

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2013 021882

2013 MAR 25 AM 9: 42

MICHAEL B. BROWN

STATE OF INDIANA

RECORDER 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 12<sup>th</sup> 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 L INE\*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, your of LLOYD E. SHERWOOD, SR., predeceased him on or about February 11, 2008.

MAR 2 2 298 MATONA PEGGY HOLING AND TOP

001570

#19

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

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. TA 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 his Document Adult / Daughter 17611 Clay Street the Lake County Recorder! 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.

LOYDE SHERWOOD IR AFFIANT

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

STATE OF INDIANA )
COUNTY OF PORTER )

Subscribed and sworn to before me, a Notary Public in and for said County and State, this  $26^{\text{th}}$  day of February, 2013.

William J. Green, Notary Public My Commission Expires: 12/26/2015

Resident of Johnson County

This Document is the property of

Send Tax Statements to: LLOYD E. SHERWOOD, JR. rder!

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

Loca	al No $00$	<u>3554</u>		ED	R No 0000	<u> </u>	9363		State					
Decedent's Legal Name (F	irst, Middle, Last	)			1a. Maiden Nar	ne (if female)		2. Se	x 3. 1	lime C	f Death	4. Date O	f Death (Mo	onth/Day/Yea
LLOYD E SHERWO				•				M	ALE	09:3	5 AM		11/12/20	012
5. Social Security Number		6b. Under 1	Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under	1 Hour 7. Da		lonth/Day/Year)		irthplace (Cit			
6417246Z#689	89	Months		Days	Hours	Minutes		09/27/	1923	G	ARY, IN			
9. Ever in U.S. Armed Forces		th Occurred in	A Hosp	<del>.</del>	<del></del>	10a. If Dea		newhere Oth	er Than A Hospita	al				
☑ Yes ☐ No ☐ Unkno	own     Inpatie	ent 🔲 Emerg	ency De	partment Outpatient	Dead on Arrival	Hospice Other (S		Decedent's I	lome 🔲 Nurs	sing H	ome/Long-terr	n Care Facilit	У	
11. Facility Name (If Not Inst						D Other (S	pecity)							
7611 CLAY STREE	T		<u> </u>											
12. City Or Town, State, And	Zip Code					13. C	ounty Of Death			- 1	4. Marital Sta			<b>-</b>
MERRILLVILLE, IN,	46410					LAK	F				☐ Married ☐ ☑ Widowed			☐ Divorce ☐ Unknown
15. Surviving Spouse's Name				15a	. (If Wife)Give Maide		<u>-</u>	16. Dece	dent's Usual Occ	upatio	n	17. Kind O	f Business/I	ndustry
18. Residence - State		Т	18a. C	County		18b. City	Or Town	IMILLW	RIGHT			CONST	RUCTIC	)N
l <u>.</u>				•						٠.				
18c. Street And Number		<u>j!</u>	LAKE			MERRI	LLVILLE	·	18d, Apt. No.		18e. Zip (	Sada T	406 leeid	- 614 113-14-6
									160. Apt. No.		166. ZIP (	2006		e City Limits?
7611 CLAY STREE	r .										464	110	⊠ Yes	i □ No
19. Decedent's Education HIGH SCHOOL GRA	ADUATEO	P CED	20.	Decedent Of Hispar	nic Origin		21. Decedent	s Race			***			
COMPLETED	ADUATE O	K GED	NO	T HISPANIC		1	<b>V</b> hite							
22. Father's Name (First, Middl	e, Last)						lame (First, Mic	idle, Last)			23a. M	other's Maide	n Last Nam	18
CHARLES L CHERN	VOOD.					A ALALA DE C	NIEDWO	20			2000			
CHARLES L SHERV  24. Informant's Name	VOOD		—т	24a. Relationship To			SHERWOO		, City, State, Zip C	(ode)	BANG	CROFT		
LLOYD E SHERWO	OD IB		1				4				2050			
LLOTD E SHERWO	OD JK			SON		e Of Disposition		IREEI,	LOWELL, I	N 40	0356			
