

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 049487

2007 JUN 18 PM 2:37

MICHAEL A. BROYL
RECORDER

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

IN THE MATTER OF THE ESTATE OF WILLIAM D. HUETTEN, Deceased

AFFIDAVIT OF HEIRSHIP

Comes now MICHAEL D. HUETTEN, being duly sworn upon his oath and states as follows:

That he is the son of the decedent, WILLIAM D. HUETTEN, deceased, who died testate, a resident of Lake, County, Indiana on August 8, 2006 (certified death certificate attached hereto).

That he has personal knowledge that the decedent, WILLIAM D. HUETTEN, was the owner of the following described real estate, to wit:

Lot 231, Southtown Estates 5th Addition to the Town of Highland, Lake County, Indiana

Commonly known as: 9216 O'Day Drive, Highland, IN 46322

Key #16-27-0307-0024

Affiant further states that he knows of his own knowledge that the value of the gross estate of the above decedent, WILLIAM D. HUETTEN, 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.

Affiant further states that all outstanding debts and obligations of the decedent, WILLIAM D. HUETTEN, including funeral expenses and expenses 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.

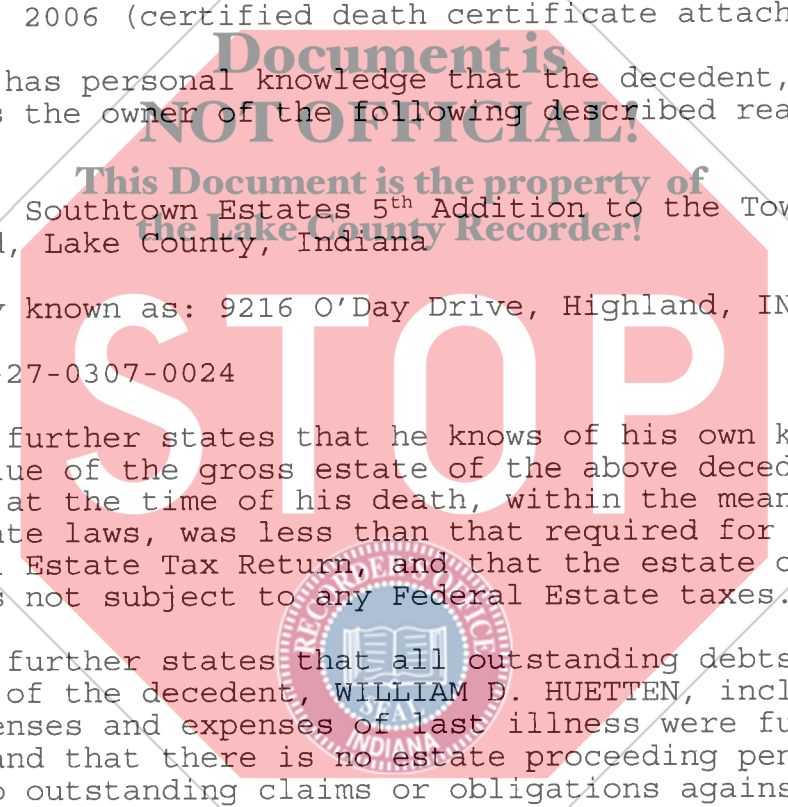
ONLY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

008030

JUN 18 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Handwritten:
P.M.M.
1700
3440077



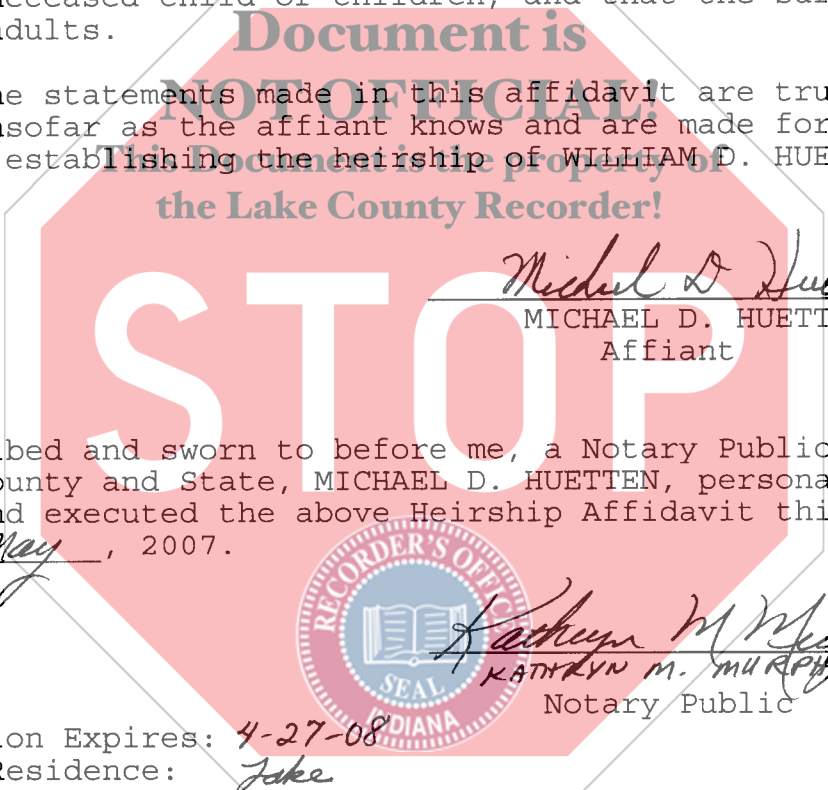
That to the best of Affiant's knowledge, said WILLIAM D. HUETTEN left surviving him the following heirs at law:

MICHAEL D. HUETTEN - Son
9216 O'Day Drive
Highland, IN 46322
(Who would receive 1/2 as tenant in common)

PATRICK A. HUETTEN - Son
929 S. Grant St.
Villa park, IL 60181
(Who would receive 1/2 as tenant in common)

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

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 WILLIAM D. HUETTEN, deceased.



