STATE OF INDIANA)
)SS:
COUNTY OF NEWTON

99087871

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99 OCT 26 PM 2:27

MORRIS W. CARTER
RECORDER

AFFIDAVIT

James B. Richards of Newton County, State of Indiana, being duly sworn upon oath deposes and says:

That he is the attorney for Virginia H. Ordway.

That she married Hollis R. Ordway and owned real estate hereinafter described in joint title as Hollis R. Ordway and Virginia H. Ordway, husband and wife.

The Southeasterly 50 feet, by parallel lines, of Lot 2, in Block 4, in Garden Homes No. 4, a per plat thereof, recorded in Plat Book 30, Page 57, in the Recorder's Office of Lake County, Indiana.

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Key# 50-282-2
50-282-3

That Hollis R. Ordway died October 3, 1999.

That this affidavit is being made for the purpose of putting title to above described real estate in the name of Virginia H. Ordway.

Affiant further sayeth not.

James B. Richards,

Subscribed and sworn to before me, the undersigned a Notary Public in and for said County and State, this 19th day of October, 1999.

OFFICIAL SEAL
ELAINE E. ENGLISH
NOTARY PUBLIC, NEWTON COUNTY
STATE OF INDIANA
MY COMMISSION EXPIRES AUGUST 8, 2007

Elaine E. English, Notary Public

FILED
OCT 26 1999
PETER BENJAMIN
LAKE COUNTY AUDITOR

This instrument prepared by James B. Richards, Attorney, Goodland, Indiana.

001993

Key # 50-282-2
50-282-3

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF INDIANA
COUNTY
FILED FOR RECORD

Local No. 146-99 State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

99 OCT 14 AM 10: 21 | 9908 1871

DECEDENT

- 1. DECEDENT — NAME (First, Middle, Last): Hollis Raymond Ordway
- 2. SEX: Male
- 3a. TIME OF DEATH: 2:34 am
- 3b. DATE OF DEATH (Month, Day, Yr.): October 3, 1999
- 4. SOCIAL SECURITY NUMBER: 404-40-9457
- 5a. AGE — Last Birthday (Years): 67
- 5b. UNDER 1 YEAR: Months / Days
- 5c. UNDER 1 DAY: Hours / Minutes
- 6. DATE OF BIRTH (Mo. Day, Yr): December 21, 1931
- 7. BIRTHPLACE (City and State or Foreign Country): Marion, Kentucky
- 8a. WAS DECEDENT A U.S. VETERAN?: YES
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1961
- 9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL — XX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER — ☐ Nursing Home ☐ Other (Specify) ☐ Residence
- 9b. FACILITY NAME (If not institution, give street and number): Jasper County Hospital
- 9c. CITY, TOWN, OR LOCATION OF DEATH: Rensselaer,
- 9d. COUNTY OF DEATH: Jasper
- 10. MARITAL STATUS (Specify): Married
- 11. SURVIVING SPOUSE (If wife, given maiden name): Virginia H. Beard
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Ret. Steel Worker
- 12b. KIND OF BUSINESS/INDUSTRY: Gary Sheet & Tin
- 13a. RESIDENCE — STATE: Indiana
- 13b. COUNTY: Newton
- 13c. CITY, TOWN, OR LOCATION: Goodland,
- 13d. STREET AND NUMBERS: 219 W. Prairie St.,
- 13e. ZIP CODE: 47948
- 13f. INSIDE CITY LIMITS?: ☐ No XX Yes
- 13g. ON A FARM?: XX No ☐ Yes
- 14. CITIZEN OF WHAT COUNTRY?: U.S.A.
- 15. WAS DECEDENT OF HISPANIC ORIGIN?: XX No ☐ 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): 9; College (1-4 or 5+): 0

