

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 021882

2013 MAR 25 AM 9:42

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA) IN RE: LLOYD E. SHERWOOD, SR., DECEDENT
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF HEIRSHIP

1300584

Comes now LLOYD E. SHERWOOD, JR., being duly sworn upon his oath and states as follows:

1. That LLOYD E. SHERWOOD, JR. is the son of the decedent, LLOYD E. SHERWOOD, SR., deceased, who died intestate a resident of Lake County, Indiana, on the 12th day of November, 2012.
2. That LLOYD E. SHERWOOD, SR. was the owner of the following described real estate located in Lake County, Indiana at the time of his death, namely:

LOT 31, EXCEPT THAT PART LYING NORTH OF A LINE WHICH BEGINS AT THE NORTHWEST CORNER OF SAID LOT 31; THENCE SOUTHEASTERLY ON A STRAIGHT LINE TO A POINT ON THE EAST LINE OF SAID LOT 31 WHICH IS 56.79 FEET SOUTH OF THE NORTHEAST CORNER OF SAID LOT 31, BEING PARALLEL TO AND 150.0 FEET SOUTHERLY FROM THE CENTER LINE*IN BROADMOOR ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 18 PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

*of State Highway Project #265 and all Lot 32 in Block 1

Parcel No.: 45-06-13-176-001.000-027

Address of Property: 7545 Forest Avenue, Munster IN 46321

3. That no application or Petition for the Appointment of a Personal Representative is pending or has been granted in any jurisdiction.
4. That BETTY J. SHERWOOD, ~~Wife~~ of LLOYD E. SHERWOOD, SR., predeceased him on or about February 11, 2008.

FILED
MAR 22 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CHICAGO TITLE INSURANCE COMPANY

IN RE: LLOYD E. SHERWOOD, SR., DECEDENT
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5. That in accordance with the intestacy laws of the State of Indiana, said real estate is now owned equally by the following individuals as tenants in common:

LLOYD E. SHERWOOD, SR. ~~SR.~~ ^{JR.} Adult / Son 16353 Jackson Street
Lowell IN 46356

RICHARD SHERWOOD Adult / Son 15366 N 100 W
Wheatfield IN 46392

PATRICK SHERWOOD Adult / Son 10817 N. State Road 49
Wheatfield IN 46392

TERRY SHERWOOD Adult / Son 5594 Sandstone Drive
Wheatfield, IN 46392

BONNIE KERR Adult / Daughter 7611 Clay Street
Merrillville IN 46410

6. 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 of LLOYD E. SHERWOOD, SR., deceased.
7. That the gross value of the estate of the decedent, LLOYD E. SHERWOOD, SR., as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.
8. That the estate of the decedent, LLOYD E. SHERWOOD, SR., was not subject to Indiana Inheritance Taxes.


LLOYD E. SHERWOOD, JR., AFFIANT

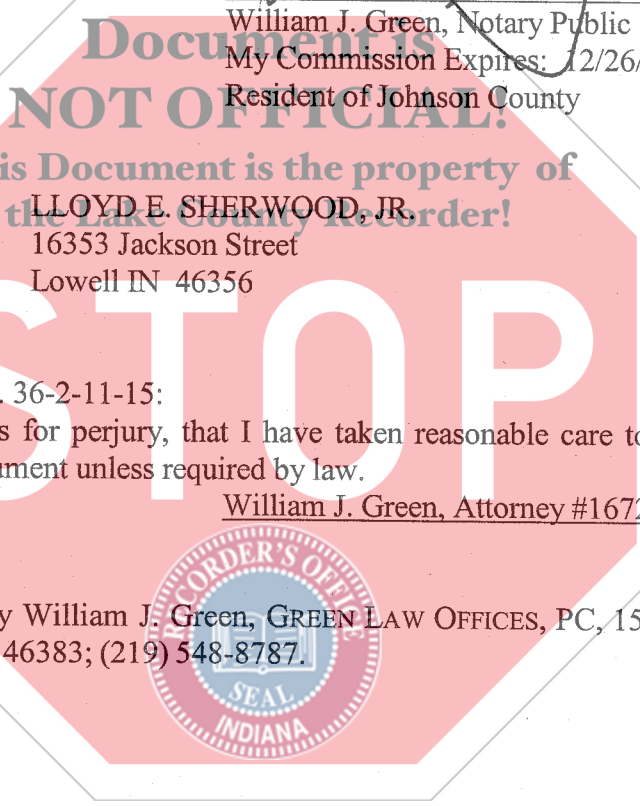
IN RE: LLOYD E. SHERWOOD, SR., DECEDENT
AFFIDAVIT OF HEIRSHIP
PAGE THREE

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 26th day of February, 2013.



