

AFFIDAVIT OF HEIRSHIP

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2017 067469

3

Before me, personally appeared, Patricia T. Turner, the wife of the deceased, Henry Harrison Turner, Jr., upon her oath, did depose and state:

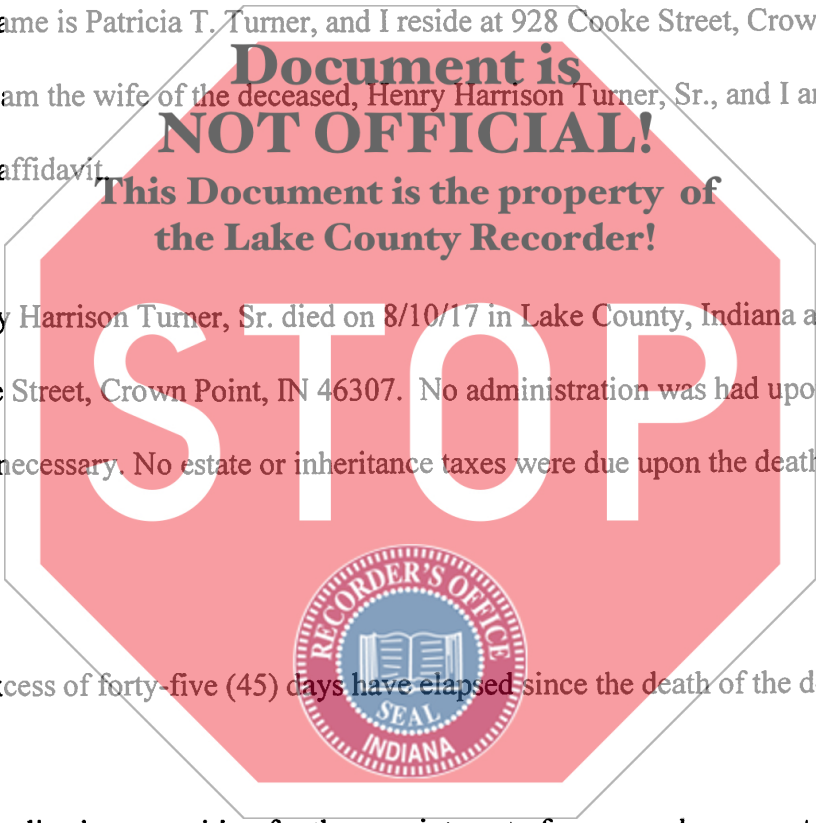
1. My name is Patricia T. Turner, and I reside at 928 Cooke Street, Crown Point, IN 46307, and I am the wife of the deceased, Henry Harrison Turner, Sr., and I am qualified to make this affidavit.

2. That Henry Harrison Turner, Sr. died on 8/10/17 in Lake County, Indiana and resided at 928 Cooke Street, Crown Point, IN 46307. No administration was had upon his 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 elapsed 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 the decedent's probate assets consist solely of a parcel of real estate which is owned by the decedent at the time of his death located at: 928 Cooke Street, Crown Point, IN 46307; and more particularly described as follows:



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 OCT -4 AM 9:08
MICHAEL B. BRADY
RECORDER

25-
CASH
12

FILED

OCT 04 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

027600

Parcel Number: 45-16-18-203-010.000-042

Legal Description: Ellendale Farm Unit Four Lot 152

Commonly known as: 928 Cooke Street, Crown Point, IN 46307

Tax bills should be sent to: 928 Cooke Street, Crown Point, IN 46307

7. That I was married to the decedent on the date of his death and I should receive 100% of his estate.

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

Further affiant sayeth not.

Patricia T. Turner
Patricia T. Turner, Affiant



STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Patricia T. Turner, 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 4th day of October, 2017.

