

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

AFFIDAVIT OF HEIRSHIP

Wilma Flud, being duly sworn upon her oath deposes and says:

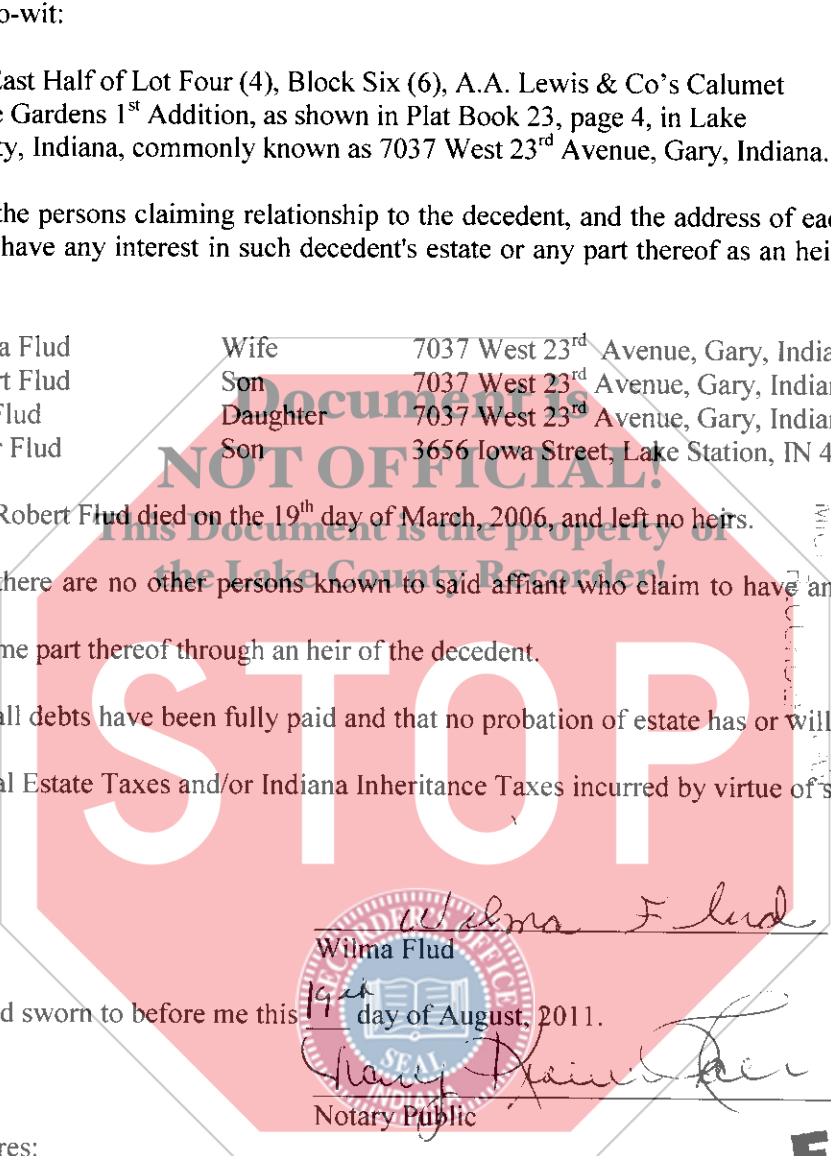
1. That John Flud a/k/a Johnie L. Flud died on the 22nd day of July, 2000.
2. That Wilma Flud was the spouse of John Flud, and was married to John Flud at the time of his death.
3. That at the time of his death, John Flud a/k/a Johnie L. Flud was the owner of the following described real estate, to-wit:

The East Half of Lot Four (4), Block Six (6), A.A. Lewis & Co's Calumet Home Gardens 1st Addition, as shown in Plat Book 23, page 4, in Lake County, Indiana, commonly known as 7037 West 23rd Avenue, Gary, Indiana..

4. That the persons claiming relationship to the decedent, and the address of each person known or believe to claim or have any interest in such decedent's estate or any part thereof as an heir of the decedent are as follows

Wilma Flud	Wife	7037 West 23 rd Avenue, Gary, Indiana
Robert Flud	Son	7037 West 23 rd Avenue, Gary, Indiana
Lisa Flud	Daughter	7037 West 23 rd Avenue, Gary, Indiana
Roger Flud	Son	3656 Iowa Street, Lake Station, IN 46405

6. That Robert Flud died on the 19th day of March, 2006, and left no heirs.
7. That there are no other persons known to said affiant who claim to have an interest in such decedent's estate or some part thereof through an heir of the decedent.
8. That all debts have been fully paid and that no probaton of estate has or will be opened; and that all and any Federal Estate Taxes and/or Indiana Inheritance Taxes incurred by virtue of said death have been paid



2011 049050

2011 SEP - 7 PM 8:45

Wilma Flud
 Wilma Flud
 19th day of August, 2011.

Notary Public
 Notary Public

My Commission Expires:
 February 4, 2017
 Resident of Lake County

THIS INSTRUMENT PREPARED BY:

↓
 Attorney Geoffrey G. Giorgi
 9205 Broadway, Suite B
 Merrillville, IN 46410

055407

FILED

SEP 07 2011

PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

14.00
 9401
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 NOW COME

* 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

State No.

Local No. 113-0

393822

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) JOHNNIE L. FLUD				2 SEX MALE		3a TIME OF DEATH 7:47 PM		3b DATE OF DEATH (Month, Day, Yr.) JULY 22, 2000			
4. *SOCIAL SECURITY NUMBER 447-38-3560		5a AGE—Last Birthday (Years) 63		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr.) Sep. 18, 1936		7 BIRTHPLACE (City and State or Foreign Country) Stidham, Oklahoma	
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		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) THE COMMUNITY HOSPITAL				9c. CITY, TOWN OR LOCATION OF DEATH MUNSTER				9d. COUNTY OF DEATH LAKE			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Wilma Jane Skinner		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Boilemaker				12b. KIND OF BUSINESS/INDUSTRY Steel Manufacturing			
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Gary			13d. STREET AND NUMBER 7037 W. 23rd Ave.				
13a. ZIP CODE 46406		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 	
18. FATHER'S NAME (First, Middle, Last) William Flud						19. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Adam					
20a. INFORMANT'S NAME (Type/Print) Wilma Jane Flud				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7037 W. 23rd Ave., Gary, Indiana 46406				20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input 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) July 25, 2000 Chapel Lawn Cemetery				21c. LOCATION—City or Town, State Schererville, Indiana			
22a. EMBALMER'S NAME Edgar C. Gleim				22b. EMBALMER'S LICENSE NO. FD0 1016173		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Frank H. Bester</i>				24b. LICENSE NUMBER (of Licensee) FD0 8601585		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Rd Highland, Indiana 46322 FH 83007500					
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. Coronary Artery Disease										Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF)											
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF)											
c. DUE TO (OR AS A CONSEQUENCE OF)											
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) 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	
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>Edgar C. Gleim</i>								29c. MEDICAL LICENSE NO. 01031764		29d. DATE SIGNED (Month, Day, Year) JULY 24 2000	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) S.N. MAKAM, M.D. 9122 COLUMBIA AVENUE MUNSTER, INDIANA 46321											
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>										32. DATE FILED (Month, Day, Year) <i>July 25, 2000</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		
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.							