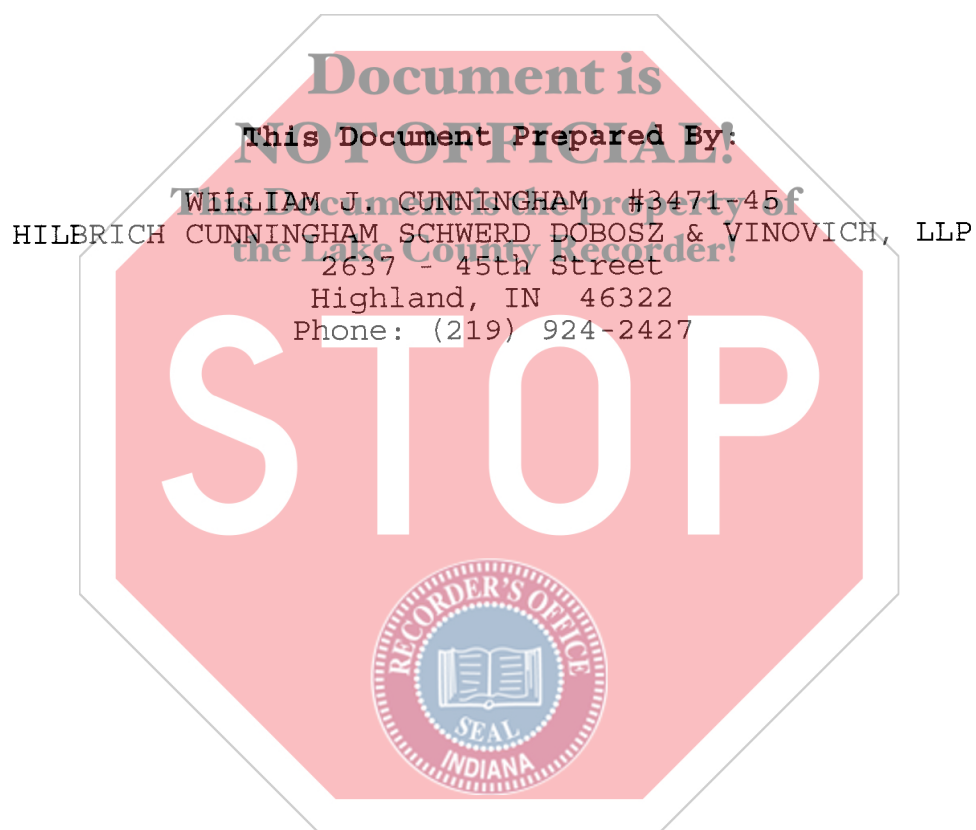
Michael D. Huetten
MICHAEL D. HUETTEN
Affiant

Subscribed and sworn to before me, a Notary Public, in and for said County and State, MICHAEL D. HUETTEN, personally appeared and executed the above Heirship Affidavit this 30th day of May, 2007.

Kathryn M. Murphy
KATHRYN M. MURPHY
Notary Public

My Commission Expires: 4-27-08
County of Residence: Jake

I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.
William J. Cunningham



* 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. 1897-06

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

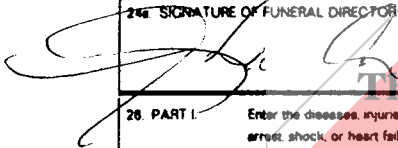

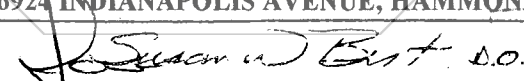
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) WILLIAM D. HUETTEN		2 SEX Male	3a TIME OF DEATH 12:10 PM	3b DATE OF DEATH (Month, Day, Yr) August 8, 2006	
4 *SOCIAL SECURITY NUMBER 389-12-7654	5a AGE—Last Birthday (Years) 87	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) June 20, 1919	
7 BIRTHPLACE (City and State or Foreign Country) St. Charles, Illinois	8a WAS DECEDENT A U.S. VETERAN? YES				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) 9216 O'Day Drive		9c CITY, TOWN, OR LOCATION OF DEATH Highland		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) WELDING SUPERVISOR		12b KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Simmons Mattress Co.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Highland		13d STREET AND NUMBER 9216 O'Day Drive	
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc (Specify) WHITE	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5) 2		18 FATHER'S NAME (First, Middle, Last) Peter Huetten			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Susan Cantwell		20a INFORMANT'S NAME (Type/Print) Michael D. Huetten			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9216 O'Day Drive, Highland, IN 46322		20c Relationship SON			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) Aug 12, 2006 MEMORY LANE MEMORIAL PARK		21c LOCATION—City or Town, State Schererville IN	
22a EMBALMER'S NAME JOSE G. CORONA		22b EMBALMER'S LICENSE NO. FDO8601373		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) FDO1013507		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Avenue, Hammond, IN 46323	
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardio-respiratory arrest b. cardiac dysrhythmia c. CAAC (Cyanosis) 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? (Yes or 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)	
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 			29c MEDICAL LICENSE NO. 01032690	29d DATE SIGNED (Month, Day, Year) 8-10-06	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) SAMI AHMADZAI, M.D. 6924 INDIANAPOLIS AVENUE, HAMMOND, IN 46324-					
31 HEALTH OFFICER'S SIGNATURE 				32 DATE FILED (Month, Day, Year) August 10, 2006	
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 DESCRIBE HOW INJURY OCCURRED
34a 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.			