Notary

[Handwritten Signature]

This instrument prepared by The Law Offices of Gasparis & Zembillas, 30 E South Main Street, Crown Point, IN 46307 (219) 661-6000





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

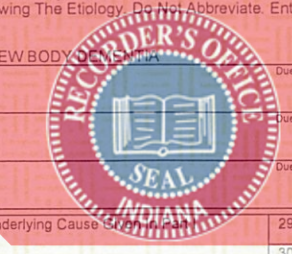
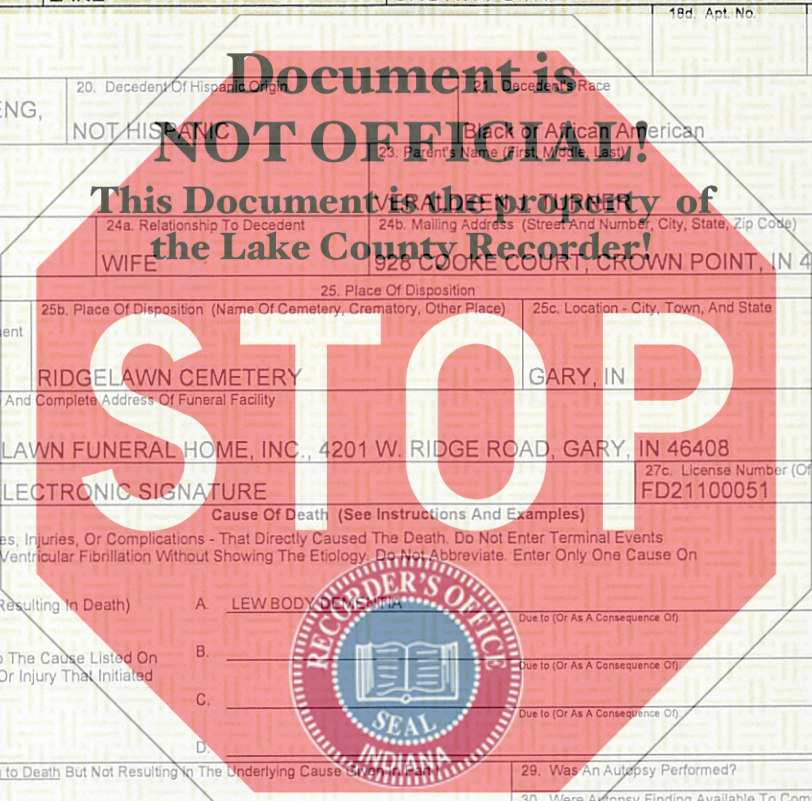
Tracking No. 133969

Local No 002970

EDR No 00000593068

State No 042132

1. Decedent's Legal Name (First, Middle, Last) HENRY HARRISON TURNER JR				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 10:00 PM	4. Date Of Death (Month/Day/Year) 08/10/2017			
5. Social Security Number [REDACTED]		6a. Age - Yrs 84	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) 06/26/1933		8. Birthplace (City and State or Foreign Country) PINE BLUFF, AR		
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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) 928 COOKE COURT					12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307			13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name PATRICIA T. TURNER			15a. Last Name Before First Marriage TATE			16. Decedent's Usual Occupation SCHOOL ADMINISTRATOR		17. Kind Of Business/Industry EDUCATION			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT			18c. Street And Number 928 COOKE COURT	18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American		22. Parent's Name (First, Middle, Last) HENRY HARRISON TURNER SR		23a. Parent's Last Name Before First Marriage JONES			
24. Informant's Name PATRICIA T TURNER		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 928 COOKE COURT, CROWN POINT, IN 46307							
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) RIDGELAWN CEMETERY			25c. Location - City, Town, And State GARY, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408					27a. Funeral Home License Number FH10200007				
27b. Signature Of Indiana Funeral Service Licensee: RONALD DUANE COOPER, BY ELECTRONIC SIGNATURE						27c. License Number Of Licensee: FD21100051					
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. LEWY BODY DEMENTIA 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. _____									Approximate Interval: Onset To Death 4-5 YEARS		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause						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 checked="" type="checkbox"/> No <input 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/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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (If In Decedent's Home, Construction Site, Restaurant, Wooded Area)							
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number AUG 29 2017		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) NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death: RAJARAJESWARI MAJETY, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01055426A		45. Date Certified 08/24/2017	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: RAJARAJESWARI MAJETY, 2050 N. MAIN STREET SUITE F, CROWN POINT, IN 46307						47. *Akas:					
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): AUG 29 2017			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											



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