PARENTS

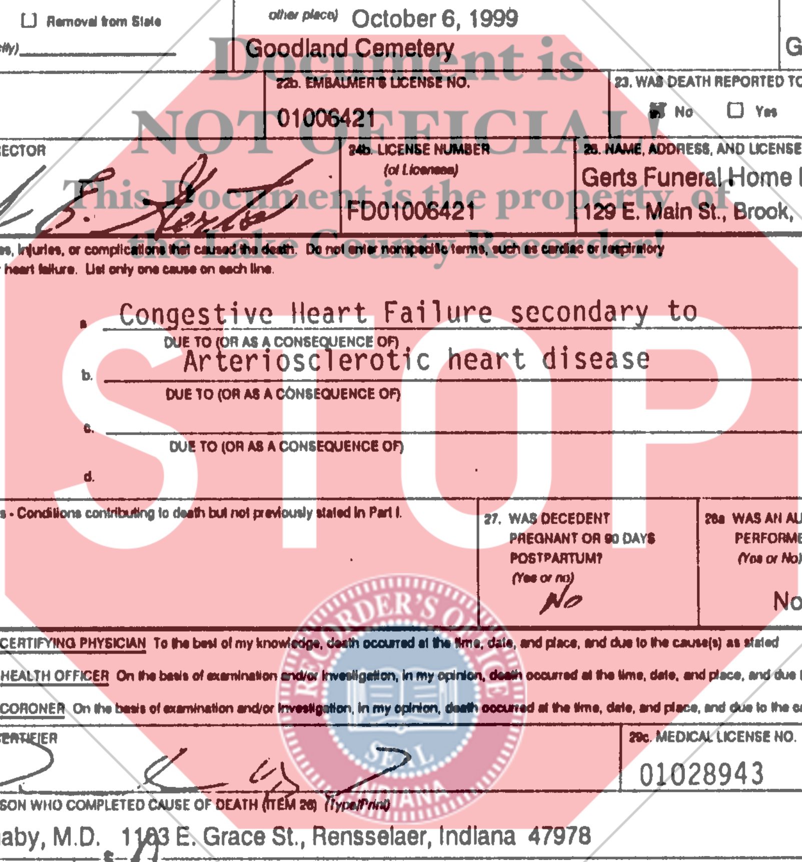
- 18. FATHER'S NAME (First, Middle, Last): Virgil Ordway
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): Iva L. Scott

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): Virginia H. Ordway
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 219 W. Parlrie St., Goodland, Indiana 47948
- 20c. Relationship: Wife

DISPOSITION

- 21a. METHOD OF DISPOSITION: XX Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): October 6, 1999 Goodland Cemetery
- 21c. LOCATION — City or Town, State: Goodland,, Indiana
- 22a. EMBALMER'S NAME: Richard E. Gerts
- 22b. EMBALMER'S LICENSE NO.: 01006421
- 23. WAS DEATH REPORTED TO CORONER?: ■ No ☐ Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: Richard E. Gerts
- 24b. LICENSE NUMBER (of Licensee): FD01006421
- 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Gerts Funeral Home FD01006421, 129 E. Main St., Brook, IN 47922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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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Congestive Heart Failure secondary to

DUE TO (OR AS A CONSEQUENCE OF)

b. Arteriosclerotic heart disease

DUE TO (OR AS A CONSEQUENCE OF)

c.

DUE TO (OR AS A CONSEQUENCE OF)

d.

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

Approximate Interval Between Onset and Death

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): No
- 28a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
- 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one)

- XX 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: [signature]
- 29c. MEDICAL LICENSE NO.: 01028943
- 29d. DATE SIGNED (Month, Day, Year): 10-6-99
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Robert E. Darnaby, M.D. 1103 E. Grace St., Rensselaer, Indiana 47978

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: Michael Louck M.D.
- 32. DATE FILED (Month, Day, Year): October 8, 1999

- 33. MANNER OF DEATH: XX Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.

SDH 06-004 State Form 10110-03 (R3 / 3-92) DEATHCER/PD 1

FILED
OCT 26 1999
PETER BENJAMIN
LAKE COUNTY AUDITOR

Virginia Ordway
P.O. Box # 441
Goodland, Ind.
47948

001632

11.00
E.P.
CS

JASPER COUNTY HEALTH DEPARTMENT
Rensselaer, Indiana 47978
This is a true copy of the original record.

Michael Louck M.D.
Health Officer