STATE OF INDIANA ) S

## FILED

DEC 29-1988

and M. anton

## SURVIVORSHIP AFFIDAVIT

I, GRETA M. RISDEN, having been first duly sworn upon my oath, state that I was the wife and well acquainted with GEORGE RISDEN, the deceased, who passed away on the 5th day of December, 1988, (copy of death certificate attached hereto) and at the time of his death, we were joint owners of real estate as joint tenants by the entireties in Lake County, Indiana known as:

Lot 1 in Block 2 as marked and laid down on the recorded plat of Ridgesite Addition to Munster, being a subdivision of part of the SW 1/4 of Section 20 , Township 360 North, Range 9 W of the 2nd P.M. lying November of the center line of Ridge Road and W of POWN of the center line of Ridge Road and W of POWN of the center line of said Section, in Lake NA County, Indiana, as the same appears of record in Plat Book 20, page 38, in the Recorder's office of Lake County, Indiana ANA Recorder's office of Lake County, Indiana ANA Commonly knows as: 8505 Oakwood Avenue Munster, Indiana 46320

11 00 1...

Key # 28-90-2

GRETA M. RIDSEN

Subscribed and sworn to before me, a Notary Public, this 28th day of Negentu, 1988.

Notary Public

My Commission Expires:

3-10-89

County of Residence:

1 1 10

 $i_{N}$ 

\*This Instrument prepared by:

KENNETH L. ANDERSON Attorney at Law 9105 Indianapolis Boulevard Highland, Indiana 46322 (219) 838-9123

550

1331

Local No. 9494-88

SBH06-004

State Form 101,10 ...

Rev. 10/87

DEATH/PD 1

## INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

State No.	• • • •		• •		. ,	•	•	•	. ,	•	•	•	•	•	•	•	•	•
-----------	---------	--	-----	--	-----	---	---	---	-----	---	---	---	---	---	---	---	---	---

