2011 026612 2011 MAY 12 AM 18: 03 STATE OF INDIANA ) SS: COUNTY OF LAKE

## AFFIDAVIT OF HEIRSHIP

- I, VIRGINIA A. HERSHMAN, being first duly sworn upon her oath, state as follows:
- That your affiant is the wife of John R. Hershman, deceased, who died a resident of Lake County, Indiana, on the 2nd day of February, 2011.
- That a copy of the death certificate of John R. Hershman is attached hereto and marked Exhibit "A" and made a part hereof.
- That during our marriage, John R. Hershman and I acquired the following described real estate located in Lake County, Indiana:

Lot Thirty-nine (39), in West-Long Subdivision, as per plat thereof, recorded in Plat Book 31, page 42 in the Office of the Recorder of Lake County, Indiana. the Lake County Recorder!

- That at the time of John R. Hershman's death, we were still husband and 4. wife.
- That at the time of John R. Hershman's death, he and I owned a life estate in the following described real estate located in Lake County, Indiana:

Lot Thirty-nine (39), in West-Long Subdivision, as per plat thereof, recorded in Plat Book 31, page 42 in the Office of the Recorder of Lake County, Indiana.

Further affiant sayeth not.

026719

FILED

VIRGINIA A. HERSHMAN

MAY 1 1 2011

11-19820

PEGGY HOLINGA HOLDIFOR MERIDIAN TITLE CORP LAKE COUNTY AUDITOR

## STATE OF INDIANA, COUNTY OF LAKE, SS:

Subscribed and sworn to be said County and State this Haday Approved	fore me, the undersigned, a Notar y of, 2011.	y Public in and for
	Notary Public	LISHA VERA Porter County
My Commission Expires:  County of Residence of Notary Publ	ie:	My Commission Expires August 7, 2018
I affirm, under the penalties of perj Social Security number in this docur	ury, that I have taken reasonable nent, unless required by law.	care to redact each
De	ocument is 3	
NOT	Herman Barber	
This instrument prepared by Herman	Barber, attorney at law.erty of	
	te County Recorder!	
	SEAL MOIANA	

