

2010 025405

STATE OF INDIANA)
COUNTY OF LAKE)

2010 057465

2010 OCT -4 PM 2:05

AFFIDAVIT OF HEIRSHIP MICHAEL B. LAJMAN
RECORDER

BRANDEE McKEEVER, being first duly sworn upon her oath deposes and says:

1. She is the court-appointed Personal Representative for the Estate of Joseph G. Murdock.
2. That George Robert Murdock and Loretta Elizabeth Murdock were the parents of Joseph G. Murdock.

(aka George R. Murdock)

3. That George Robert Murdock (DOB: 12/14/1895) died a resident of Lake County, Indiana. At the time of his death, his wife Loretta Elizabeth Murdock was the only known heir-at-law.

4. That Loretta Elizabeth Murdock died a resident of Lake County, Indiana, on the 27th day of September, 1987 (see Death Certificate attached hereto). At that time her death, her two (2) sons Joseph Gerald Murdock and James Jude Murdock were the only heirs-at-law.

5. That James Jude Murdock died a resident of Lake County, Indiana, on the 30th day of December, 1994 (see Death Certificate attached hereto), leaving his brother, Joseph G. Murdock as his sole heir-at-law, and the sole heir-at-law of George Robert Murdock and Loretta Elizabeth Murdock.

6. At the time of their deaths, George Robert Murdock and Loretta Elizabeth Murdock were the owners of the following described two (2) parcels of real estate:

See attached Exhibit "A".

Commonly known as: 13310 W. 133rd Drive, Cedar Lake, IN 46303.

Parcel No.: 45-15-27-126-002.000-014 and

45-15-27-127-001.000-014.

7. That title was vested in GEORGE R. MURDOCK and LORETTA MURDOCK, Husband and Wife, as tenants by entireties, to said above-described real estate located in Lake County, Indiana.

8. The above named heir, JOSEPH G. MURDOCK, succeeded to the decedent's interest by virtue of IC § 29-1-7-23 and IC § 29-1-2-1(d)(1) and is the owner of the above-described accounts.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 OCT -3 AM 9:09
MICHAEL B. LAJMAN
RECORDER

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
MAY 03 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

FILED
OCT 04 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

~~\$ 210~~
~~8327~~
~~CA~~

004318

1001640

18-
8559
SS
1 cros ref.

9. There has never been any administration upon the estate of the decedents, George Robert Murdock, Loretta Elizabeth Murdock and James Jude Murdock.

10. No Federal Estate Tax Return or Indiana Inheritance Tax Return is now required to be filed for the estate of the decedent.

11. The affiant executes this Affidavit Of Heirship to establish title to the above-described real estate.

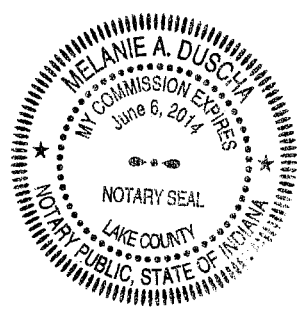

Brandee McKeever, Affiant

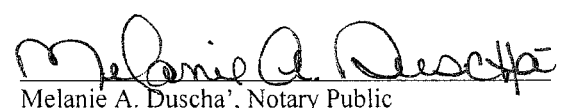
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SUBSCRIBED and sworn to before me, a Notary Public in and for said County and State, this 16th day of April, 2010.

My Commission Expires:
June 6, 2014

(SEAL)




Melanie A. Duscha, Notary Public
Residing in Lake County, Indiana

This instrument prepared by: Brian P. Popp, Laszlo & Popp, PC, 200 East 80th Place, Suite 200, Merrillville, IN 46410.
Return affidavit to: Brian P. Popp, Laszlo & Popp, PC, 200 East 80th Place, Suite 200, Merrillville, IN 46410.



TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

Local No. 183287

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 183287

EMBALMER'S NAME Fred Oparka LICENSE No. FDE1016076
 FUNERAL DIRECTOR'S SIGNATURE [Signature] LICENSE No. FDE1016076 FUNERAL HOME No. FDH3000825

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
K _____
L _____
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____

THIS IS THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH, ON FILE WITH THE LOCAL HEALTH DEPARTMENT.
 MAR 12 2010

TYPE OR PRINT OR PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
 DECEASED
 USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.
 PARENTS
 M.D. OR D.O.
 DISPOSITION
 CAUSE

1. DECEASED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH—MONTH DAY YEAR	
Loretta Elizabeth		Murdock		Elizabeth		Murdock		Female		September 27, 1987	
2. RACE—(a) White, Black, American Indian, etc. (Specify)		AGE—(Last birthday)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH—(M, D, Y)		COUNTY OF DEATH	
White		82		82		82		Oct. 24, 1904		Lake	
3. CITY, TOWN OR LOCATION OF DEATH		4. CITY, TOWN OR LOCATION OF DEATH		5. HOSPITAL OR OTHER INSTITUTION—(Name, if not in other part of form, give street and number)		6. COUNTY OF DEATH		7. St. Anthony's Medical Center		8. Lake	
Crown Point		Crown Point		St. Anthony's Medical Center		Lake		St. Anthony's Medical Center		Lake	
7. STATE OF BIRTH—(If not in U.S., give country)		8. CITIZEN OF WHAT COUNTRY		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		10. SURVIVING SPOUSE (If wife, give maiden name)		11. SUNVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. (Specify YES or NO)	
Pennsylvania		U.S.A.		Widowed		Music Teacher		Self-Employed		No	
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (Occupation of decedent at time of death, if different from above, specify)		15. KIND OF BUSINESS OR INDUSTRY		16. IS RESIDENCE ON A FARM? (Specify YES or NO)		17. INSIDE CITY LIMITS (Specify YES or NO)		18. YES	
459-03-8959		Music Teacher		Self-Employed		No		Yes		Yes	
19. RESIDENCE—STATE		20. COUNTY		21. CITY, TOWN OR LOCATION		22. IS RESIDENCE ON A FARM? (Specify YES or NO)		23. INSIDE CITY LIMITS (Specify YES or NO)		24. YES	
Indiana		Lake		Cedar Lake		No		Yes		Yes	
25. STREET AND NUMBER		26. CITY, TOWN OR LOCATION		27. IS RESIDENCE ON A FARM? (Specify YES or NO)		28. INSIDE CITY LIMITS (Specify YES or NO)		29. YES		30. Yes	
13310 West 133rd		Cedar Lake		No		Yes		Yes		Yes	
31. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		32. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		33. FATHER—NAME		34. MOTHER—MAIDEN NAME		35. FATHER—NAME		36. MOTHER—MAIDEN NAME	
		NO		John Greenman		Unavailable		John Greenman		Unavailable	
37. INFORMANT—NAME (Type as printed)		38. RELATIONSHIP		39. MAILING ADDRESS		40. STREET OR R.F.D. NO.		41. CITY OR TOWN		42. STATE	
Joseph Murdock (Son)		Son		13310 W. 133rd dr.		13310 W. 133rd dr.		Cedar Lake, Indiana		46303	
43. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		44. CEMETERY OR CREMATORIUM—(Funeral Home)		45. FUNERAL HOME—(Name and address)		46. LOCATION		47. CITY OR TOWN		48. STATE	
Cremation		Oakland Memory Lanes		Ellen Brady 8510 Lakeshore dr.		Dolton, Illinois		Dolton, Illinois		Illinois	
49. DATE (MONTH, DAY, YEAR)		50. FUNERAL HOME—(Name and address)		51. (SHEET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		52. (SHEET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		53. (SHEET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		54. (SHEET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
Sept. 30, 1987		Ellen Brady 8510 Lakeshore dr.		Cedar Lake, Indiana 46303		Cedar Lake, Indiana 46303		Cedar Lake, Indiana 46303		Cedar Lake, Indiana 46303	
55. NAME OF ATTENDING PHYSICIAN (Type as printed)		56. DATE SIGNED (M, D, Y)		57. HOUR OF DEATH		58. HOUR OF DEATH		59. HOUR OF DEATH		60. HOUR OF DEATH	
Jon Mick R.O.		9/28/87									
61. MAILING ADDRESS—PHYSICIAN		62. HEALTH OFFICER—SIGNATURE		63. DATE RECEIVED BY LOCAL HEALTH OFFICER		64. DATE RECEIVED BY LOCAL HEALTH OFFICER		65. DATE RECEIVED BY LOCAL HEALTH OFFICER		66. DATE RECEIVED BY LOCAL HEALTH OFFICER	
		[Signature]		9-29-87		9-29-87		9-29-87		9-29-87	
67. PART I (a) IMMEDIATE CAUSE		68. PART I (b) DUE TO OR AS A CONSEQUENCE OF		69. PART I (c) DUE TO OR AS A CONSEQUENCE OF		70. PART II (a) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in Part I)		71. PART II (b) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in Part I)		72. PART II (c) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in Part I)	
Cardiopulmonary arrest		Endstage ischemic cardiomyopathy		Endstage ischemic cardiomyopathy		None		None		None	
73. IMMEDIATE CAUSE		74. DUE TO OR AS A CONSEQUENCE OF		75. DUE TO OR AS A CONSEQUENCE OF		76. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in Part I)		77. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in Part I)		78. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in Part I)	
Cardiopulmonary arrest		Endstage ischemic cardiomyopathy		Endstage ischemic cardiomyopathy		None		None		None	
79. IMMEDIATE CAUSE		80. DUE TO OR AS A CONSEQUENCE OF		81. DUE TO OR AS A CONSEQUENCE OF		82. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in Part I)		83. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in Part I)		84. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in Part I)	
Cardiopulmonary arrest		Endstage ischemic cardiomyopathy		Endstage ischemic cardiomyopathy		None		None		None	