TYPE/PRINT	1. DECEASED—NAME FIR	IST MI	DDLE	LAST			o cry				
, IN		GEORGE		RISDE	N	MALE DEC. 5, 1988					
PERMANENT BLACK INK	4 SOCIAL SECURITY NUMBER 348-16-2011	\$a AGE—Last Birthday (Years) 62	5b UNDER 1 YE Months Days	AR 5c UN Hours	Minutes	6 DATE OF BIRTH (Month.	donth. 7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinios				
	8 YEAR LAST SERVED IN US ARMED FORCES? Army-WWII	tions)									
DECESSOR	9b FACILITY NAME (If not institution, giv		ent ER/Outpatient			OR LOCATION OF DEATH					
DECEDENT	1	THE COMMUNITY HOSPITAL MUNSTER LAKE									
••	10 MARITAL STATUS—Married Never Married, Widowed Div 种致即距记已	Greta Sjo		12a DECEDENT (Give kind of Do not use r		CUPATION Up most of working life Sinan	126 KIND OF BUSINESS/INDUSTRY Tire Bussiness				
	l l	COUNTY	13c CITY, TOWN, OF	SLOCATION STER		13d STREET AND NO	akwood	Ave.			
	13e INSIDE CITY 13f. FARM LIMITS? (Yes or no)	13g ZIP CODE	14 WAS DECEDEN	T OF HISPANIC OR		5. RACE—American Indian Black, White, etc.		DECEDENT S	EDUCATION grade completed)		
$\prec$	Yes No	46321	Mexican, Puerto Specify.	Rican, etc.) X No	O Yes	(Spwhite	Elementary/Sec				
PARENTS	17. FATHERS NAME (First Middle, Last)	George A.	Risden		18 MOTHERS	inime sign misserfic			<u> </u>		
INFORMANT	193 INFORMANT'S NAME (Type/Print) Greta	Risden	196 MAILIN 8505	Oakwo	t and Number of	or Rural Route Number. City or e. Munster	Town State Zin	6321 <sup>19°</sup>	Relationship W11e		
,	20a METHOD OF DISPOSITION  Burial Cremation   F	Removal from State	20b DATE AND PLA other place)	CE OF DISPOSITION	N (Name of cen	netery, crematory, or	20c LOCATION	—City or Town	. State		
DISPOSITION	Donation Other (Specify)	Temoval from State	1/2/5/88	Oaklan	d Memo	ory Lane	Dolto	n, I1	linios		
9	218 SIGNATURE OF FUNERAL DIRECTO	DR .	<b>\ 1</b>	LICENSE NUMBER . <b>0 2 1 5 9</b> 0	I	BWFASEK1SH 415 Calume					
PRONOUNCING	Complete items 23a-c only	23a To the best of my know	edge, death occurred at	the time, date, and p	<u> </u>		SE NUMBER		DE DATE SIGNED		
PHYSICIAN ONLY	not available at time of death	Signature and Title <							(Month. Day, Year)		
BE COMPLETED BY PERSON WHO PRONOUNCES DEATH	24 TIME OF DEATH 2 2 50 A M		VAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?  Yes or no) NO								
7		failure List only one cause o	n each fine.						Approximate Interval Between Onset and Death		
$\mathcal{U}$	IMMEDIATE CAUSE (Final disease or condition	. Cerebr	ro Vascu	lar	ACCI	ident	<del></del>				
<b>N</b> .	resulting in death)	HUDDETO	or as a consequent	ICE OF)							
SEE INSTRUCTIONS	Sequentially list conditions	b 1) Y DE		OV	••						
SEE INSTRUCTIONS	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	D DE TO	OR AS A CONSEQUEN	ICE OF)	•	<del></del>					
27	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	OR AS A CONSEQUEN	·							
THIS CERTIF	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	C DUE TO ((	OR AS A CONSEQUEN	ICE OF)			Sw ALITOREY	205 WEDE	ALITORSV EINIDINGS		
THIS CERTIFICATION IN THE COMPLETE OF THE COMP	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	C DUE TO ((	OR AS A CONSEQUEN	ICE OF)		a S F FG (Yes o	N AUTOPSY	AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE		
THIS CERTIF	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C DUE TO ((	OR AS A CONSEQUEN	ICE OF)			MED?	AVAIL COMP			
THIS CERTIF COMPLETE O CAUSE OF ON I DEATH DEPT	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events EGUTHEN AND ASS A TRUE AND PART POINTS LIGHTED LAKE COUNTY	DUE TO (i	OR AS A CONSEQUEN	ICE OF) Us <b>e g</b> iven in Part I		C 2 9 1988	NO	AVAIL COMP	ABLE PRIOR TO LETION OF CAUSE		
THIS CERTIF COMPLETE O CAUSE OF ON I DEATH DEPT	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events FOTHER AND PART POINTS A TRUE AND PART POINTS LAKE COUNTY  29a. CERTIFIER  (Check only)  CERTIFIER  (Check only)	DUE TO (i	OR AS A CONSEQUEN	ICE OF)  Use given in Part I  Ith when another phy	sician has proni		NO	AVAIL COMP	ABLE PRIOR TO LETION OF CAUSE		
