SURVIVORSHIP AFFIDAVIT

1523 Magnolia Auc Dier 46311 Dernito Amaya

STATE OF INDIANA

SS:

COUNTY OF LAKE

On this <sup>14th</sup> day of December, 1994, before me personally appeared Ruth Lushbaugh to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature.
  - 2. Affiant is the co-tenant by entireties.
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Robert Lushbaugh and Ruth Lushbaugh.
- 4. Said Robert Lushbaugh died on February 8, 1989, leaving no will.
  - 5. The legal description of the premises in question is:

The North Fifty Five (55) feet of the South 110 feet of the East 707.275 feet of the North 355 feet, except the West 25 foot road easement thereof, being a subdivision of the West one-half of the Northeast quarter (except the North 1920 feet thereof) lying North of the Right of Way of the Northwest quarter, lying North of the Right of Way of the Northwest quarter, lying North of the Right of Way of the M.C.R.R.In(except the Northwest 220 feet thereof), all in Section 7, Township 35 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, more commonly known as 1523 Magnolia Avenue, Dyer, Indiana 46311, Real Estate Tax Key No. 14-101-16.

- 6. To the best of affiant's knowledge there is no federal or state estate or inheritance tax liability by reason of the death of said decedent;
- 7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

8. Affiant's relationship to the deceased was surviving spouse/wife.

RUTH/LUSHBAUGH/

1118 Harrison Street Dyer, Indiana 46311

Subscribed and sworn to before me by the affiant this 14th day of December, 1994.

Notary Public Raquel Monterrubio

My Commission Expire:

9//23/96

Resident of Lake County, Indiana

This Instrument Me ared by: Kenneth A. Manning, Attorney at Law 200 Monticello Drive, Dyer, IN. 46311

JUN 7 1995

SAM ORLICH AUDITOR LAKE COUNTY 000393 (XI)

FILED FOR RECORD

95 Jun - 7 Am Io: 54

INDIANA STATE BOARD OF HEALTH

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CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

State No.

Key#14-101-16 State No.

UNI+#12 TYPE/PRINT | DECEASED-NAME 3 DATE OF DEATH Bla Day 1/1 ROBERT LUSH BAUGH  $\boldsymbol{\mathcal{E}}$  . IN Male | February 8, 1989 Se AGE-Lest Birthdey Sc UNDER I DAY 6 DATE OF BIRTH (Month 7 BIRTHPLACE (City and State or Foreign Country) SE UNGER I YEAR **PERMANENT** Oct. 3,1910 Jacksonville, Illinois 78 **BLACK INK** 351-12-1163 8 YEAR LAST SERVED IN US ARMED FORCES? 9e PLACE OF DEATH (Check only one See instructions) HOSPITAL | Ingelient | MER/Outpatient | DOA OTHER Nursing Home Residence Other (Specify) None 9b FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH \$1 COUNTY OF DEATH DECEDENT Our Lady Of Mercy Hospital Lake Dyer 10 MARITAL STATUS-Merried 11 SURVIVING SPOUSE 12a DECEDENT'S USUAL OCCUPATION 126 KIND OF BUSINESS/INDUSTRY Married' Do not use retired) Ruthe Evans Welder Steel Co. 130 RESIDENCE-STATE 13c CITY TOWN OR LOCATION 136 COUNTY 13d STREET AND NUMBER Lake Indiana Dyer 900 Polk Ave. Act. 4A 130 INSIDE CITY 13g ZIP CODE 13F FARM 14 WAS DECEDENT OF HISPANIC ORIGIN? 15 RACE-American Indian. 16 DECEDENT'S EDUCATION LIMITS? (Yes or no. (Specify No or Yes - If yes specify Cuban (Specify only highest grade comp Black, White, etc. Elementary/Secondary (0-12) 46311 No Yes White 17 FATHERS NAME (First Middle Last) 18 MOTHER'S NAME (First Middle, Meiden Surname) PARENTS Nina Brown
Nina Brown
Number of Furel Routh Number City of Town State Zo Code)
Polk Ave. Apt. 4A Dver, Indiana46311 Erith Everette Luskbaugh 190 INFORMANT'S NAME (Type/Print) INFORMANT Ruthe Lushbaugh 20a METHOD OF DISPOSITION Phis 20c LOCATION-City or Town, State M Burret Other (Specify) altage brawny Menociar Gardens Donation Schererville, Indiana DISPOSITION 21. SIGNATURE OF FUNERAL DIRECTOR 216 LICENSE NUMBER 22 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HONED8 3001 504 (of Licensee) Fagen-Miller Funeral Gardens Inc. FDO 1007176 1920 Hart St. Dyer, Indiana 46311 Chrony PRONOUNCING Complete items 23e-c only 23b. LICENSE NUMBER 23c DATE SIGNED Compare items 234-2 only when certifying physician is not available at time of death to certify cause of death. PHYSICIAN ONL' (Month. Day, Year 0107 10 27 2-8-89 ITEMS 24.26 MUST WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? BE COMPLETED BY 25 DATE PRONQUINCED DEAD (Month Day, Year TIME OF DEATH PERSON WHO 8:44 PRONOUNCES DEATH ons that caused the death. Do not enter the mode of same such as addisc or respiritory. IS A YRUE AND THE OF THE CERTIFICATE OF Enter the diseases, injuries, or complic Approximate Interval Between DEATH ON FILE WITH THE LAKE COUNTY Onset and Death Cardiac appear MANAGORATE CALLSE (Final DUE TO (OR AS A CONSEQUENCE OF resulting in death) SEE INSTRUCTIONS DUE TO (OR AS A CONSEQUENCE OF) if any leading to immediate cause Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 28. WAS AN AUTOPSY 286 WERE AUTOPSY FINDINGS CAUSE OF AVAILABLE PRIOR TO OF DEATH? (Yes or no) 29a CERTIFIER II CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23. SEE INSTRUCTIONS (Check only To the best of my knowledge, death occurred due to the cause(s) and manner as stated one) PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated CERTIFIER ☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and piece, and due to the cause(s) and manne 295 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) 035-387 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type) and Ray J. Zimmerman 1326 US Rte 30 Schererville, Indiana 46375 32 DATE FILED (Month Day, Year) 31 HEALTH OFFICER'S SCHATURE JUN 7 1995 HEALTH Tebrardet OFFICER 140 DESCRIBE HOW INJURY OCCURRED 33 MANNER OF DEATH DATE OF INJURY 346 TIME OF 34c INJURY AT WORK? (Month, Day, Year) SAM ORLICH Pending Investigation CORONER OR ☐ Natural AUDITOR LAKE COUNTY MEDICAL Accident EXAMINER USE or Rural Route Number, City or Town State) ☐ Could not be Suicide 346 PLACE OF INJURY.... At home, farm arre ONLY

Homicida SBH06-004

State Form 10110

Pay 10/87

DEATH PD 1