COM 178490 TICOR M.O.

93046339

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MARIAN R. RITCHIE, being first duly sworn upon oath, deposes and says:

1. That WOODROW W. RITCHIE died on NOVEMBER 18, 19 89 at MERRILLVILLE, IN.

2. That WOODROW W. RITCHIE and MARIAN R. RITCHIE were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 39 IN BLOCK "G" IN MEADOWLAND MANOR UNIT NO. 2, IN THE TOWN OF MERRILLVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31 PAGE 97, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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JUL 13 10 2 PM '93 SALLY RECORDER LAKE COUNTY, IND. STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~(her)~~ death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Marian R. Ritchie
MARIAN R. RITCHIE

Subscribed and sworn to before me, a Notary Public, this 6TH day of JULY, 19 93.

FILED
JUL 16 1993
AUDITOR LAKE COUNTY

Paula Barrick
PAULA BARRICK Notary Public

My Commission expires:

10-2-93

County of Residence:

LAKE

This Instrument prepared by MARIAN R. RITCHIE

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Local No. 4602-89

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): WOODROW WILSON RITCHIE
2. SEX: Male
3a. TIME OF DEATH: 4:55 P.M.
3b. DATE OF DEATH (Month, Day, Yr): November 18, 1989
4. SOCIAL SECURITY NUMBER: 310-18-4483
5a. AGE—Last Birthday (Years): 68
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo. Day, Yr): Dec. 10, 1920
7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a. WAS DECEDENT A US VETERAN?: No
8b. YEAR LAST SERVED IN US ARMED FORCES?: ----
8c. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 5355 Carolina St
9c. CITY, TOWN, OR LOCATION OF DEATH: Merrillville
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mariah Erickson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: US Steel Gary Works
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Merrillville
13d. STREET AND NUMBER: 5355 Carolina St
13e. ZIP CODE: 46410
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Robert Ritchie
19. MOTHER'S NAME (First, Middle, Maiden Surname): Mirta McAdams

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Marian Ritchie
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5355 Carolina St Merrillville, Indiana 46410
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 21, 1989 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: Robert Craigin
22b. EMBALMER'S LICENSE NO.: FD08700735
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Robert J. Geisen
24b. LICENSE NUMBER (of Licensee): FD0104174O
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home FH83007762 Merrillville, Indiana

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DEHYDRATION	2 wks
	DUE TO (OR AS A CONSEQUENCE OF) b. SEPTICEMIA	1 wk
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF) c. CARCINOMA OF STOMACH	8 Mo.
	DUE TO (OR AS A CONSEQUENCE OF) d.	

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one):
☐ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE OF CERTIFIER: Bharat H. Barai, M.D. LAKE COUNTY HEALTH COMMISSIONER
29c. MEDICAL LICENSE NO.: 01030107
29d. DATE SIGNED (Month, Day, Year): 11/20/89
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Bharat H. Barai 521 E. 86th Merrillville, Indiana 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Cecil T. Johnson
32. DATE FILED (Month, Day, Year): Nov. 21, 1989

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

FILED
JUL 15 1993
Anna M. Carter
AUDITOR LAKE COUNTY

308-A

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
SEP 5 1991

#15-310-39 Mcadowland Manor #2 RZ 39 BLB

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1