RETURN TO:
FIRST AMERICAN TITLE INS. CO
5265 COMMERCE DR., SUITE 1
CROWN POINT, IN 46307

FA- 12111

FILED

APR 20 1994

Anna M. Anton
AUDITOR LAKE COUNTY

94029901

Property Address: 1104 Beacon Street

East Chicago, IN

If this Affidavit is to be recorded, the legal description of said property will be attached.

ESTATE AFFIDAVIT

______________________________, Affiant, states that:

1. Ralph Gustave G. Johnson, deceased, died on the 3 day of May, 1990;

2. Affiant is: ✓ the surviving spouse of the deceased,

___ the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died: ___ leaving a will which has been probated;

___ leaving a will which has not been probated;

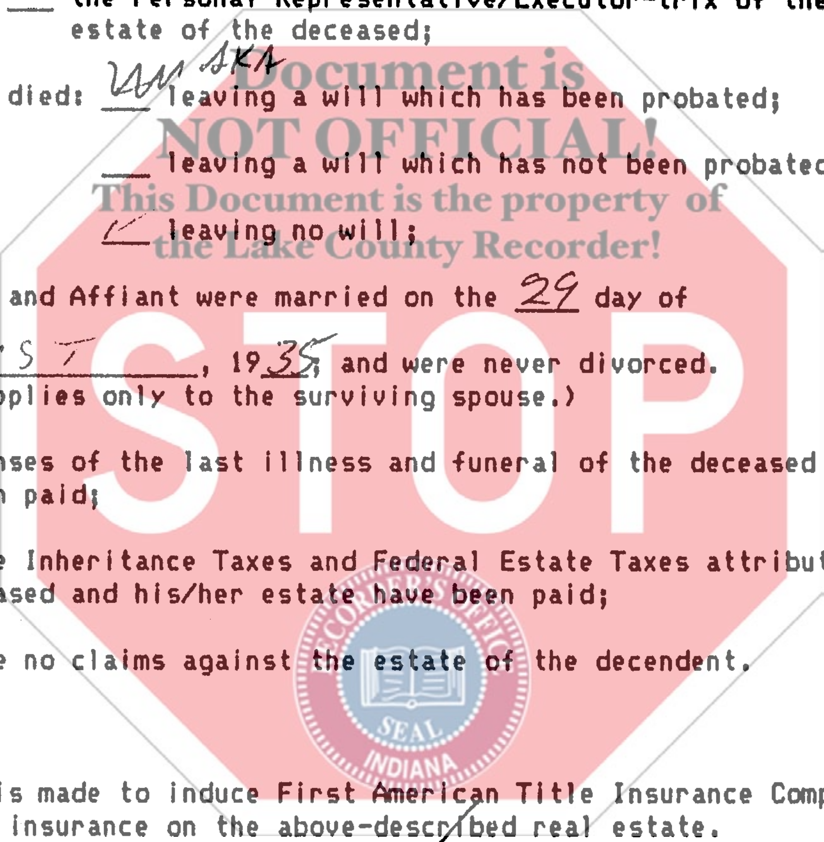
✓ leaving no will;

4. The deceased and Affiant were married on the 29 day of August, 1935, and were never divorced. (This item applies only to the surviving spouse.)

5. ✓ All expenses of the last illness and funeral of the deceased have been paid;

6. ✓ All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. ✓ There are no claims against the estate of the decendent.



S.
RECORDER

APR 20 9 47 AM '94

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

Date: 04-15-94

Ruby Mae Johnson by Sandra Kintzel Amos by POA

Signature of Affiant

RUBY MAE JOHNSON

Printed Name of Affiant

by- Sandra Kintzel Amos

NOTARY PUBLIC

State of Indiana, County of Lake

Subscribed and sworn to before me, this 15th day of March, 19 94.

