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STATE OF INDIANA	)		LAKE CIRCUIT COURT
COUNTY OF LAKE	)	SS	CROWN POINT, INDIANA
	)		

2009 081004

IN THE MATTER OF:)
VIOLET E. TUCKER, Deceased.)
)

AFFIDAVIT OF HEIRSHIP

Comes now William Tucker, Sr. being duly sworn upon His oath and states as follows:

That he is the personal representative of the decedent, Violet E. Tucker, deceased, who died testate a resident of Lake County, Indiana, on July 22, 2007 with decedent's Small Estate Affidavit being completed in the above-captioned matter.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 DEC -7 AM 9:2
MICHAEL A. BROWN
RECORDER

Pursuant to the last will and testament of Violet Tucker the heirs of the real estate at 1126 Cherry Street, Hammond, Indiana 46324 are William Tucker, Jr. and Patricia Tucker.

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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 for the real estate of Violet E. Tucker, deceased.

William Tucker, Sr.

Subscribed and Sworn to by Karen Craig, a Notary Public in and for said County and State on November 24, 2009.

Notary Public

COMMUNITY TITLE COMPANY
FILE NO L 42262

14.00
cm
rm

FILED

DEC 02 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

017749

* 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.

Local No. 445

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.

July 25, 2007 — Date Issued — [signature] Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED–NAME (First, Middle, Last)	Violet Albertina Tucker
2. SEX	Female
3a. TIME OF DEATH	4:15 AM
3b. DATE OF DEATH (Month, Day, Year)	July 22, 2007
4. *SOCIAL SECURITY NUMBER	358-14-7990
5a. AGE – Last Birthday (Years)	84
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	March 11, 1923
7. BIRTHPLACE (City and State or Foreign Country)	Chicago, Illinois
8a. WAS DECEDENT A U.S. VETERAN?	No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	NA
9a. PLACE OF DEATH (Check only one. See instructions.)	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number)	Select Specialty Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH	Hammond
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Widowed
11. SURVIVING SPOUSE (If wife, give maiden name)	NA
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Homemaker
12b. KIND OF BUSINESS/INDUSTRY	Own Home
13a. RESIDENCE — STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Hammond
13d. STREET AND NUMBER	1126 Cherry St.
13e. ZIP CODE	46324
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	John Gurky
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Louise Last

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	William Tucker
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)	2865 Irving St., Portage, IN 46368
20c. Relationship	Son

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	July 26, 2007 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State	Schererville, IN
22a. EMBALMER'S NAME:	Marjorie Kunch
22b. EMBALMER'S LICENSE NO.	FD20500007
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Marjorie Kunch [signature]
24b. LICENSE NUMBER (of Licensee)	FD20500007
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Chapel Lawn Funeral Home FH19900051 8178 S. Cline Ave., Schererville, IN

CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	PANCREATIC CANCER	
DUE TO (OR AS A CONSEQUENCE OF): b.	OBSTRUCTIVE JAUNDICE	
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

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.

Field	Entry
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

CERTIFIER

29a. CERTIFIER (Check only one)
- ☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ 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.
- ☐ 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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	03609849 5
29d. DATE SIGNED (Month, Day, Year)	7/24/07 (July)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr. M. Chudgar 1600 Torrence Ave., Calumet City, IL

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	[signature] MD
32. DATE FILED (Month, Day, Year)	July 25, 2007

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could Not Be Determined
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.	

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SDH06-004 State Form 10110 (R5/1-99)