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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 008308

2014 FEB 12 AM 10:24

AFFIDAVIT OF HEIRSHIP

MICHAEL B. BROWN
RECORDER

Comes now **Shirley A. Mora**, being duly sworn upon her oath, and states as follows:

That **ETHEL WASH** was the sole owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Thirty-Four (34) in Block One (1), in First Addition to Indiana Harbor, in the City of East Chicago, Lake County, Indiana as shown in Plat Book 5, at page 14, in the Recorder's Office of Lake County, Indiana.

More commonly known as: 3716 Alder Street
East Chicago, IN 46312 (the "Real Estate")

Tax Key No. 45-03-22-329-017.000-024

And that Ethel Wash, died on October 28, 2013 (a true and accurate copy of her death certificate with redacted Social Security Number is attached hereto and incorporated herein), leaving the following heirs at law:

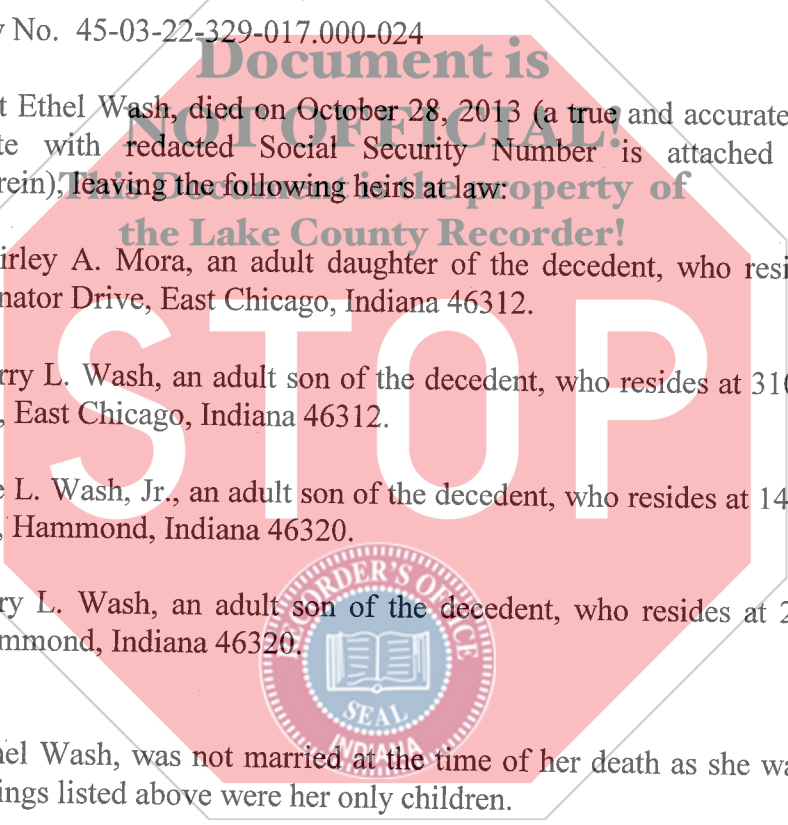
1. Shirley A. Mora, an adult daughter of the decedent, who resides at 1706 Senator Drive, East Chicago, Indiana 46312.
2. Terry L. Wash, an adult son of the decedent, who resides at 3103 Dearborn St., East Chicago, Indiana 46312.
3. Joe L. Wash, Jr., an adult son of the decedent, who resides at 1442 Sherman St., Hammond, Indiana 46320.
4. Jerry L. Wash, an adult son of the decedent, who resides at 25 Ruth St., Hammond, Indiana 46320.

That, Ethel Wash, was not married at the time of her death as she was a widow, and the four siblings listed above were her only children.

The gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided by IC § 29-1-8-1, after accounting for the costs and expenses of administration and reasonable funeral expenses.

That no Federal Estate Tax are due and owing as result of Ethel Wash's death.
That no Indiana Inheritance Taxes, will be owed as a result of Ethel Wash's death.

FILED
FEB 12, 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



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That no State or Federal taxes of any kind are owed by Ethel Wash's.

