



# COMMUNITY TITLE COMPANY

- An Indiana Corporation -  
421 West 81st Avenue  
Merrillville, Indiana 46410  
219-736-2810

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98 JUN 15 AM 11:04

MORRIS W. CARTER  
RECORDER

98044570  
AFFIDAVIT

7710 Forest Ave. ←  
Munster, IN 46321

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Howard E. Stout, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Ruth E. Stout died (without leaving a will) (leaving a will) on July 18, 19 97 at The Community Hospital, Munster, Indiana

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

Lot 35, Block 1, Broadmoor Terrace, in the Town of Munster, as shown in Plat book 19, Page 9, in the Recorders Office of Lake County, Indiana.

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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.

**FILED**

JUN 15 1998

Howard E. Stout  
Howard E. Stout

SAM ORLICH  
Notary Public, State of Indiana  
Subscribed and sworn to before me, a Notary Public, this 15th day of June, 19 98.

Cynthia M. Washburn  
Notary Public

My Commission expires:  
\_\_\_\_\_

CYNTHIA M. WASHBURN  
Notary Public, State of Indiana  
My Commission Expires Oct. 31, 2001

County of Residence:  
\_\_\_\_\_

This Instrument prepared by Howard E. Stout

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1438-97

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19.3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>RUTH E STOUT</b>		2 SEX <b>FEMALE</b>	3a TIME OF DEATH <b>6:58 P.M.</b>	3b DATE OF DEATH (Month, Day, Yr) <b>JULY 18, 1997</b>
4 *SOCIAL SECURITY NUMBER <b>306-16-7231</b>	5a AGE—Last Birthday (Year) <b>75</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>October 18 1921</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>	8c PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	

9a FACILITY NAME (If not institution, give street and number) <b>THE COMMUNITY HOSPITAL</b>	9b CITY, TOWN OR LOCATION OF DEATH <b>MUNSTER</b>	9c COUNTY OF DEATH <b>LAKE</b>
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Howard Stout</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during major of working life. Do not use retired) <b>Art Teacher</b>
12b KIND OF BUSINESS/INDUSTRY <b>School</b>		

13a RESIDENCE—STATE <b>IN</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Munster</b>	13d STREET AND NUMBER <b>7710 Forest Ave</b>
13e ZIP CODE <b>46321</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <b>12</b> College (1-4 or 5+) <b>4</b>		

18 FATHER'S NAME (First, Middle, Last) <b>Smith Beavers</b>	19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mabel Geiger</b>	
20a INFORMANT'S NAME (Type/Print) <b>Howard Stout</b>	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7710 Forest Ave Munster, IN 46321</b>	20c Relationship <b>Husband</b>

21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) <b>July 23, 1997 Oakland Memory Lanes</b>	21c LOCATION—City or Town, State <b>Dolton, IL</b>
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22a EMBALMER'S NAME <b>James Porras</b>	22b EMBALMER'S LICENSE NO. <b>1045964</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24 SIGNATURE OF GENERAL DIRECTOR OF HEALTH (If not available, signature of the health officer of the county) <i>Alexander S. Williams</i>	24b LICENSE NUMBER (of Licensee) <b>8601763</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish FH 8415 Calumet Ave Munster, IN 46321 #3004968</b>

26 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. List only one cause on each line. <b>JUL 21 1997</b> <b>Cardiomyopathy</b> <b>Congestive Heart Failure</b> <b>Cardiac Arrhythmia</b> <b>Coronary Artery Disease</b>	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cardiomyopathy</b>	DUE TO (OR AS A CONSEQUENCE OF)
CONTRIBUTING CAUSE (All other diseases, injuries, or complications that contributed to the immediate cause) <b>Congestive Heart Failure</b>	DUE TO (OR AS A CONSEQUENCE OF)
UNDERLYING CAUSE (Basic disease or condition that led to the contributing cause) <b>Cardiac Arrhythmia</b>	DUE TO (OR AS A CONSEQUENCE OF)
UNDERLYING CAUSE (Basic disease or condition that led to the underlying cause) <b>Coronary Artery Disease</b>	DUE TO (OR AS A CONSEQUENCE OF)

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>	28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N.A</b>
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Hypertension</b>		

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) and manner as stated.	29b SIGNATURE AND TITLE OF CERTIFIER <i>Richard L Good MD</i>	29c MEDICAL LICENSE NO. <b>01027057</b>	29d DATE SIGNED (Month, Day, Year) <b>7/19/97</b>
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30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>RICHARD GOOD, M.D. 7905 CALUMET AVENUE MUNSTER, INDIANA 46321</b>
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31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>	32 DATE FILED (Month, Day, Year) <b>July 21, 1997</b>
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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) <b>FILED</b>	34b TIME OF INJURY	34c HOURS OF WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY (Home, street, factory, office, building, etc.) <b>1000</b>		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		

34g DATE PRONOUNCED DEAD (Month, Day, Year) <b>SAM ORLICH</b>	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>EDITOR LAKE COUNTY</b>	<b>001148</b>
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