

AFFIDAVIT OF HEIRSHIP

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, John E. Burns, personally appeared, the husband of the deceased, Shirley J. Burns, upon his oath, did depose and state:

1. My name is John E. Burns and I reside at 12117 Wallace Street, Crown Point, IN 46307 and I am the Husband of the deceased, Shirley J. Burns, and I am qualified to make this affidavit.

2. That Shirley J. Burns died on 4/14/09, in Lake County, Indiana and resided at 12117 Wallace Street, Crown Point, IN 46307. No administration was had upon her estate, nor was any necessary. No estate or inheritance taxes were due upon the death of the deceased.

3. That in excess of forty-five (45) days have passed since the death of the decedent.

4. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

5. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000.00); the costs and expenses of administration, and reasonable funeral expenses.

6. That the decedent's probate assets consisted of IRAs and a parcel of real estate which is owned by the decedent and affiant, John E. Burns at the time of her death located 12117 Wallace Street, Crown Point, IN 46307, and more particularly described as follows:

Tax Key # 45-16-18-403-009.000-041

Legal Description: Lot Six (6), Hawthorne Hills Unit No. 4, as shown in Plat Book 36, Page 1, in Lake County, Indiana.



2015 073240

2015 OCT 29 PM 3:06

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MICHAEL B. BRANN
RECORDER

FILED

OCT 29 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

05088

NON-COM
\$16.00
M-E
CASH

7. That I am her Widower and should receive 100% of her estate.

8. I affirm that I have taken reasonable care to redact each Social Security number in this document.

Further affiant sayeth not.


John E. Burns, Affiant

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

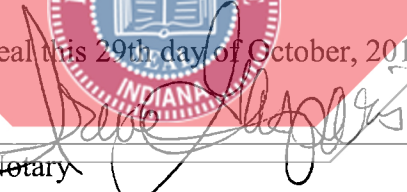


ACKNOWLEDGEMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared John E. Burns, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notary Seal this 29th day of October, 2015.


Notary

This instrument prepared by The Law Offices of Gasparis & Zembillas, 301 South Main Street, Crown Point, IN 46307 (219) 661-6000

Irane Gasparis
Notary Public Seal State of Indiana
Porter County
My Commission Expires 07/10/2016



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

6

Local No 1631-09

State No

1. Decedent's Legal Name (First, Middle, Last) Shirley June Burns
1a. Maiden Last Name (If Female) Wallace
2. Sex Female
3. Time of Death 10:34 AM
4. Date of Death (Month/Day/Year) April 14, 2009
5. Social Security Number [Redacted]
6a. Age - Yrs 79
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) August 20, 1929
8. Birthplace (City And State Or Foreign Country) Gary, Indiana
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital:
11. Facility Name (If Not Institution, Give Street And Number) 12117 Wallace St.
12. City Or Town, State, and Zip Code Crown Point, Indiana 46307
13. County Of Death Lake
14. Marital Status At Time Of Death
15. Surviving Spouse's Name John E. Burns
15a. (If Wife) Give Maiden Last Name N/A
16. Decedent's Usual Occupation Meat Wrapper
17. Kind Of Business/Industry Food Services
18. Residence - State Indiana
18a. County Lake
18b. City Or Town Crown Point
18c. Street And Number 12117 Wallace St.
18d. Apt. No.
18e. Zip Code 46307
18f. Inside City Limits?
19. Decedent's Education
20. Decedent Of Hispanic Origin Non-Hispanic
21. Decedent's Race Caucasian
22. Father's Name (First, Middle, Last) Everette Wallace
23. Mother's Name (First, Middle, Last) Gloria Wallace
23a. Mother's Maiden Last Name Andersen
24. Informant's Name John E. Burns
24a. Relationship To Decedent Husband
24b. Mailing Address (Street And Number, City, State, Zip Code) 12117 Wallace St. Crown Point, Indiana 46307
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Calumet Park Cemetery
25c. Location - City, Town, And State Merrillville, Indiana 46410
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility Geisen Funeral Home, Merrillville
27a. Funeral Home License Number: FB4Q800005
27b. Signature Of Indiana Funeral Service Licensee: Ronald J. Pearson
27c. License Number (Of Licensee): FD01005912
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death...
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause...
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: Kristine Teodori
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Kristine Teodori, 2050 N. Main Street, Crown Point, Indiana 46307
44. License Number
45. Date Certified
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: Susan W. Butcher, D.O.
49. For Registrar Only - Date Filed (Month/Day/Year): April 22 2009