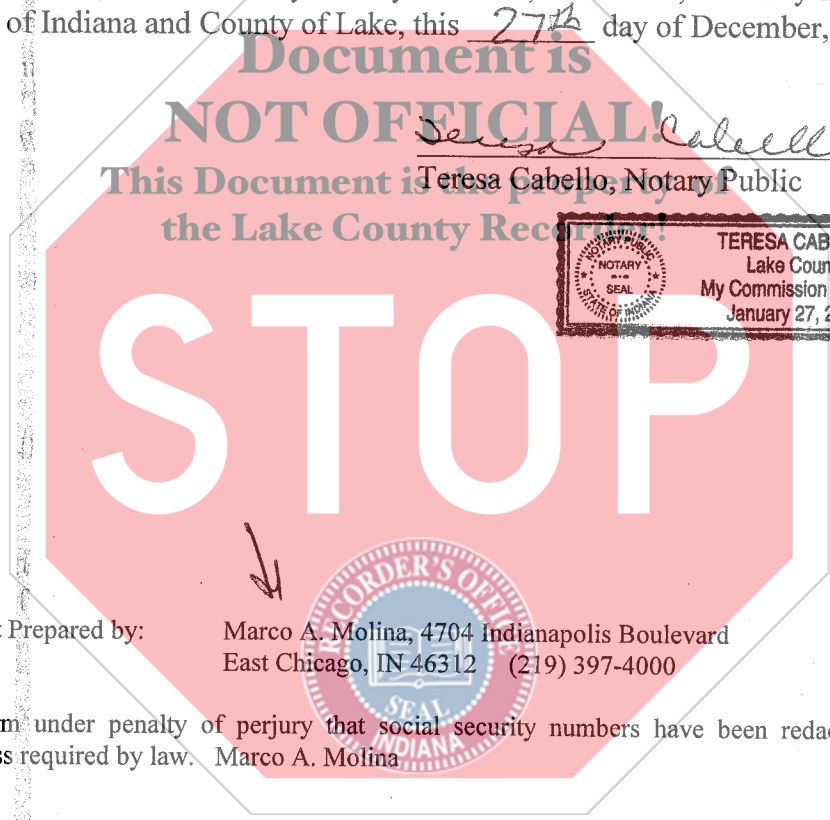
That this affidavit pursuant to Indiana Code 29-1-8-3 is hereby executed to induce the Auditor of Lake County, Indiana to place the names of Shirley A. Mora, Terry L. Wash, Joe L. Wash, Jr. and Jerry L. Wash, as the legal owners of the property of each an undivided $\frac{1}{4}$ interest.

Shirley A. Mora
Shirley A. Mora

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to by Shirley A. Mora, before me, a Notary Public in and for the State of Indiana and County of Lake, this 27th day of December, 2013.

Document is NOT OFFICIAL!
Teresa Cabello
Teresa Cabello, Notary Public
the Lake County Recorder



This Document Prepared by: Marco A. Molina, 4704 Indianapolis Boulevard
East Chicago, IN 46312 (219) 397-4000

I affirm under penalty of perjury that social security numbers have been redacted from this document unless required by law. Marco A. Molina

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

844045

Local No 000237

EDR No 00000350636

State No

1. Decedent's Legal Name (First, Middle, Last) ETHEL MAE WASH				1a. Maiden Name (If female) SMITH		2. Sex FEMALE	3. Time Of Death 04:00 AM	4. Date Of Death (Month/Day/Year) 10/28/2013	
5. Social Security Number ██████████	6a. Age - Yrs 87	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) 04/09/1926		8. Birthplace (City and State or Foreign Country) FOREST, MS	
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) LAKE COUNTY NURSING & REHABILITATION CTR									
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 HOMEMAKER		17. Kind Of Business/Industry HOME	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town EAST CHICAGO				
18c. Street And Number 3716 ALDER STREET						18d. Apt. No.	18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American				
22. Father's Name (First, Middle, Last) EDMOND SMITH			23. Mother's Name (First, Middle, Last) LARCINA WASH			23a. Mother's Maiden Last Name SCOTT			
24. Informant's Name SHIRLEY MORA		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1706 SENATOR DRIVE, EAST CHICAGO, IN 46312					
25. Place Of Disposition									
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) REGIONAL CREMATION SERVICES			25c. Location - City, Town, And State MUNSTER, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312					27a. Funeral Home License Number: FH83001520		
27b. Signature Of Indiana Funeral Service Licensee: TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08600238			
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)								Approximate Interval: Onset To Death	
A. CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of):								3 YEARS	
B. STROKE Due to (Or As A Consequence Of):								2 YEARS	
C. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (Or As A Consequence Of):								5 YEARS	
D. DEGENERATIVE ARTHRITIS Due to (Or As A Consequence Of):								15 YEARS	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
HEART FAILURE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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 type="checkbox"/> No <input checked="" 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: KRISHNAN POTTI, 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: KRISHNAN POTTI, 8300 BROADWAY STE 1B, MERRILLVILLE, IN 46410						44. License Number 01025043A		45. Date Certified 10/29/2013	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 30 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									