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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 051436

2014 AUG 26 PM 3:58

AFFIDAVIT OF HEIRSHIP

MICHAEL B. BROWN
RECORDER

That he is the son of **Fannie E. Murry A.K.A. Fannie Murry** and makes this affidavit based upon his personal knowledge.

Fannie E. Murry A.K.A. Fannie Murry was the owner of the following property

Hartley L. Replogles Resub. Lot 21 to 28 of Blocks 8, 9, & 10, Lot 19 to 26, Block 22, Gary HTS. SUB Lot 28 Block 8 North 19 Feet, Lot 27 in Block 8, in the office of the Recorder of Lake County Indiana.

Address commonly known as: 1165 Noble Street Gary, In 46404

Property Number : 45-08-07-254-014.000-004

Fannie E. Murry A.K.A. Fannie Murry died on 7/30/2014, was resident of Lake County Indiana and that no estate was ever opened nor is contemplated.

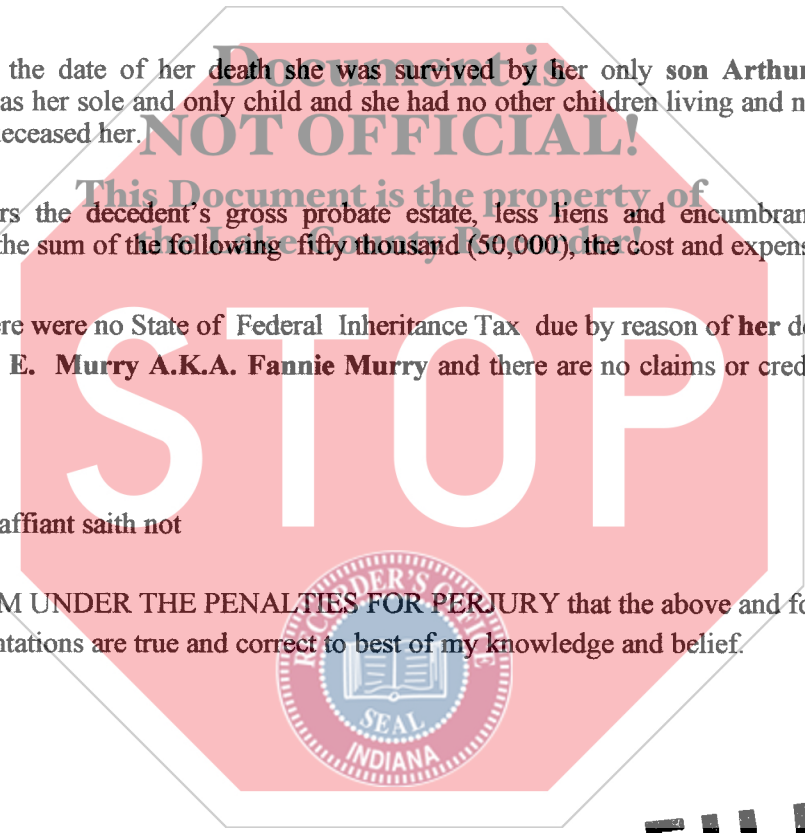
That on the date of her death she was survived by her only son **Arthur Shuler** your Affiant, as her sole and only child and she had no other children living and no children that had predeceased her.

It appears the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following fifty thousand (50,000), the cost and expenses.

That there were no State of Federal Inheritance Tax due by reason of her death of **Fannie E. Murry A.K.A. Fannie Murry** and there are no claims or creditors by virtue of her death.

Further affiant saith not

I AFFIRM UNDER THE PENALTIES FOR PERJURY that the above and foregoing Representations are true and correct to best of my knowledge and belief.



SEE EXHIBIT A

FILED

AUG 26 2014

03838

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#15
CS
A

Arthur Shuler

(Print) Arthur Shuler

Arthur Shuler

Arthur Shuler

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COUNTY OF Lake)

