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FILED

STATE OF INDIANA)
COUNTY OF LAKE) SS:

DEC 29 1988

Anna N. Anton
AUDITOR LAKE COUNTY

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 36 North, Range 9 W of the 2nd P.M. lying N of the center line of Ridge Road and W of a line which is parallel to and 900 feet E of the W line of said Section, in Lake County, Indiana, as the same appears of record in Plat Book 20, page 38, in the Recorder's office of Lake County, Indiana

commonly knows as: 8505 Oakwood Avenue
Munster, Indiana 46307

Key # 28-90-2

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307

STATE OF INDIANA, S. NO.
LAKE COUNTY
FILED FOR RECORD
DEC 29 11 50 AM '88

Greta M. Ridsen
GRETA M. RIDSEN

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

Carole Starnes
Notary Public

My Commission Expires:

3-10-89

County of Residence:

Lake

This Instrument prepared by:

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

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 2494-88

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (GEORGE RISDEN), SOCIAL SECURITY NUMBER (348-16-2011), AGE (62), DATE OF BIRTH (3-4-26), PLACE OF BIRTH (Chicago, Illinois), FACILITY NAME (THE COMMUNITY HOSPITAL), CITY/TOWN (MUNSTER), COUNTY (LAKE), RESIDENCE (INDIANA), MARRITAL STATUS (Married), SURVIVING SPOUSE (Greta Sjogren), OCCUPATION (Salesman), BUSINESS (Tire Business), FATHERS NAME (George A. Ridsen), MOTHERS NAME (Lillian Burnett), INFORMANTS NAME (Greta Ridsen), ADDRESS (8505 Oakwood Ave. Munster, In. 46321), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (12/5/88 Oakland Memory Lane Dolton, Illinois), SIGNATURE OF FUNERAL DIRECTOR (Kenneth Kish), LICENSE NUMBER (1021590), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Burns-Kish F.H. 3004988 8415 Calumet Ave. Munster, In.), TIME OF DEATH (2 50 A M), DATE PRONOUNCED DEAD (DEC. 5, 1988), WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (NO), IMMEDIATE CAUSE (Cerebrovascular Accident), DUE TO (Hypertension), CERTIFIER (Paul Johnson, Lake County Health Commissioner), SIGNATURE AND TITLE OF CERTIFIER, LICENSE NUMBER (35185), DATE SIGNED (12-5-88), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (OH J. LEE, M.D. 800 STATE LINE AVE. CALUMET CITY IL. 60409), HEALTH OFFICER'S SIGNATURE (Paul Johnson), DATE FILED (12-5-88), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION.

REPAGE SITE ADD LOT/BL 2

SEE INSTRUCTIONS THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL FILE WITH THE LAKE COUNTY HEALTH DEPT. SEE INSTRUCTIONS

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