

4

LAKE COUNTY  
CLERK OF COURTS  
FILED 11/13/08

2008 019408

2008 MAR 13 PM 1:50

TRISTAR BROWN  
RECORDER

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

ESTATE OF )  
 )  
CECIL T. BLUE, DECEASED )  
 )  
DECEASED )

**FILED**

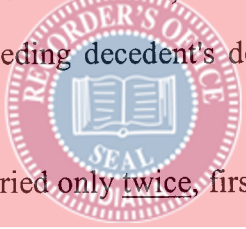
MAR 18 2008

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

AFFIDAVIT OF HEIRSHIP

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

**STOP**



The undersigned, being first duly sworn on oath, deposes and says that the undersigned resides at the address shown herein, and that the undersigned makes this Affidavit for the purpose of determining the heirship of said decedent. In that regard, the undersigned states as follows:

1. That the undersigned is a son of decedent.
2. That decedent was Eighty-Three (83) years of age at the time of decedent's death which occurred on December 3, 2007, at Hammond, Lake County, Indiana.
3. That immediately preceding decedent's death, decedent was a resident of Lake County, Indiana.
4. That decedent was married only twice, first to Mrs. ? Blue, which marriage ended in divorce; that no children were born of said marriage and none were adopted by decedent as a result of said marriage.
5. That decedent was married second to Ailene Blue, who predeceased him.
6. That two (2) children were born to the decedent and Ailene Blue during their

*decks ✓*  
*17.00*

**3749** *20125 #*

marriage, namely: Donald F. Blue, married to Christine Blue; and James E. Blue, married to Deborah Blue, and none were ever adopted by decedent.

7. That the aforesaid two (2) children were all of the children that were ever born to decedent and none were ever adopted by decedent. That all of said two (2) children are living, are of legal age and are legally competent.

That the aforesaid two marriages were the only marriages ever entered into by decedent and that the aforesaid two (2) children were all of the children that were ever born to decedent and none were ever adopted. No other children were ever born to decedent or adopted by decedent.

Therefore, the only heirs at law of decedent in this estate are as follows:

1. Donald F. Blue, husband of Christine Blue, his son;
2. James E. Blue, husband of Deborah Blue, his son.

DATED: March 13, 2008

*James E. Blue*  
\_\_\_\_\_  
JAMES E. BLUE, Affiant  
1205 Elliott Drive  
Munster, IN 46321

Subscribed and sworn to before me  
this 13<sup>th</sup> day of March, 2008.

*Barry C. Bergstrom*  
\_\_\_\_\_  
Notary Public

OFFICIAL SEAL  
BARRY C. BERGSTROM  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 07/26/08

ATTORNEY: Barry C. Bergstrom  
ATTORNEY FOR AFFIANT  
ADDRESS: 3330 - 181st Place  
Lansing, Illinois 60438  
PHONE: (708) 895-7040  
Attorney No. 3521-98



Mail to:  
**Barry C. Bergstrom & Associates, Ltd.**  
**3330-181<sup>st</sup> Place, Suite 104**  
**Lansing, IL 60438**



\* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 759

Date Issued December 2007  
Hammond Health Commissioner

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) <b>Cecil T. Blue</b>				2. SEX <b>Male</b>		3a. TIME OF DEATH <b>3:15 AM</b>		3b. DATE OF DEATH (Month, Day, Year) <b>December 3, 2007</b>							
4. *SOCIAL SECURITY NUMBER <b>354-14-9793</b>		5a. AGE - Last Birthday (Years) <b>83</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) <b>February 10, 1924</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>					
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" 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) <b>St. Margaret- North</b>						9c. CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>			9d. COUNTY OF DEATH <b>Lake</b>						
10. MARITAL STATUS (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Manufacturer</b>				12b. KIND OF BUSINESS/INDUSTRY <b>Dupont Chemical</b>							
13a. RESIDENCE - STATE <b>IN</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Munster</b>				13d. STREET AND NUMBER <b>7825 Van Buren</b>							
13e. ZIP CODE <b>46321</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		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) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5 + )					
18. FATHER'S NAME (First, Middle, Last) <b>Cecil Blue</b>						19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Margaret Schmacher</b>									
20a. INFORMANT'S NAME (Type/Print) <b>James Blue</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>1205 Elliott, Munster, IN 46321</b>				20c. Relationship <b>Son</b>							
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) <b>DECEMBER 7, 2007 Kelly-Caroll Crematory</b>				21c. LOCATION—City or Town, State <b>Gary, IN</b>							
22a. EMBALMER'S NAME: <b>Brian T. Burns</b>				22b. EMBALMER'S LICENSE NO. <b>8601763</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>				24b. LICENSE NUMBER (of Licensee) <b>1045184</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Home 8415 Calumet Ave Munster, IN 46321-2521 3004968</b>									
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. <input checked="" type="checkbox"/> <b>Sepsis Shock</b> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last 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) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <b>No</b>	
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>James Blue</i>								29c. MEDICAL LICENSE NO. <b>01060234A</b>		29d. DATE SIGNED (Month, Day, Year) <b>12-6-07 (December)</b>					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Kesani 10010 Donald Power Dr. Munster, IN 46321</b>															
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Kesani</i>										32. DATE FILED (Month, Day, Year) <b>December 6, 2007</b>					
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							
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.											

ATTACHED TO AND MADE A PART OF  
AFFIDAVIT OF HEIRSHIP FOR  
CECIL T. BLUE

LOT 20, SCHOON AND HARKEMA SECOND ADDITION TO MUNSTER, IN MUNSTER,  
LAKE COUNTY, INDIANA AS SHOWN PER PLAT THEREOF, PLAT BOOK 31, PAGE 80,  
IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No.: 18-28-0178-0020

Property Address: 7825 Van Buren Street, Munster, IN 46321