ATTENTION ESTATE: Disclosure of the information we need to pursue our responsibilities voluntarily and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 3400-74

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

RELATIVES

INFORMANT

POSITION

USE OF THIS

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <i>James J. Murdock</i>		2. SEX <i>Male</i>	3a. TIME OF DEATH <i>8:25 A. M.</i>	3b. DATE OF DEATH (Month, Day, Year) <i>December 30, 1994</i>	
4. *SOCIAL SECURITY NUMBER <i>307-50-4519</i>	5a. AGE—Last Birthday (Years) <i>59</i>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr) <i>Feb. 13, 1934</i>	
7. BIRTHPLACE (City and State or Foreign Country) <i>Kane Pennsylvania</i>	8a. WAS DECEDENT A U.S. VETERAN? <i>No</i>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input 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) <i>St. Anthony Hospital</i>		9c. CITY, TOWN, OR LOCATION OF DEATH <i>Crown Point</i>		9d. COUNTY OF DEATH <i>Lake</i>	
10. MARITAL STATUS (Specify) <i>Never Married</i>	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <i>Disabled</i>		12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE—STATE <i>Indiana</i>	13b. COUNTY <i>Lake</i>	13c. CITY, TOWN, OR LOCATION <i>Cedar Lake</i>		13d. STREET AND NUMBER <i>13310 West 133rd Drive</i>	
13e. ZIP CODE <i>46303</i>	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? <i>U.S.A.</i>	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) <i>White</i>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <i>0</i> College (1-4 or 5+) _____					
18. FATHER'S NAME (First, Middle, Last) <i>George R. Murdock</i>			19. MOTHER'S NAME (First, Middle, Maiden Surname) <i>Loretta Grennan</i>		
20a. INFORMANT'S NAME (Type/Print) <i>Joseph Murdock</i>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <i>13310 W. 133rd Dr., Cedar Lake, Indiana 46303</i>		20c. Relationship <i>Brother</i>	
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) <i>January 3, 1995 Oakland Memory Lanes</i>		21c. LOCATION—City or Town, State <i>Dolton, Illinois</i>	
22a. EMBALMER'S NAME <i>N/A</i>		22b. EMBALMER'S LICENSE NO. <i>N/A</i>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Fred O parks</i>		24b. LICENSE NUMBER (of Licensee) <i>FD01016076</i>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <i>Eller Brady Funeral Home, Inc. FH83000825 Cedar Lake, Indiana 46303</i>	
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. <i>multiple atherosclerosis</i>		Approximate Interval Between Onset and Death <i>60 yrs</i>	
b. <i>MI</i>		DUE TO (OR AS A CONSEQUENCE OF):		<i>months</i>	
c. <i>compromised airway</i>		DUE TO (OR AS A CONSEQUENCE OF):		<i>1 week</i>	
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) <i>No</i>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <i>No</i>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <i>No</i>	
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>Jon Misch</i>			29c. MEDICAL LICENSE NO. <i>02000900</i>	29d. DATE SIGNED (Month, Day, Year) <i>1/3/95</i>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>DR. JON MISCH 13963 Misch St. Cedar Lake, Ind. 46303</i>					
31. HEALTH OFFICER'S SIGNATURE <i>Alvin D. Gillis</i> DATE FILED (Month, Day, Year) <i>January 3, 1995</i>					
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 <i>MAR 12 2010</i>
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.			