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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 029237

2014 MAY 22 AM 9:05

MICHAEL B. BROWN  
RECORDER

Mail tax bills to: 3018 172nd Street, Hammond, IN 46323

**AFFIDAVIT OF HEIRSHIP**

OWEN CARRICO, JR., and MABEL BOARDWAY, being first duly sworn upon their oaths, depose and say:

1. Affiant, Owen Carrico, Jr., resides at 269 Island Dr., Lowell, IN 46356 and Mabel K. Boardway resides at 7517 Taylor St., Schererville, IN 46375. Affiants have knowledge of the within facts as they are the surviving children of OWEN F. CARRICO.

2. The following premises were formerly owned solely by OWEN F. CARRICO:

Part of the Southeast 1/4 of the Southeast 1/4 of Section 9, Township 36 North, Range 9 West of the 2nd Principal Meridian described as commencing at a point 660 feet North of the South line of said Southeast 1/4 and 166.44 feet east of the West line of said Southeast 1/4 of the Southeast 1/4; thence South 78.64 feet to a point which is 166.41 feet East of the West line of said Southeast 1/4 of the Southeast 1/4; thence continuing South parallel with and 166.41 feet East from the West line of said Southeast 1/4 of the Southeast 1/4; thence East 70.65 feet to a point; thence North 229.8 feet to a point which is 660 feet North of the South line of said Southeast 1/4; thence West 70.65 feet to the place of beginning, in the City of Hammond, Lake County, Indiana.

Commonly known as: 3018 172nd Street, Hammond, IN 46323 GRANTEE'S ADDRESS  
Key No: 45-07-09-480-006-000-023

3. That OWEN F. CARRICO died intestate on December 9, 2011. A certified copy of the death certificate of OWEN F. CARRICO is attached hereto as "Exhibit A".

4. That 45 days have passed since the death of OWEN F. CARRICO, and no estate has been opened for him.

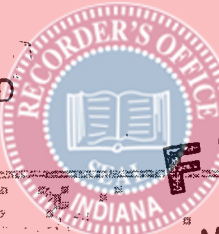
5. That to the best of Affiants' knowledge, there is no estate or inheritance tax liability by reason of the death of OWEN F. CARRICO, and all funeral expenses and expenses of last illness have been paid in full.

6. That OWEN F. CARRICO was survived by his two (2) children, namely:

OWEN CARRICO, JR. and  
MABEL BOARDWAY

FIDELITY - INDIANA

FR 1310163



**FILED**

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**REGION TITLE/FIDELITY**

FR1310163

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

# 15  
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7. That at the time of death of OWEN F. CARRICO the above described real estate was passed to the following:

OWEN CARRICO, JR.  
Address: 269 Island Dr.  
Lowell, IN 46356

MABEL BOARDWAY  
Address: 7517 Taylor St.  
Schererville, IN 46375

8. That the value of the decedent's gross estate, less liens and encumbrances, does not exceed the sum of \$50,000.00 as provided by I.C. 29-1-8-1, after deducting funeral expenses:

9. That the decedent OWEN F. CARRICO, was not married at the time of his death and had no other living children or living descendants of a deceased child other than those listed in Paragraph 7.

*Owen Carrico Jr*      *Mabel Boardway*  
OWEN CARRICO, JR.      MABEL BOARDWAY

STATE OF INDIANA, COUNTY OF LAKE, SS:

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that OWEN CARRICO, JR., and MABEL BOARDWAY personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

