 46323	

Based on the foregoing, Decedent left surviving as her only heirs the above mentioned individuals.

FURTHER Affiant sayeth not.

This Document is the property of the Lake County Recorder!

Michele Lee Denson n/k/a Michel Pete
Michele Lee Denson n/k/a Michel Pete

SUBSCRIBED & SWORN to before me this 24 day of June, 2005

Cheryl M. Krudup
Notary Public

"OFFICIAL SEAL"
Cheryl M. Krudup
Notary Public, State Of Illinois
My Commission Expires May 29, 2007

UAW-Ford Legal Services Plan
Tene McCoy Cummings*
Attorney for Affiant
1579 Huntington Drive
Calumet City IL 60409
708/868-7520



COMMUNITY TITLE COMPANY
FILE NO 230699

*licensed to practice in Indiana and Illinois

FILED

02459

JUN 30 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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ZP
CM

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. 576-05

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Valerie Denson		2. SEX Female	3a. TIME OF DEATH 12:48P	3b. DATE OF DEATH (Month, Day, Yr.) February 17, 2005	
4. *SOCIAL SECURITY NUMBER 339-30-3654	5a. AGE—Last Birthday (Years) 67	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) Nov. 5, 1937	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a. WAS DECEASENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
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) Divorced	11. SURVIVING SPOUSE (If wife, give maiden name) None	12a. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cashier	12b. KIND OF BUSINESS/INDUSTRY Retail		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 6317 Harrison		
13e. ZIP CODE 46324	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEASENT 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) White	
17. DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2		18. FATHER'S NAME (First, Middle, Last) Michael Hotel			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Pearl U/A		20a. INFORMANT'S NAME (Type/Print) Michel Pete			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6741 Leland Ave. Hammond, IN 46323		20c. Relationship Daughter			
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) Feb. 28, 2005 Kelly-Carroll Cremation Svc		21c. LOCATION—City or Town, State Gary, Indiana	
22a. EMBALMER'S NAME None		22b. EMBALMER'S LICENSE NO. None		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Leonard</i>		24b. LICENSE NUMBER (of Licensee) FD08800305	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, IN 46322 FH10300021		
26. PART I. THIS CERTIFICATE IS THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Lung Cancer		Approximate Interval Between Onset and Death			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. DUE TO (OR AS A CONSEQUENCE OF): FEB 25 2005			
b. DUE TO (OR AS A CONSEQUENCE OF):		c. DUE TO (OR AS A CONSEQUENCE OF):			
d. DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Hypertension Diabetes mellitus					
27. WAS DECEASENT 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	
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>Josecito S. Najarro MD</i>		29c. MEDICAL LICENSE NO. 01052047	29d. DATE SIGNED (Month, Day, Year) 2/19/05		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) JOSECIITO S. NAJARRO MD 219-836-5800 7905 Calumet Ave Munster, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Butcher DO</i>		32. DATE FILED (Month, Day, Year) February 25, 2005			
33. MANNER OF DEATH <input checked="" 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. 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.			

LOT 26, BLOCK 5, HYDE PARK ADDITION, IN THE CITY
OF HAMMOND, AS SHOWN IN PLAT BOOK 12, PAGE 3, IN
LAKE COUNTY, INDIANA.

