45-09-32-354-106,000-027 45-02-32-354-011.000-027

AFFIDAVIT OF HEIRSHIP

Comes now your Affiant, Nancy Almason, and upon her oath deposes and says:

- 1. That she is a daughter of Dorothy A. Almason and George R. Almason and she is an adult.
- 2. That Mary Beth Lopez is also a daughter of Dorothy A. Almason and George R. Almason and is also an adult.
- 3. That there are no other children of Dorothy A. Almason and George R. Almason.
- 4. That Dorothy A. Almason died on June 27, 2009, intestate and no estate was opened or will be opened.
- 5. That George R. Almason, husband of Dorothy A. Almason, passes away March 1, 2010.

FURTHER YOUR AFFIANT SAYER TNOT.

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me by NANCY ALMASON, who personally appeared before me and is known to me to be the person described in and who executed the foregoing Affidavit, and acknowledged that she executed the same as her free act and deed.

My Commission Expires:

, Notary Public Residing in Lake County, Indiana

This Instrument Prepared by:

Michael W. Bosch Indiana Atty. No: 2852-45

> 8320 Kennedy Avenue Highland, IN 46322 (219) 972-3030 FAX: (219) 838-1909

028367

COMMUNITY TITLE COMPANY
FILE HO 1.43646

KAREN CRAIG
Lake County
SEAL My Commission Expires
November 4: 2014



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. OOC	142				State No.		
1 Decedent's Legal Name (First, Middle, Last) Dorothy A. Almason Nat			ame (If Female)	Female	3 Time Of Death		Death (Month/Day/Year)
_	Under 1 Year 6c Under 1 Month		6e Under 1 Hour	7. Date Of Birth (Month/Day/Y		ce (City And State Or	
316-24-7790 80 Mont	'	Hours	Minutes	July 15, 192	28 East	Chicago	, Indiana
9 Ever in U.S. Armed Forces? 10 If Death Occurred in A Hospital ☐ Yes X No Unknown ☐ X Inpatient ☐ Emergency Department Outpatient ☐ Dead On Armival		10a If Death Occurred Somewhere Other Than A Hospital ☐ Hospice Facility ☐ Decedent's Home ☐ I liursing Home/Long-Term Care Facility ☐ Other (Specify)				ecify)	
11 Facility Name (if Not Institution. Give Street And Number)							
St. Catherine Hospital 12 City Or Town, State, And Zip Code 13 County Of Death 14 Marital Status At Time Of Death							
East Chicago, Indiana 46312						ned ☐ Married, But Separated ☐ Divorced	
15 Surviving Spouse's Name 15a (If Wife)Give Maiden Last Name				nt's Usual Occupation	17 Kır	Kind Of Business/Industry	
George R. Almason -			Homemaker Own Home				
Indiana	East Chicago 18d Apt No 18e Zip Code (18f Inside City Limits?						
18c Street And Number 1315 Carroll St	reet			18d Apt		719 Code	18f Inside City Limits? X□ Yes □ No
19 Decedent's Education	20 Decedent Of His	panic Origin	21. Dec	edent's Race			
College - 2 No White 22 Father's Name (First Middle, Last) 23 Mother's Maiden Last Name (23 Mother's Maiden Last Name)							den Last Name
John Nauracy			Mary Nauracy			Baradziej	
24 Informant's Name 24a Relationship to Decedent			24b Mailing Address (Street And Number City State, Zip Code)				
George R. Almason Husband 1315 Carroll St., East Chicago, Indiana 46312							
25a Method Of Disposition Bunal Cremation Donation XEntombmcnl Removal From State July 1, 2009 Removal From State Other (Specify) St. John Cemetery Hammond, Indiana 46324 26 Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility 27a Funeral Home License Number							
4201	E FUNERAL H Indianapolis	Blvd., Ea	st Chicado	. Indiana 40	5312		33001512
276 Signature Of Indiana Funeral Service Licensee	ounty Re	FD01020366					
28. Part I. Enter The <u>Chain Of Events</u> —Diseas Such As Cardiac Arrest, Respiratory Arrest, Or \ A Line. Add Additional Lines If Necessary.	es, Injuries, Or Complications- Ventricular Fibrillation Without	-That Directly Cause Showing The Etiology	Do Not Abbreviate.	Enter Terminal Events Enter Only One Cause On	Mar? CID GA	/	Approximate Interval Onset To Death
Immediate Cause (Final Disease Or Condition R Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C The Events Resulting In Death) Last	The Cause Listed On	Conge	जार मह	Due To IOr As A Consequence Of			
Part II. Enter Other Significant Conditions Contributing To	Double But Not Bosylland In The Unit		ort I	29 Was An Autopsy Performed?		v	
ASTHUA ATTIAL	BRI LATIO	V Susse Given in P		30 Were Autopsy Findings Availa		7 No Cause Of Death?	Yes No
31 Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☐ Unknown	32 If Female X lot Prognant Within Past Year	Pregnant At Time Of Death	I Not Pregnant, But Pregnant W	thin 42 Days Of Death	ner Of Death		tion
34 Date Of Injury (Month/Day/Year)	☐ Hot Pregnant But Pregnant 43 Days 35 Time Of Injury		Unknown If Prognant Within Thace Of Injury (E.G., Decede	nt's Home, Construction Site, Rest	Could Not Be Determated Area		injury At Work?
38 Location Of Injury - State	38a City Or Town	38h S	treet & Number		380 4	pt No. 38d	Yes I No
	337 337 3333	100	Million			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
39 Describe How Injury Occurred					Transportation Injury.		ther (Specify)
41 Signature of Person Certifying Cause of Death J CON BLOW A CONTROL OF THE SIGNATURE OF				42 Certifier (Check Only One) 12 Certifying Physician Coroner Health Officer			
43 I Jame, Address And Zip Code Of Person Certifying Cause Of Death: Struck A Cors D. 300 45 5 Hohland, IN 4022 46 Additional Funeral Service Provider 47. "Akas							e Certified
48. Signature of Local Health Officer IVRA-20 (7/05)	up Bonghir Al	ounted ME	2	49 For Registrar On	7/l	10 9	
State Form 10110 (R7/9-07) ATTENTION ESTATE The Social Section	urity # is being requested by this state agency	in order to pui) IF ALTERED OR	ERASED - NOT VALID	D UNLESS CE	RTIFIED SY H	EALTH DEPARTMEN