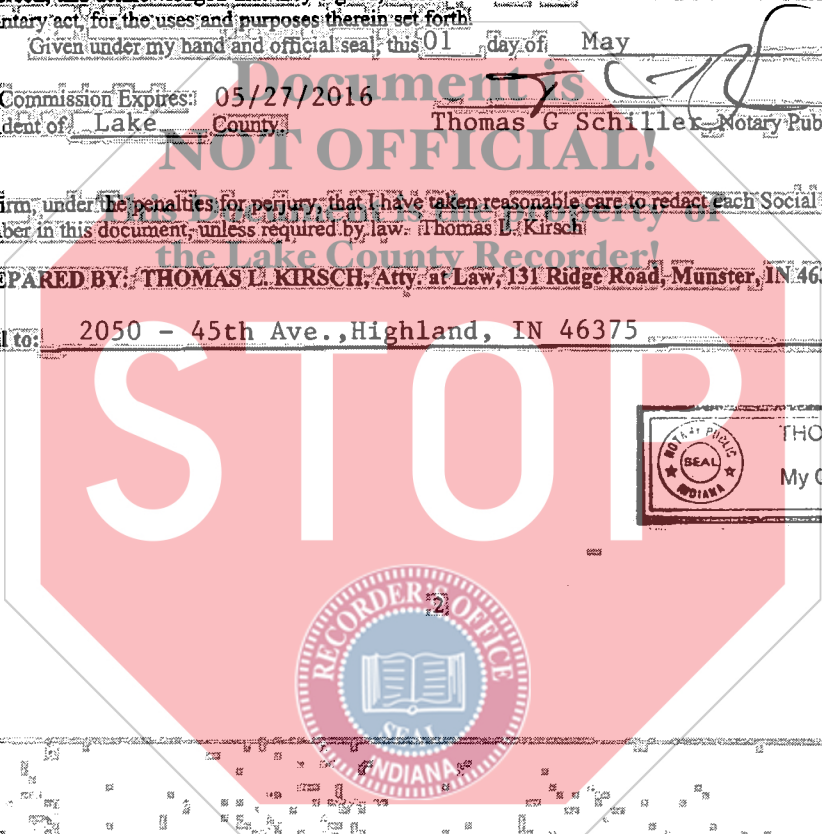
Given under my hand and official seal, this 01 day of May, 2014.

My Commission Expires: 05/27/2016  
Resident of: Lake County, Thomas G Schiller, Notary Public

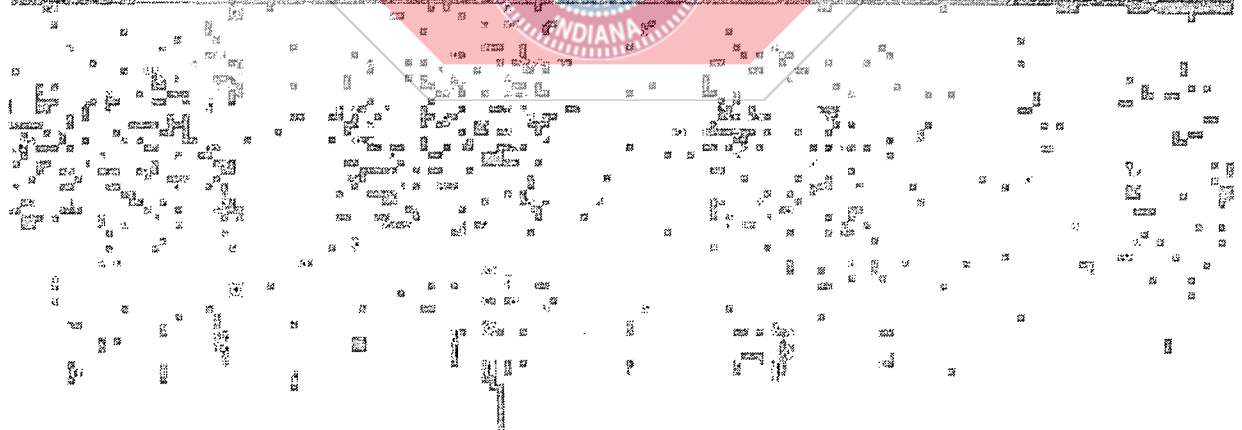
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Thomas L. Kirsch