Corina Castel-Ramos

Printed Name of Notary

Signature of Notary

My Commission expires: 05-16-97

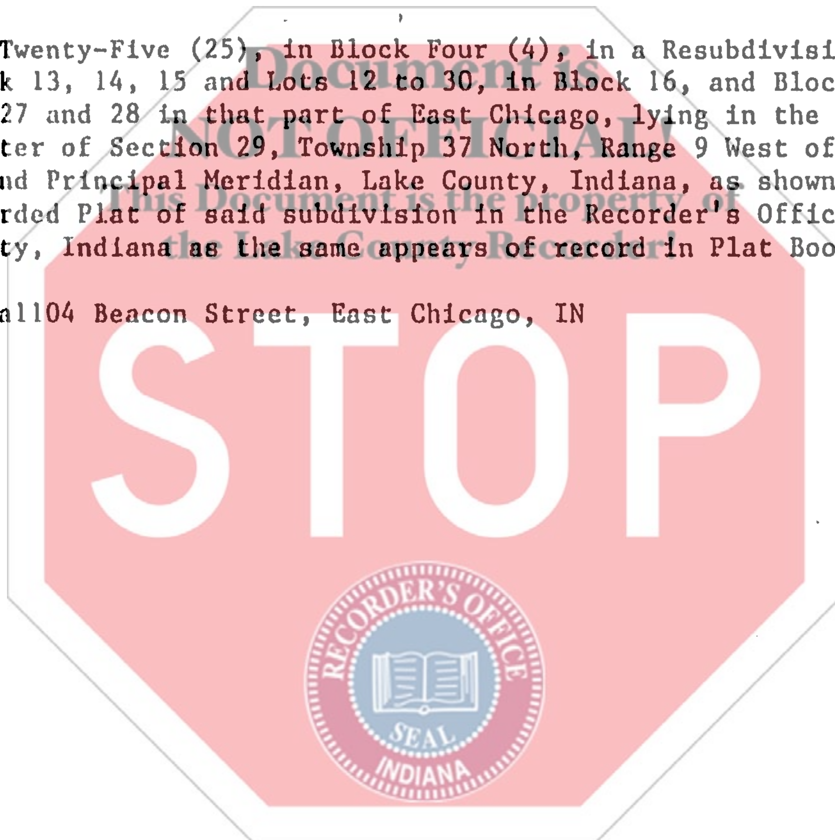
My County of Residence is: Lake

01209

LEGAL DESCRIPTION

Lot Twenty-Five (25), in Block Four (4), in a Resubdivision of Block 13, 14, 15 and Lots 12 to 30, in Block 16, and Blocks 17, 26, 27 and 28 in that part of East Chicago, lying in the Southwest Quarter of Section 29, Township 37 North, Range 9 West of the Second Principal Meridian, Lake County, Indiana, as shown in the Recorded Plat of said subdivision in the Recorder's Office of Lake County, Indiana as the same appears of record in Plat Book 5, Page 27

a/k/a 1104 Beacon Street, East Chicago, IN



INDIANA STATE BOARD OF HEALTH

Local No. 121

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
RALPH G. JOHNSON	MALE	1:30 A	MAY 3, 1990

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr)	7 BIRTHPLACE (City and State or Foreign Co...)
306-34-5203	81			MAY 4,1908	EAST CHICAGO,IN

8a WAS DECEDENT A US VETERAN?	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
NO	N/A	HOSPITAL: [X] Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
ST. CATHERINE HOSPITAL	EAST CHICAGO	LAKE

10 MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
MARRIED	RUBY DENNISON	GROCER	JOHNSON'S FINER FOODS

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
INDIANA	LAKE	EAST CHICAGO	1104 BEACON

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc)	16 RACE—American Indian, Black, White, etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4...)
46312	☐ No [X] Yes	[X] No ☐ Yes	USA	[X] No ☐ Yes	WHITE	12	

PARENTS

18 FATHER'S NAME (First Middle Last)	19 MOTHER'S NAME (First Middle Maiden Surname)
LINUS JOHNSON	ALMA ANDERSEN

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
MRS. RUBY JOHNSON	1104 BEACON EAST CHICAGO, INDIANA 46312	WIFE

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☐ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	OAK HILL CEMETERY MAY 7, 1990	HAMMOND, INDIANA

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
ROD A. IVY	FD01018769	[X] No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Rod A. Ivy (signature)	FD01018769	C.J. HUBER FUNERAL HOME FH-B002851 722 165TH ST. HAMMOND, IN. 46324

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	Acute Myocardial Infarction	Sudden
b DUE TO (OR AS A CONSEQUENCE OF)	[illegible] Carcinoma of Prostate with [illegible]	[illegible]
c DUE TO (OR AS A CONSEQUENCE OF)	Transurethral resection of Prostate [illegible]	1 day
d DUE TO (OR AS A CONSEQUENCE OF)	Aneurysm of descending Aorta Mild [illegible]	

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
Acute urinary retention; Coronary artery disease with chronic [illegible]	NO	NO	N/A

CERTIFIER

29a CERTIFIER (Check only one)
- [X] 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 AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month Day Yr)
Alfred J. Dainko M.D. (signature)	12861	7 May 9[illegible]

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
ALFRED DAINKO M.D. 915 WEST CHICAGO EAST CHICAGO, INDIANA 46312

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
(signature)	5-7-9[illegible]

CORONER USE ONLY

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

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

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