25a Method Of Disposition			b. Place	Of Disposition (Na	me Of Cemetery, Cre	matory, Other f	Place) 25c. l	ocation - City	, Town, And Stat	е		<del></del>		
☐ Burial ☑ Cremation ☐ ☐ ☐ Removal From State	Donation 📙 Ente	mbment		/			· ·							
Other (Specify):		C/	ALUN	TET PARK CI	EMETERY-CF	REMATOR	Y ME	RILLVIL	IE IN					
26. Was Coroner Contacted?	27. 1			ddress Of Funeral F			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					27a. Funera	al Home Lice	ense Number
☐ Yes ☒ No	CAL	LIMET D	A DOL					I				E114040		
27b. Signature Of Indiana-Fune	ral Service Licen	8ee:			HAPEL, 7535			2	7c. License Numi	ber (O		FH1040	0032	
SHERRY L WILLIAM	S, BY ELE	CTRONI	CSIC	SNATURE	ument i	is the	prop	PITT	D20700074	, ,-				
28. Part I. Enter The Chain.	Of Events - Dis	seases Injurie	es Or (		ise Of Death (See				c					ximate al: Onset
28. Part I. Enter The <u>Chain</u> Such As Cardiac Arrest, Re A Line. Add Additinal Lines	spiratory Arrest	Or Ventricul	ar Fibri	lation Without Sho	wing The Etiology.	Do Not Abbre	viate. Enter Or	ly One Cau	se On		Commence of the control of the contr		To-De	
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intitiodiate Cadse (Firlat Dis	ease of Condit	ion Resuling	III Dea	(II) A. <u>c</u>	ARDIOPOLIVIONAF	(T ARREST	Due to (Or	As A Consequence	DUNTY HEALTH	DEP	ARTMENT	JIN FILE W	In His	
Sequentially List Conditions	, If Any, Leadin	g To The Car	use List		ROSEPSIS					i igriçi i				
Line A. Enter The Underlying The Events Resulting In Dea	ng Cause (Disea ath) Last	ase Or Injury	That In				Due to (Or /	As A' Consequence			a +4#4 #			
:	atily Edot			C. <u>A</u>	NEMIA		Due to (Or A	S A Consequence	On: NO	V :	<u>15 201</u>	1		
				D										
Part II. Enter Other Significant Co	onditions Contrib	uting to Death	But Not	Resulting In The Ur	derlying Cause Givin	In Part I	29. Was	An Autopsy	Performed?		☐ ·Yes	⊠ No		
YPERTENSION							30. Wer	e Autopsy Fir	nding Available To	Com			☐ Yes	□ No
31. Did Tobacoo Use Contribute	To Death?	32, If F				7			33. Manner O					
Yes Probably 🛭 No	Unknown			But Pregnant 43 Days To 1	egnant At Time Of Death year Before Death	ululululul I I I	Pregnant Within 42 nant Within The Past		Suicide				ending Inve	stigation
34. Date Of Injury (Month/Day/Y	ear)		me Of Ir						tion Site, Restaur				jury At Wor	k?
							差		-/				Yes	□ No
38. Location Of Injury - State		38a. Ci	ty Or To	nwo	38b. Stre	et & Number	5		///	7	38c. Apt. No.	38d.	Zip Code	······
				1 1 1		إ التجا								
39. Describe How Injury Occurre	d				E 1.5	CALL	3		40. If Transpo	rtation	Injury, Specil	y:		
<u> </u>					Alley IND	JANA	7		Driver/Operator	Pas	senger Pede	strian Other (	Specify)	
11. Signature, Of Person Certify SHREYAS DESAL, B	ing Cause Of De	ath:	CNIAT	HDE	- Ohi	muni			ifier (Check Only		<del></del>			
43. Name, Address And Zip Cod								⊠ Cer	tifying Physician 44. Licen		Coroner mber		th Officer ate Certified	
NIBEVAO DECAL O	C40 11444	TD0115		DADTIAS										
SHREYAS DESAI , 2  6. Additional Funeral Service Pr		I ROM RO	JAD,	PORTAGE,	IN 46368				01027		4	1	1/15/20	)12
1.4.4									47. *Aka	aS:				
18. Signature of Local Health Off		NIIC CIC	<del></del>	IDE				49. For Reg	gistrar Only - Da					
SUSAN W. BEST, VIA	LECTRO	UNIC SIG	NAT		TO CERTIFICATE	OF DEATH /	ENTRY OR C	PIGINALL		NO	OV 15 20	12		
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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.



## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH # 45-06-13-176-001.000-027

	o													
. Decedent's Legal Name (Firs	st, Middle, Last)				1a. Maiden Last N	ame (If Female)		2. Sex		3. Time O	1		eath (Month/Day/Year)  ARY 11, 2008	
BETTY J. SHERWOO	OD				STIFLE			į			1	State Or Forei	·	
. Social Security Number	6a. Age Yrs 82	6b. Under 1 Y	ear <u>6c. Und</u> Days	er 1 Month	6d. Under 1 Day Hours	Se Under 1	1	of Birth (Month/Day ember 12, 19	- 1		INDIANA		ga Councy)	
. Ever In U.S. Armed Forces?	10. lf De	eath Occurred in A	Hospital:			10a. If Death	Occurred Somewhe	re Other Than A Ho	spital:	Hospice F	acility 🔲 De	ecedent's Home	Nursing Home/Long	
☐ Yes 🖾 No Unknown		itient 🗌 Emergeno	cy Department Out	patient 🔲	Dead On Arrival	Term Care Fa	cility 🔲 Other (Spi	ecify)						
Facility Name (If Not Institu T. MARY MEDICAL		And Number)												
2. City Or Town, State, And Z						13. 0	ounty Of Death			14. M	arital Status	At Time Of Dea	nth	
IOBART, INDIANA 4					,	LAP	(E			□ Wi		Never Married		
5. Surviving Spouse's Name LOYD SHERWOOD	SR.			15a	ı. (If Wife)Give Maide	n Last Name	-	16. Decedent's		pation		OWN HO	Business/Industry	
8. Residence – Stale			18a. County	l		18b. City	Or Town	<u> </u>					· · · · · · · · · · · · · · · · · · ·	
NDIANA			LAKE			MUNS	TER							
8c. Street And Number		1						- 18d.	Apt. No.		18e. Zip C		181. Inside City Limit  ☑ Yes ☐ No	
7545 FOREST AVE	NUE						***				46321			
9. Decedent's Education	050		20. Decede			••	21. Decedent's White	Race ,						
ligh school graduate		mpietea	No, not	эраніян	/Hispanic/Latir			L test)			1 23á. I	Mothers Maid	en Last Name	
2. Father's Name (First, Middle, Last)  AWRENCE STIFLE					23. Mother's Name (First, Middle, BONNIE STIFLE				231)			ARGIS		
4. Informant's Name			24a. Re SON	rationship 1	o Decedent			d Number, City, Stat EET LOWELL			6			
LOYD SHERWOOD	JK.		JON		26.0	Place Of Dispo	4 •							
5a. Method Of Disposition	⊠ Burial □ Cre	amation 25b.	Place Of Disposition	n (Name O	25. P			cation - City, Town,	And State					
Donation Entombment Other (Specify):			UMET PARK	CEME	TERY OI		CIMER	RILLVILLE, IN	DIANA					
6. Was Coroner Contacted?		Name And Compl											al Home License Numbe	
⊒ Yes 🖾 No	CA				EL 7535 TAFT	ST. MERRIL	LVILLE, INDI	ANA 46410				FH10400		
_		ALUMET PAR	K FUNERAL	CHAPI				<b>√</b>			er (Of Licen	FH1040		
		ALUMET PAR	K FUNERAL	CHAPI e La	ake Cou	unty I	Record	ler!		ense Numb 700074	per (Of Licen	FH1040		
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