PREPARED BY: THOMAS L. KIRSCH, Atty. at Law, 131 Ridge Road, Munster, IN 46321

Mail to: 2050 - 45th Ave., Highland, IN 46375



THOMAS G. SCHILLER  
Lake County  
My Commission Expires  
May 27, 2016





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

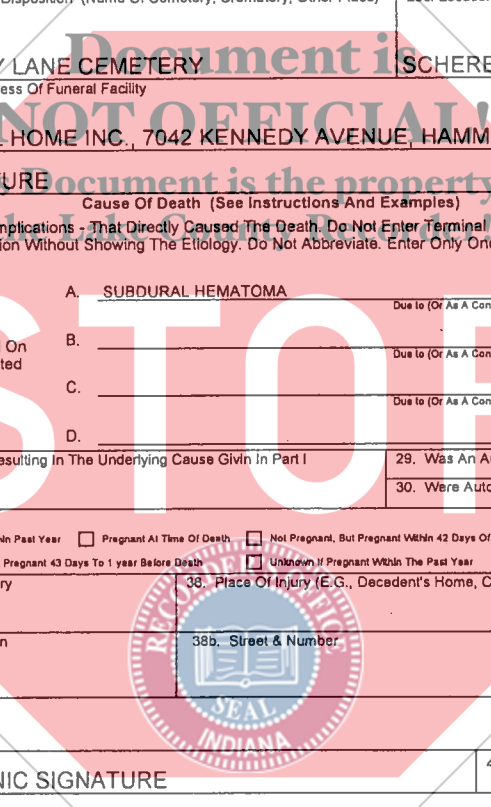
Tracking No. 16748

Local No 003818

EDR No 00000233325

State No 054329

1. Decedent's Legal Name (First, Middle, Last) <b>OWEN F CARRICO</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>07:25 AM</b>	4. Date Of Death (Month/Day/Year) <b>12/09/2011</b>		
5. Social Security Number		6a. Age - Yrs <b>98</b>	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) <b>03/08/1913</b>		8. Birthplace (City and State or Foreign Country) <b>SULLIVAN COUNTY, IN</b>	
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 type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify) <b>DAUGHTERS RESIDENCE</b>				
11. Facility Name (If Not Institution, Give Street and Number) <b>7517 TAYLOR STREET</b>										
12. City Or Town, State, And Zip Code <b>SCHERERVILLE, IN, 46375</b>					13. County Of Death <b>LAKE</b>		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 <b>CRANE OPERATOR</b>		17. Kind Of Business/Industry <b>OIL REFINERY</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>					
18c. Street And Number <b>3018 172ND STREET</b>						18d. Apt. No.	18e. Zip Code <b>46323</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>WILLIE CARRICO</b>				23. Mother's Name (First, Middle, Last) <b>MABEL CARRICO</b>			23a. Mother's Maiden Last Name <b>JONES</b>			
24. Informant's Name <b>OWEN CARRICO JR</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>269 ISLAND DRIVE, LOWELL, IN 46356</b>						
25. Place Of Disposition										
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) <b>MEMORY LANE CEMETERY</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BOCKEN FUNERAL HOME INC., 7042 KENNEDY AVENUE, HAMMOND, IN 46323</b>					27a. Funeral Home License Number: <b>FH10600033</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JOSE G. CORONA, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08601373</b>				
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. <b>SUBDURAL HEMATOMA</b> Due to (Or As A Consequence Of):										
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. 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. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approximate Interval: Onset To Death <b>APR 30 2014</b>		
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No						31. 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				
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. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
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: <b>SHELDON RODERICK LEWIS, BY ELECTRONIC SIGNATURE</b>						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: <b>SHELDON RODERICK LEWIS, 3641 RIDGE ROAD, HIGHLAND, IN 46322</b>						44. License Number <b>01049668A</b>		45. Date Certified <b>12/12/2011</b>		
46. Additional Funeral Service Provider:						47. *Ages				
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>DEC 13 2011</b>				



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
**APR 30 2014**  
*Susan W Best, DO*  
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS  
RAISED SEAL AFFIXED