THIS CERTIFICATION IN THEALTH DEPTH	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events FOTHERS A TRUE AND PART POINT LIGHT AND LAKE COUNTY LIGHT LIGHT COUNTY Check only one)  29a CERTIFIER TO TO THE DESCRIPTION ONE)	DUE TO (I)  d.  buting to death but not result  YING PHYSICIAN (Physician est of my knowledge, death (I)  UNCING AND CERTIFYING	on as a consequent ing in the underlying cause of dead occurred due to the cause of	ice of)  ise given in Part I  th when another physe(s) and manner as	sician has proni	ounced death and completed li	NO	AVAIL COMP	ABLE PRIOR TO LETION OF CAUSE		
THIS CERTIF COMPLETE OF CAUSE OF ON I DEATH DEPT HEALTH DEPT SEE INSTRUCTIONS CERTIFIER	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events EATH POINT LIST A TRUE AND PART PART PART PART PART PART PART PART	DUE TO (I)  d.  buting to death but not result  YING PHYSICIAN (Physician est of my knowledge, death of  UNCING AND CERTIFYING est of my knowledge, death of  AL EXAMINER   CORE	OR AS A CONSEQUENT of the underlying cause of dead occurred due to the cause of the cause of the time, day	th when another physics and place, and duc	sician has proni stated.	ounced death and completed li	NO NO	AVAIL COMP OF DE	ABLE PRIOR TO LETION OF CAUSE		
THIS CERTIF COMPLETE OF CAUSE OF ON I DEATH DEPT HEALTH DEPT SEE INSTRUCTIONS CERTIFIER	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events EATH POINT LIST A TRUE AND PART PART PART PART PART PART PART PART	DUE TO (I)  d.  buting to death but not result  yING PHYSICIAN (Physician est of my knowledge, death of my knowledge, death of my knowledge, death of my knowledge, death of as of examination and/or in	OR AS A CONSEQUENT of the underlying cause of dead occurred due to the cause of the cause of the time, day	th when another physics and place, and duc	sician has proni stated.	ounced death and completed living cause of death) and manner as atsied. TOR LAKE COUNTY and place, and due to the cause 29c. LICENSE NUMBER	NO NO tem 23)	AVAIL COMP OF DE.	ABLE PRIOR TO LETION OF CAUSE		
THIS CERTIF COMPLETE OF CAUSE OF ON I DEATH DEPT HEALTH DEPT SEE INSTRUCTIONS CERTIFIER	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events EO THE AND THE AND THE PART POINTS A TRUE AND LE. WITH THE LAKE COUNTY  29a. CERTIFIER CHECK COUNTY  29a. CERTIFIER To the b  PRONO TO the b  YIY HEALTH COMMISSIONER On the E  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. SIGNATURE OF CERTIFIER  29c	DUE TO (I)  d  buting to death but not result  ying Physician est of my knowledge, death of	ing in the underlying cause of deal occurred due to the cause occurred at the time, data occurred at t	th when another physics) and manner as a both pronouncing as, and place, and dut.  OFFICER on, death occurred at	sician has proni stated.	ounced death and completed living cause of death.) and manner as atsted. TOR LAKE COUNTY and place, and due to the cause	NO NO tem 23)	AVAIL COMP OF DE.	ABLE PRIOR TO LETION OF CAUSE ATH? (Yes or no)		
THIS CERTIF COMPLETE OF CAUSE OF ON I DEATH DEPT HEALTH DEPT SEE INSTRUCTIONS CERTIFIER	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or Injury that Initiated events EGOTHE AND THE SATRUE AND PART POINT IN THE LAKE COUNTY To the bound one)  29a CERTIFIER CHECK COUNTY To the bound one)  29b SIGNATURE AND TITLE OF CERTIFIER ON THE BOUND ON THE B	DUE TO (I)  d  butting to death but not result  YING PHYSICIAN (Physician est of my knowledge, death of  UNCING AND CERTIFYING est of my knowledge, death of  AL EXAMINER   CORI	ing in the underlying cause of deal occurred due to the cause occurred at the time, data occurred at t	th when another physics) and manner as a both pronouncing as, and place, and dut.  OFFICER on, death occurred at	sician has prond stated.	ounced death and completed living cause of death) and manner as atsied. TOR LAKE COUNTY and place, and due to the cause 29c. LICENSE NUMBER	NO  tem 23)	AVAIL COMP OF DE.	ABLE PRIOR TO LETION OF CAUSE ATH? (Yes or no)		