## EXHIBIT "A"

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	No 000			Ε	DR No 00			21_			te No			
Decedent's Legal Name (First	I, Middle, Last	)			1a. Maiden	Name (If	female)		2. Se	×   ;	3. Time O	f Death	4. Date	Of Death (Month/Day/Year)
JOHN HERSHMAN 5. Social Security Number   6a.	Ann Vm	6b. Under	1 Voc. 1	Co. Undo d U	nth 6d. Under 1 D	l c-	(Indo. 4   14	T - 5 -		ALE		7 AM		02/02/2011
S. Gooda Scenity Hamber Va.	-	-	1 Teal		<del></del>		. Under 1 Hour	/. Date	огынн (м	lonth/Day/Yea				or Foreign Country)
9. Ever in U.S. Armed Forces?	91 10. If Dea	Months th Occurred I	Minutes 03/05/1919 CROWN POINT, IN  10a. If Death Occurred Somewhere Other Than A Hospital											
⊠ Yes □ No □ Unknow	Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)													
11. Facility Name (if Not Institution, Give Street and Number) ST ANTHONY HOSPICE-CROWN POINT														
12. City Or Town, State, And Zip Code							13. County	Of Death				4. Marital Sta		e Of Death But Separated Divorced
CROWN POINT, IN,	46307						LAKE				] [	Widowed	☐ Nev	ver Married  Unknown
15. Surviving Spouse's Name 15a. (If Wife)Giv						laiden Las	st Name		16. Dec	edent's Usual	Occupatio	n	17. Kind	d Of Business/Industry
VIRGINIA HERSHMA	N.		FOREAKER				BANKER BANKING						ING	
18. Residence - State			18a. County				18b. City Or To	wn						
INDIANA			LAKE	<u> </u>	=	0	CROWN PO	TMIC						
18c. Street And Number										18d. Apt.	No.	18e. Zip	Code	18f. Inside City Limits?
1037 CONCORDIA L	ANE											46	307	☑ Yes ☐ No
19. Decedent's Education SOME COLLEGE CR	EDIT. BU	JT NOT		Decedent Of His	panic Origin		21. [	Decedent's	Race					
DEGREE 22. Father's Name (First, Middle.				<u> THISPAN</u>	IC		Whit							
22. Father's Name (First, Micule,	, Cast)					23.	Mother's Name	(First, Mid	dle, Last)			23a. /	Aother's Ma	aiden Last Name
GEORGE HERSHMA	N						LIE MAY I					WRI	GHT	
24. Informant's Name				24a. Relationshi	p To Decedent		o. Mailing Addres	•						
VIRGINIA HERSHMA	'N			WIFE			37 CONCC	ORDIA	LANE,	CROWN	POIN'	T, IN 463	07	
25a. Method Of Disposition			25b. Plac	e Of Disposition	(Name Of Cemeter	y, Cremate	ory, Other Place)	25c. L	ocation - C	ity, Town, And	State			
□ Burial □ Cremation □ Do     □ Removal From State	onation LI Er	tombment						1						
Other (Specify): 26. Was Coroner Contacted?	107				CEMETERY			CRC	WN PO	OINT, IN				
Ze. was coroner contacted?     Yes ⊠ No	GE	ISEN F		Address Of Fune AL HOME,	CROWN PO	INT, 6	06 EAST 1	13TH	AVENU	E, CROV	VN PO	INT, IN		neral Home License Number;
27b. Signature Of Indiana Funer	al Service Lic	307 ensee:			OTC	H	RIC		ATI	27c. License	Number (	Of Licensee):	FH19	900060
LARRY ALLEN GEIS				4 .	Cause Of Death	(See Ins	tructions And	Example	s)	FD09000	013			
28. Part I. Enter The <u>Chain (</u> Such As Cardiac Arrest, Res A Line. Add Additinal Lines	Cause Of Death (See Instructions And Examples)  Approximate Interval: Onset Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibriliation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additinal Lines If Necessary.  Approximate Interval: Onset To Death											Interval: Onset		
Immediate Cause (Final Dise	ease Or Cond	dition Result	ing In De		CAUSE OF DE	ATH PE	NDING		As A Consequi					
Sequentially List Conditions,	If Any, Lead	ling To The	Cause L	isted On B.	_									
Line A. Enter The Underlyin The Events Resulting In Dea	g Cause (Dis	ease Or Inju	iry That	nitiated				Due to (Or	As A Conseque	nos Of):				
	·			C.				Due to (Or	As A Conseque	nos Ot):				
Post II. Fotos Other Cinnilland Co	-dhi Ct	4. di 1. O-		D.										
Part II. Enter Other Significant Co	motions Cont	ionand to De	<u>am</u> Butin	lot Hesulting In 11	ne Underlying Cause	a Calvin in	Parl 1	L		sy Performed Finding Availa		☐ Yes	⊠ No	
31. Did Tobacoo Use Contribute	To Death?	32.	If Female	e:				30. WE	io Autopsy	_	nner Of De		ause Or De	Yes No
☐ Yes ☐ Probably 🖾 No [	Unknown				Pregnant At Time Of D		Not Pregnant, But Preg Joknown If Pregnant W							Pending Investigation
34. Date Of Injury (Month/Day/Y	ear)		. Time O				Injury (E.G., Dec					uld Not Be D Wooded Are		37. Injury At Work?
					6	SUDE	R'S							☐ Yes ☐ No
38. Location Of Injury - State		38a	. City Or	Town	38	b. Street	& Number					38c. Apt. N	lo. 3	88d. Zip Code
					13	<b>7</b> mt≤		星						
39. Describe How Injury Occurre	ed									40. II T	rensportati Operator	ion Injury, Spe Passenger P	ecify:	Other (Specify)
41. Signature, Of Person Certify JOSEPH KACMAR, E			SIGN	ATLIBE	E	- 91	AL	7		Certifier (Che		ne)		
43. Name, Address And Zip Cod						W/ND	IANA		NO.	Sertifying Phy: 44	sician License	Corone Number		Heath Officer  15. Date Certified
JOSEPH KACMAR , 123 N. COURT ST., CROWN POINT, IN 46307						THE STATE OF THE S			0.5	102708	ΩΛ		00/06/0044	
46. Additional Funeral Service Provider:									7. *Akas:	NO.		02/06/2011		
48. Signature of Local Health Officer:  49. For Registrar Only - Date Filed (Month/Day/Year):														
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE FEB 07 2011														
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)														

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.