William J. Green, Notary Public
My Commission Expires: 12/26/2015
Resident of Johnson County



Send Tax Statements to: LLOYD E. SHERWOOD, JR.
16353 Jackson Street
Lowell IN 46356

Affirmation required by I. C. 36-2-11-15:
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document unless required by law.

William J. Green, Attorney #16725-49

This instrument prepared by William J. Green, GREEN LAW OFFICES, PC, 15 FRANKLIN STREET, SUITE 235, VALPARAISO IN 46383; (219) 548-8787.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-06-13-176-001.000-027

Local No 003554

EDR No 00000289363

State No

1. Decedent's Legal Name (First, Middle, Last) LLOYD E SHERWOOD SR				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 09:35 AM	4. Date Of Death (Month/Day/Year) 11/12/2012	
5. Social Security Number 017251009		6a. Age - Yrs 89	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 09/27/1923		8. Birthplace (City and State or Foreign Country) GARY, IN
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) 7611 CLAY STREET									
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410					13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation MILLWRIGHT		17. Kind Of Business/Industry CONSTRUCTION	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MERRILLVILLE					
18c. Street And Number 7611 CLAY STREET				18d. Apt. No.		18e. Zip Code 46410		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) CHARLES L SHERWOOD				23. Mother's Name (First, Middle, Last) MINNIE SHERWOOD			23a. Mother's Maiden Last Name BANCROFT		
24. Informant's Name LLOYD E SHERWOOD JR		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 16355 JACKSON STREET, LOWELL, IN 46356					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY-CREMATORY, MERRILLVILLE, IN			25c. Location - City, Town, And State MERRILLVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410					27a. Funeral Home License Number: FH10400032		
27b. Signature Of Indiana Funeral Service Licensee: SHERRY L WILLIAMS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700074			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIOPULMONARY ARREST									
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. UROSEPSIS									
C. ANEMIA									
D.									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
HYPERTENSION									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: SHREYAS DESAI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SHREYAS DESAI, 2640 HAMSTROM ROAD, PORTAGE, IN 46368						44. License Number 01027933A		45. Date Certified 11/15/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 15 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-06-13-176-001.000-027

Local No. 542-08

State No.

1. Decedent's Legal Name (First, Middle, Last) BETTY J. SHERWOOD				1a. Maiden Last Name (If Female) STIFLE		2. Sex F	3. Time Of Death 12:57 AM	4. Date Of Death (Month/Day/Year) FEBRUARY 11, 2008	
5. Social Security Number 342263763		6a. Age Yrs 82	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) December 12, 1925		8. Birthplace (City And State Or Foreign Country) GARY, INDIANA
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) ST. MARY MEDICAL CENTER									
12. City Or Town, State, And Zip Code HOBERT, INDIANA 46342					13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name LLOYD SHERWOOD SR.				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER					
18c. Street And Number 7545 FOREST AVENUE						18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High school graduate or GED completed			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) LAWRENCE STIFLE					23. Mother's Name (First, Middle, Last) BONNIE STIFLE			23a. Mother's Maiden Last Name HARGIS	
24. Informant's Name LLOYD SHERWOOD JR.			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 16353 JACKSON STREET LOWELL, INDIANA 46356				
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL 7535 TAFT ST. MERRILLVILLE, INDIANA 46410						27a. Funeral Home License Number: FH10400032	
27b. Signature Of Indiana Funeral Service Licensee: <i>Sheryl Williams</i>						27c. License Number (Of Licensee): FD20700074			
Cause Of Death (See Instructions And Examples)									
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. congestive heart failure Due To (Or As A Consequence Of): B. cardiomyopathy Due To (Or As A Consequence Of): C. HYPERTENSION Due To (Or As A Consequence Of): D. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: CHRONIC OBSTRUCTIVE LUNG DISEASE DIABETES MELLITUS								Approximate Interval: Onset To Death	
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				38. Apt. No.	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <i>Raymundo Jr.</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: RAYMUNDO L. BILLENA JR. MD 5490 BROADWAY MERRILLVILLE, INDIANA 46410						44. License Number 1026067A		45. Date Certified 2/12/08	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>				49. For Registrar Only - Date Filed (Month/Day/Year): February 14, 2008					