

2/8/50

4

**AFFIDAVIT OF SURVIVORSHIP AND OWNERSHIP**

Comes now LOUISE A. RICHARD, being first duly sworn upon her oath and states as follows:

1. That the affiant is the owner in fee simple of the following described real estate located in Gary, Lake County, Indiana, more particularly described as follows:

Lot 23, 24, 25 and 26 in Block 5 in Woodlawn, as per plat thereof, recorded in Plat Book 19 page 35, in the Office of the Recorder of Lake County, Indiana.

More commonly referred to as 3862 Ellsworth Plc., Gary, IN, Lake County, Indiana 46408.

2. That the affiant was married to HARRY T. RICHARD on April 19, 1952.

3. That the affiant and HARRY T. RICHARD, now deceased, were husband and wife at the time they acquired title to the abovementioned property as husband and wife, tenants by the entireties, by warranty deed of conveyance dated the 4th day of June 1973, and recorded in the Office of the Lake County Recorder on the 8th day of June 1973 as document number 205439 (See Exhibit "A" attached hereto).

4. That the marital relationship which existed between the affiant and LOUISE A. RICHARD continued unbroken from the time they so acquired title to said real estate until the death of HARRY T. RICHARD on the September 15, 1995, at which time the affiant acquired title to the real estate as surviving tenant by the entireties. (See Exhibit "B" attached hereto).

5. That the decedent, HARRY T. RICHARD, died testate on September 15, 1995.

6. That the gross value of HARRY T. RICHARD'S estate as determined for the purposes of federal estate taxes was less than the value required for the filing of a federal estate tax return, and the decedent resided in Gary, Lake County, Indiana at the time of his death.

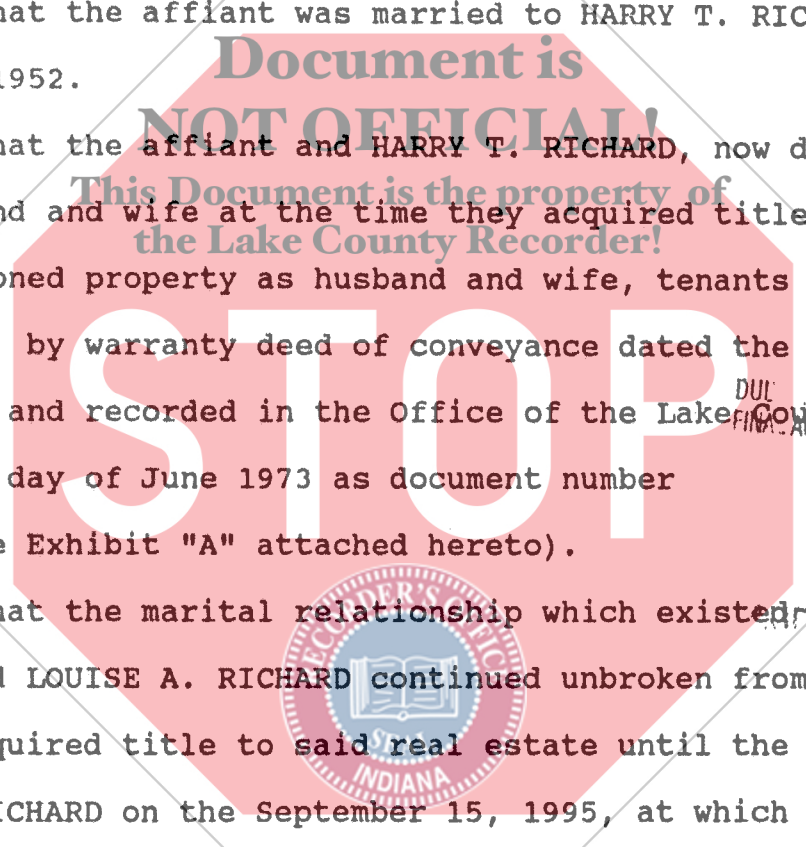
7. That the affiant shall assume any and all inheritance tax liability which exists by reason of the death of said decedent and the resulting transfer of the abovementioned real

96019402

96 MAR 26 PM 4: 21

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

MAR 26 1996  
RECORDER



DULY REVIEWED FOR TAXATION SUBJECT TO FINANCIAL ACCEPTANCE FOR TRANSFER.

MAR 26 1996

SAM ORLICH  
RECORDER OF DEEDS  
LAKE COUNTY

157a

001432

# 726

estate.

8. That to the best of the affiant's knowledge, information and belief there are no liens, encumbrances and/or claims against the abovementioned real estate.

Further your affiant sayeth not.

*Louise A. Richard*  
\_\_\_\_\_  
LOUISE A. RICHARD, Affiant

I, LOUISE A. RICHARD, swear and affirm under the penalties of perjury that the foregoing Affidavit Of Survivorship And Ownership is true and accurate to the best of my knowledge, information and belief.

*Louise A. Richard*  
\_\_\_\_\_  
LOUISE A. RICHARD, Affiant

**NOT OFFICIAL!**  
This Document is the property of

SUBSCRIBED and SWORN TO before me a Notary Public in Lake County, State of Indiana the 29th day of January, 1996.