THIS CERTIF COMPLETE OF CAUSE OF ON I DEATH DEPT HEALTH DEPT SEE INSTRUCTIONS CERTIFIER	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or Injury that Initiated events EGOTHE AND THE SATRUE AND PART POINT IN THE LAKE COUNTY To the bound one)  29a CERTIFIER CHECK COUNTY To the bound one)  29b SIGNATURE AND TITLE OF CERTIFIER ON THE BOUND ON THE B	DUE TO (I)  d  butting to death but not result  YING PHYSICIAN (Physician est of my knowledge, death of  UNCING AND CERTIFYING est of my knowledge, death of  AL EXAMINER   CORI	or AS A CONSEQUENT of the underlying cause of deal occurred due to the cause of the cause of the cause of the cause of the time, day occurred at the	th when another physics) and manner as a both pronouncing de, and place, and due.  OFFICER on, death occurred at a second control of the cont	sician has prond stated.	ounced death and completed living cause of death) and manner as atsied. TOR LAKE COUNTY and place, and due to the caus  29c. LICENSE NUMBER 35185	NO  tem 23)	AVAIL COMP OF DE.	ABLE PRIOR TO LETION OF CAUSE ATH? (Yes or no)  GNED (Month, Day, Year)		
THIS CERTIFICANCE OF THE ALTH DEPT	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or Injury that initiated events EG THE POINT OF SATRIFANT POINT OF SATRIFANT POINT OF SATRIFANT OF SATRIFAN	DUE TO (I)  d  butting to death but not result  YING PHYSICIAN (Physician est of my knowledge, death of  UNCING AND CERTIFYING est of my knowledge, death of  AL EXAMINER   CORI	ing in the underlying cause of deal occurred due to the cause occurred at the time, day occurred at the time occurred at the time, day occurred at t	ise given in Part I  th when another physics) and manner as both pronouncing of a and place, and due  OFFICER on, death occurred at  (Type/Print)  LINE A	sician has prond stated.	ounced death and completed living cause of death and completed living cause of death and completed living cause of death and place, and due to the cause and place, and due to the cause and place, and due to the cause and place, and complete and place, and complete cause and c	NO  tem 23)  e(a) and manner a	AVAIL COMP OF DE.	ABLE PRIOR TO LETION OF CAUSE ATH? (Yes or no)  GNED (Month, Day, Year)		
THIS CERTIFICANCE OF THE ALTH DEPT	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or Injury that initiated events ED THE PROPERTY OF THE LAKE COUNTY LE. WITH THE LAKE COUNTY To the bound on the ED TO TO THE BOOK ON TO THE BOOK ON TO THE BOOK ON TO THE BOOK ON T	DUE TO (I)  d  buting to death but not result  ying Physician (Physician est of my knowledge, death of my knowledge, death of the EXAMINER CORE Death of examination and/or in  IER  WHO COMPLETED CAUSE  LEE, M. D.	ing in the underlying cause of deal occurred due to the cause occurred at the time, day occurred at the time occurred at the time, day occurred at t	ise given in Part I  th when another physics) and manner as both pronouncing of a and place, and due  OFFICER on, death occurred at  (Type/Print)  LINE A	sician has proni	ounced death and completed living cause of death.  and manner as atsted.  YOR LAKE COUNTY  and place, and due to the cause  29c. LICENSE NUMBER 35185	NO  tem 23)  e(a) and manner a	AVAIL COMP OF DE.	ABLE PRIOR TO LETION OF CAUSE ATH? (Yes or no)  GNED (Month, Day, Year)		
THIS CERTIFICATIONS OF THE ALTH OFFICER  CORONER OR	if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or Injury that initiated events EGUTATIVE AND THE LAKE COUNTY TO THE LAKE COUNTY TO THE LAKE COUNTY TO THE LAKE COUNTY TO THE DESCRIPTION ONE)  29a. CERTIFIER Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER ON THE DESCRIPTION OF THE DESCRIPTIO	DUE TO (I)  d.  ying Physician (Physician est of my knowledge, death of the my knowledge death of my knowledge, death of the my knowledge de	ing in the underlying cause of deal occurred due to the cause of the c	ise given in Part I  th when another physics) and manner as a both pronouncing of e, and place, and dut.  OFFICER On, death occurred at IV/Pe/Print)  LINE A'  OF 34c INJU	sician has proni	ounced death and completed living cause of death.  and manner as atsted.  YOR LAKE COUNTY  and place, and due to the cause  29c. LICENSE NUMBER 35185	NO NO tem 23)  e(a) and manner a	AVAIL COMP OF DE.  S stated.  29d DATE St.  22 - 1	ABLE PRIOR TO LETION OF CAUSE ATH? (Yes or no)  GNED (Month, Day, Year)  ED (Month, Day, Year)		