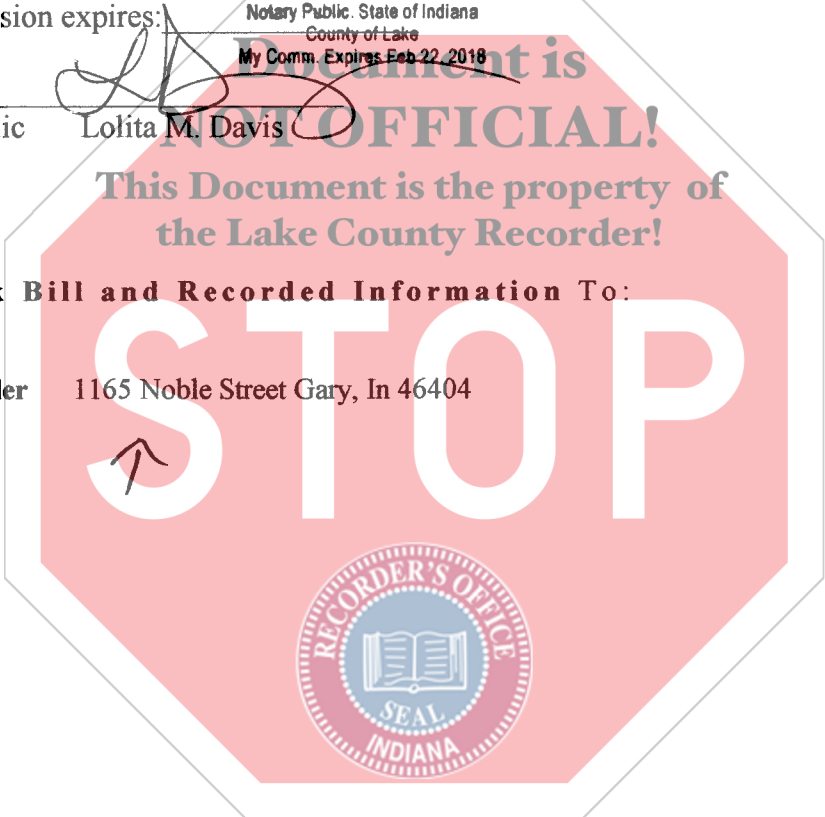
Be it remembered that on this 22 day of August, 2014, before me, the undersigned, a Notary Public in and for said County and State, **Arthur Shuler** came, who is personally known to me to be the same person who executed the within instrument of writing and such person does, acknowledge the execution of the same

My commission expires:

LOLITA DAVIS
Notary Public, State of Indiana
County of Lake
My Comm. Expires Feb 22, 2018

Notary Public

Lolita M. Davis



Send Tax Bill and Recorded Information To:

Arthur Shuler

1165 Noble Street Gary, In 46404



AFFIDAVIT OF HEIRSHIP

CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000347

EDR No 000000398082

State No

1. Decedent's Legal Name (First, Middle, Last) FANNIE MURRY				1a. Maiden Name (If female) WORD		2. Sex FEMALE	3. Time Of Death 01:47 PM	4. Date Of Death (Month/Day/Year) 07/30/2014			
5. Social Security Number [REDACTED]		6a. Age - Yrs 79	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) 03/05/1935		8. Birthplace (City and State or Foreign Country) COLLIERVILLE, TN		
9. <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) METHODIST HOSPITAL NORTHLAKE											
12. City Or Town, State, And Zip Code GARY, IN, 46402					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" 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 SCHOOL CITY		17. Kind Of Business/Industry COOK			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GARY			18c. Street And Number 1165 NOBLE STREET	18d. Apt. No.	18e. Zip Code 46404	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 Black or African American					
22. Father's Name (First, Middle, Last) CALVIN WORD SR				23. Mother's Name (First, Middle, Last) JENNY RUTH WORD			23a. Mother's Maiden Last Name UNKNOWN				
24. Informant's Name ARTHUR SHULER			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 1165 NOBLE STREET, GARY, IN 46404						
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) EVERGREEN MEMORIAL PARK			25c. Location - City, Town, And State HOBART, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVENUE, GARY, IN 46404					27a. Funeral Home License Number: FH10800011				
27b. Signature Of Indiana Funeral Service Licensee: BONNIE E. TUGGLES, BY ELECTRONIC SIGNATURE							27c. License Number (Of Licensee): FD09200084				
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. SEPSIS SYNDROME Due to (Or As A Consequence Of): UNKNOWN											
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. DEMENTIA Due to (Or As A Consequence Of): UNKNOWN											
C. DIABETES MELLITUS Due to (Or As A Consequence Of): UNKNOWN											
D. OSTEOMYELITIS Due to (Or As A Consequence Of): UNKNOWN											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I UNKNOWN							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 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: IFEANYI BENJAMIN ANIGBO, 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: IFEANYI BENJAMIN ANIGBO, 650 GRANT STREET, SUITE 5, GARY, IN 46404						44. License Number: 01044809A		45. Date Certified: 08/18/2014			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) AUG 19 2014					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to confirm the validity. Dispute is to be resolved by the courts. ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

STATE OF INDIANA

VOID IF ALTERED OR ERASED

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