*Cynthia J. Woltzen*  
\_\_\_\_\_  
Cynthia J. Woltzen, Notary Public  
Residing in LAKE County, Indiana

My Commission Expires: 4/5/99.

This Instrument Prepared By:

*Michael B. Haughee*  
\_\_\_\_\_  
Michael B. Haughee  
Attorney At Law  
219 North Broad Street  
Griffith, IN 46319  
(219) 924-0080

wills\Richard.aff

THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, SETTING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND SHOULD BE DONE BY A LAWYER.

PIONEER-NAT'L TITLE INS. CO.

295812

205439

# WARRANTY DEED

This indenture witnesseth that **IVAN EUGENE MOSS and EDITH R. MOSS,** husband and wife,---

of Lake County in the State of Indiana,

Conveys and warrants to **HARRY THOMAS RICHARD and LOUISE A. RICHARD,** husband and wife,---  
3862 Ellsworth Place, Gary, Indiana

of Lake County in the State of Indiana,  
for and in consideration of Ten Dollars (\$10.00) & other good & valuable consideration, the receipt whereof is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana, to wit:

<sup>23</sup> Lots 24, 25 and 26 in Block 5 in Woodlawn, as per plat thereof, recorded in Plat Book 19 page 35, in the Office of the Recorder of Lake County, Indiana.

*This Document is the property of the Lake County Recorder!*

This conveyance is made subject to taxes for 1973 payable in 1974 and restrictions of record.

**DULY ENTERED FOR TAXATION**

JUN 7 - 1973

*Joe Anderson*  
AUDITOR LAKE COUNTY



STATE OF INDIANA S. NO.  
LAKE COUNTY  
FILED FOR RECORD

JUN 8 8 50 AM '73  
ANDREW J. MICENKO  
RECORDER

State of Indiana, Lake County, ss:

Before me, the undersigned, a Notary Public in and for said County and State, this 4 day of June, 1973 personally appeared:

**IVAN EUGENE MOSS and EDITH R. MOSS,** husband and wife,

Dated this 4 Day of June, 1973.

*Ivan Eugene Moss* Seal  
Ivan Eugene Moss

*Edith R. Moss* Seal  
Edith R. Moss

Seal

Seal

Seal

Seal

And acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. My commission expires January 11, 1976.

*George R. Pate*  
George R. Pate, Notary Public

This instrument was prepared by GEORGE R. PATE, ATTORNEY, Whiting, Indiana 46394.  
Member of Indiana Bar Association

MAIL TO:

EXHIBIT "A"

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Craft-Line Printing, Inc., Fort Wayne, Indiana

373

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 2152-95

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Harry Thomas Richard		2 SEX Male	3a TIME OF DEATH 12:35Pm	3b DATE OF DEATH (Month Day Yr) September 15, 1995
4 SOCIAL SECURITY NUMBER 492-24-8858	5a AGE—Last Birthday (Years) 70	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) August 26, 1925
7 BIRTHPLACE (City and State or Foreign Country) Terre Haute, IN.	8a WAS DECEDENT A U.S. VETERAN? Yes			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1944	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution give street and number) Methodist Hospital - Southlake		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) Louise O'Bara	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) School Teacher		12b KIND OF BUSINESS/INDUSTRY Lake Ridge School System
13a RESIDENCE—STATE IN.	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 3862 Ellsworth Pl.	
13e ZIP CODE 46408	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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+) 4		18 FATHER'S NAME (First Middle Last) Harry J. Richard		
19 MOTHER'S NAME (First Middle Maiden Surname) N/A		20a INFORMANT'S NAME (Type, Print) Louise Richard		
20b MARING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3862 Ellsworth Pl., Gary, IN 46408		20c Relationship Husband		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) September 18, 1995 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, IN.
22a EMBALMER'S NAME David Semplinski		22b EMBALMER'S LICENSE NO. FD08600686	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert Wiatrolik</i>		24b LICENSE NUMBER (of license) FD01001293	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Stilinovich & Wiatrolik FH3004455 7535 Taft St. Merrillville, IN. 46410	
26 PART I: Enter the disease, 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)			1 DAY	
a. CARDIAC ARREST DUE TO (OR AS A CONSEQUENCE OF)				
b. CHRONIC OBSTRUCTIVE LUNG DISEASE DUE TO (OR AS A CONSEQUENCE OF)			5 YRS	
c. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF)			10 YRS	
PART II: Other significant conditions or conditions contributing to death but not previously listed in Part I				
From CARCINOMA OF LUNG			27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	
28a WAS AN AUTOPSY PERFORMED? NO (Yes or no) 1995		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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) as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>B. Barai</i>		
29c MEDICAL LICENSE NO. 01030107		29d DATE SIGNED (Month Day Year) 9-20-95		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IF IA, 2011, use Print) Dr. B. Barai 125 E. 89th Merrillville, IN. 46410 736-2800				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander, M.D.</i>				32 DATE FILED (Month Day Year) September 26, 1995
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		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				