

2

HEIRSHIP AFFIDAVIT

The undersigned being first duly sworn upon his oath states:

1. That your affiant is the owner of a 1/3rd interest in and to the following described property:
 Lot 5, Resubdivision of Lots 5, 6, 7 and 8 of Mott and Wiltsee's Calumet Avenue
 Addition to Hammond as shown in Plat Book 21 Page 5, in Lake County, Indiana.
 Commonly known as: 837 170th Street, Hammond, Indiana. Key No. 26-35-0123-0005.
2. That the remaining 2/3rd interest was owned by Alan S. Edwards who is the brother of your affiant.
3. That Alan S. Edwards died on the 29th day of May 2006, a resident of Lake County, Indiana, and that he left no Will nor was there an Estate opened nor is there any Estate to be opened.
4. That on the date of death of Alan S. Edwards he was not survived by parents, spouse or any children nor did he have any children who predeceased him.
5. That on the date of death of Alan S. Edwards he was survived by your affiant Walter L. Edwards and the issue of Betty Ann Muha who previously died in May of 1977 and that issue was her son, Michael Muha.
6. That said Michael Muha and your affiant, Walter L. Edwards are therefore the sole and only heirs of Alan S. Edwards and your affiant makes this affidavit in order to induce the Lake County Auditor to transfer the 2/3rd interest of Alan S. Edwards into the name of Walter L. Edwards and Michael Muha as to the undivided 2/3rd interest of Alan S. Edwards.

2007 096129

FURTHER AFFIANT SAITH NOT.

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

I AFFIRM UNDER THE PENALTIES FOR PERJURY that the above and foregoing representations are true and correct to the best of my knowledge and belief.

Walter L. Edwards
Walter L. Edwards

FILED

STATE OF MINNESOTA)
) SS:
COUNTY OF Clay)

DEC - 6 2007

PEGGY HOLINGA NATONA
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 27th day of November, 2007, personally appeared Walter L. Edwards and acknowledged the execution of the above and foregoing Affidavit to be his voluntary act and deed.

Witness my hand and sealed this 27 day of November, 2007.

14
21
14392

TODD MARVIN KIOS
TODD MARVIN KIOS
NOTARY PUBLIC—MINNESOTA
My Commission Expires JAN. 31, 2010

024210

My Commission expires: Jan 31, 2010
County of residence: Clay

AFFIRM UNDER PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS REQUIRED BY LAW.

This Instrument Prepared By: Richard A. Zunica, Attorney at Law, 162 Washington Street, Lowell, IN 46330 (219) 896-0100 File No. 07-16602

Richard A. Zunica

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1293-06

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

REPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

RELATIVES

INFORMANT

POSITION

USE OF
1TH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) ALAN S. EDWARDS				2 SEX MALE	3a TIME OF DEATH B:08 A M	3b. DATE OF DEATH (Month, Day, Yr.) MAY 29, 2006	
4. *SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) 55	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) DECEMBER 1, 1950	7 BIRTHPLACE (City and State or Foreign Country) CORPUS CHRISTI, TX		
8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE	HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		9a. PLACE OF DEATH (Check only one. See instructions) OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
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) SINGLE	11 SURVIVING SPOUSE (If wife, give maiden name) NONE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) LABORER		12b. KIND OF BUSINESS/INDUSTRY STEEL MILL			
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION HAMMOND		13d. STREET AND NUMBER 837-170th ST.,			
13a. ZIP CODE 46324	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT 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. 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) WALTER EDWARDS			19 MOTHER'S NAME (First, Middle, Maiden Surname) HELEN GOMELL				
20a. INFORMANT'S NAME (Type/Print) NICK WIROSTKO			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8961 AINSWORTH RD., HOBART, IN 46342		20c. Relationship FRIEND		
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) JUNE 1, 2006 HERITAGE CREMATORY		21c. LOCATION—City or Town, State PORTAGE, IN			
22a. EMBALMER'S NAME _____		22b. EMBALMER'S LICENSE NO. _____		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Edwin B. Lefkowitz</i>		24b. LICENSE NUMBER (of Licensee) FD01000857		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LAHAYNE FUNERAL HOME, INC., FH19400005 6955 SOUTHEASTERN AVE., HAMMOND, IN 46322			
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.						Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ADVANCED HEAD AND NECK CANCER DUE TO (OR AS A CONSEQUENCE OF)							
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last 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				27. WAS DECEDENT 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>M.D. [Signature]</i>				29c. MEDICAL LICENSE NO. 01055426A	29d. DATE SIGNED (Month, Day, Year) MAY 30, 2006		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) R. MAJETY, MD, 5454 HOHMAN AVE., HAMMOND, IN 46320							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</i>					32. DATE FILED (Month, Day, Year) May 31, 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"/> Homocide		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.					