

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99086987

OCT 22 AM 9:05

TICOR TITLE INSURANCE FILED

WILLIAM W. CARTER
RECORDER

OCT 21 1999

AFFIDAVIT

STATE OF ~~INDIANA~~ ^{MONTANA}
COUNTY OF LAKE ^{News & Clark}

PETER BENJAMIN
LAKE COUNTY AUDITOR

MARY JANE RAMSEY, being first duly
sworn upon oath, deposes and says:

1. That RICHARD F. RAMSEY died on
October 8, 1999 at 10:30 AM in Olney, MT.

2. That RICHARD F. RAMSEY and MARY JANE RAMSEY
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:
**PART OF LOT 12 IN GREEN FIELDS ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED
IN PLAT BOOK 12 PAGE 34, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA,
DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF SAID LOT AND RUNNING
THENCE NORTH ALONG THE WEST SIDE THEREOF 40 FEET; THENCE EAST 125 FEET; THENCE
SOUTH 40 FEET; THENCE WEST 125 FEET TO THE PLACE OF BEGINNING.**

the Lake County Recorder! Key # 33-180-19.

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.

Mary Jane Ramsey
MARY JANE RAMSEY

Subscribed and sworn to before me, a Notary Public, this 14th day of
October, 1999.

James H. McFarland
Notary Public

My Commission expires:

4/16/2000

County of Residence:

News & Clark

001391

This Instrument prepared by MARY JANE RAMSEY

13.00 T.
E.P.

TICOR TITLE INSURANCE
Highland, Indiana

#99.206332 0R0ZC0

CERTIFICATION OF VITAL RECORD

DECEASED'S NAME (First, Middle, Last) RICHARD FRENCH RAMSEY STATE OF MONTANA SEX Male DATE OF DEATH Oct 8, 1999

RACE - American Indian, Black, White, etc. (Specify) White AGE - Last Birthday (Years) 88 UNDER 1 YEAR Months Days UNDER 1 DAY Hours Minutes DATE OF BIRTH (Month, Day, Year) June 30, 1911 COUNTY OF DEATH Jefferson

7b. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify) Residence

FACILITY NAME (If not institution, give street and number) 10 Wild Flower Lane CITY, TOWN, OR LOCATION OF DEATH Clancy

BIRTHPLACE (City and State or Foreign Country) Springfield, Illinois MARITAL STATUS Married SURVIVING SPOUSE (If wife, give maiden surname) Mary Jane Jackson

SOCIAL SECURITY NUMBER 11. 306-01-6862 DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. Machinist/Inspector KIND OF BUSINESS/INDUSTRY 12b. Machine Shop WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) 13. No

RESIDENCE - STATE 14a. Montana COUNTY 14b. Jefferson CITY, TOWN, OR LOCATION 14c. Clancy STREET NUMBER 14d. 10 Wild Flower Lane

INSIDE CITY LIMITS? (Yes or No) 14e. No ZIP CODE 14f. 59634 ANCESTRY - Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify) 15. Scotch, Irish, English 16. DECEASED'S EDUCATION (Specify only highest grade completed) 12 Elementary/Secondary (0-12) College (1-4 or 5+) N/A

FATHER'S NAME (First, Middle, Last) 17. Aaron French Ramsey MOTHER'S NAME (First, Middle, Maiden Surname) 18. Jessie Reckard

INFORMANT'S NAME (Type/Print) 19a. Mary Jane Ramsey MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 10 Wild Flower Lane Clancy, Montana 59634

METHOD OF DISPOSITION 20a. Burial Other (Specify) Cremation Removal from State PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20b. Gardens LOCATION - City or Town, State 20c. Helena, Montana

SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION 21a. Brent C. Anderson MONTANA LICENSE NUMBER (of Licensee) 21b. 291 NAME AND ADDRESS OF FACILITY 22. Hagler-Anderson Mortuary 650 No. Logan St. Helena, Montana 59601-

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See instructions on other side) IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Celiac Sprue DUE TO (OR AS A CONSEQUENCE OF): 5 years

Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) LAST b. c. d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? (Yes or no) no 24b. WAS CASE REFERRED TO CORONER? (Yes or no)

25. 26a. MANNER OF DEATH: Natural Pending Investigation Accident Could not be determined Suicide Homicide DATE OF INJURY (Month, Day, Year) 27a. TIME OF INJURY 27b. M INJURY AT WORK? (Yes or no) 27c. DESCRIBE HOW INJURY OCCURRED 27d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 27e.

28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 28b. DATE SIGNED (Month, Day, Year) 10/12/99 28c. HOUR OF DEATH 10:30AM 29a. TO BE COMPLETED BY CORONER ONLY. On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and to the cause(s) and manner as stated. FILED

(Signature and Title) William Schoderbek M.D. (Signature and Title) PETER BENJAMIN LAKE COUNTY JUDGE

DATE SIGNED (Month, Day, Year) 10/12/99 HOUR OF DEATH 10:30AM DATE SIGNED (Month, Day, Year) OCT 21 1999

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William Schoderbek M.D. 2525 Broadway, Helena, MT 59601 DATE PRONOUNCED DEAD (Month, Day, Year) PRONOUNCED DEAD

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) William Schoderbek M.D. 2525 Broadway, Helena, MT 59601

LOCAL REGISTRAR'S SIGNATURE 31a. Bonnie Ramsey DATE FILED (Month, Day, Year) 31b. October

REGISTRAR 31a. DATE FILED (Month, Day, Year) 31b. October

Not Valid Unless Raised Seal is Present

STATE COPY - ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

001392

#99.206332 ORDZCO

TICOR TITLE INSURANCE Highland, Indiana

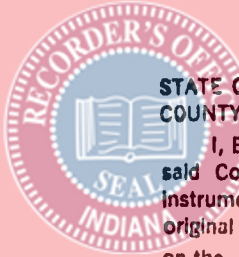
REGISTRAR



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STOP



6400

STATE OF MONTANA }
COUNTY OF JEFFERSON } SS

I, Bonnie Ramey, County Clerk and Recorder at
said County, do hereby certify that the annexed
instrument is a full, true and correct copy of the
original instrument as filed for record in my office
on the 13 day of Oct
19 99. Attest my hand and seal of said
Jefferson County, hereunto affixed, this 13
day of Oct 19 99

BONNIE RAMEY
CLERK & RECORDER

By Carol M. McLaughlin Deputy
Fee \$ 3.00

21110