2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 019178

2000 MAR 21 PM 2:02

MORRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now MARY LOU WRING, being duly sworn upon her oath, deposes and says:

1. That I reside at and am the owner in fee simple of the real estate located in Lake County, in the State of Indiana, commonly known as 4177 Thornhill Dr., Crown Point, Indiana 46307 and legally described as follows:

Lots 369 and 370, Lakes of the Four Seasons, Unit 2, as shown in Plat Book 37, page 76, Lake County, Indiana.

Tax Parcel Numbers 11-10-0046-0140 and -0141

2. That WILLIAM D. WRING and myself took title to Lot 369, as husband and wife, by a Warranty Deed dated May 5, 1978 and recorded May 22, 1978 as Document Number 469314, in the Office of the Recorder of Lake County, Indiana.

3. That WILLIAM D. WRING and myself took title to Lot 370, as husband and wife, by a Warranty Deed dated August 9, 1975 and recorded August 28, 1975 as Document Number 314675, in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between this Affiant and WILLIAM D. WRING, her husband, continued unbroken from the time they so acquired title to each parcel of said real estate until the death of WILLIAM D. WRING on 2-18-89, as evidenced by the death certificate attached hereto, at which time this Affiant acquired title to the real estate as surviving tenant by the entireties.

4. That the gross value of the estate of the decedent, WILLIAM D. WRING, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing thereof and the decedent's estate was not subject to State Inheritance Tax.

5. Affiant makes this affidavit to perfect the chain of title and remove any cloud of title that the death of WILLIAM D. WRING may have created and to induce the Auditor to transfer title into Affiant's name alone.

Further affiant sayeth not.

Mary Lou Wring
MARY LOU WRING, AFFIANT

2-23-00
Date

STATE OF INDIANA, COUNTY OF LAKE) ss: ACKNOWLEDGEMENT

BEFORE ME, a notary public for the above County and State, personally appeared MARY LOU WRING, sworn under oath, who acknowledges the execution of the above Survivorship Affidavit and affirms under the pains and penalty of perjury that the above facts are true.

WITNESS MY HAND and Notarial Seal this 3 day of March, 2000.

FILED

My Commission Expires:

HOLD FOR: MAR 21 2000
THE TITLE SEARCH CO.

Denise A. Georgopoulos
Notary Public

Resident of Lake County, IN

DENISE A. GEORGOPOULOS, Notary Public
A Resident of Lake County, IN
My Commission Expires Dec.11, 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Prepared by: Daniel A. Ecker, Staff Attorney for The Title Search Company, P.O. Box 780, Granger, IN 46530-0780

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02487

11.00 E.P.

V# 18579

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 336-89 State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First / Middle / Last)			2 SEX	3 DATE OF DEATH (Mo. Day Yr.)
WILLIAM	DOUGLAS	WRING	Male	February 18, 1989

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR (Months / Days)	5c UNDER 1 DAY (Hours / Minutes)	6 DATE OF BIRTH (Month Day Year)	7 BIRTHPLACE (City and State or Foreign Country)
407-03-8889	71			Sept. 27, 1917	Salem, Kentucky

8 YEAR LAST SERVED IN U.S. ARMED FORCES?

9a PLACE OF DEATH (Check only one. See instructions.)
HOSPITAL: ☒ Inpatient ☐ ER Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b FACILITY NAME (If not institution give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Methodist Hospital Southlake Campus	Merrillville	Lake

10 MARITAL STATUS—Married, Never Married, Widowed, Divorced	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Mary Porter	Pipefitter	Local 597

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Crown Point	4177 Thornhill Drive

13e INSIDE CITY LIMITS? (Yes or no)	13f FARM	13g ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify C.uban, Mexican, Puerto Rican, etc.)	15 RACE—American Indian, Black, White, etc. (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed)	
			☒ No ☐ Yes		Elementary/Secondary (0-12)	College (1-4 or 5+)
No	No	46307	Specify	White	12	2

PARENTS

17 FATHER'S NAME (First Middle Last)	18 MOTHER'S NAME (First Middle Maiden Surname)
Ural Wring	Vallie Hicks

INFORMANT

19a INFORMANT'S NAME (Type/Print)	19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	19c Relationship
Mary Wring	4177 Thornhill Dr Crown Point, Ind. 46307	Wife

DISPOSITION

20a METHOD OF DISPOSITION	20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	20c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	February 21, 1989 Calumet Park Cemetery	Merrillville, Indiana

PRONOUNCING PHYSICIAN ONLY

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER (of Licensee)	22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Robert J Geisen	FD01041740	Geisen Funeral Home Inc. FH83007762 7905 Broadway Merrillville, Indiana

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a To the best of my knowledge death occurred at the time, date and place stated. Signature and Title	23b LICENSE NUMBER	23c DATE SIGNED (Month Day Year)
Nazzal Obaid		

24 TIME OF DEATH	25 DATE PRONOUNCED DEAD (Month Day Year)	26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)
8:31 A.M.	February 18, 1989	

CAUSE OF DEATH

27 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac 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)	a Cardiorespiratory	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	b DUE TO (OR AS A CONSEQUENCE OF)	
	c DUE TO (OR AS A CONSEQUENCE OF)	
	d	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

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

SEE INSTRUCTIONS

CERTIFIER

29a CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23)
To the best of my knowledge death occurred due to the cause(s) and manner as stated

☐ 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

☐ MEDICAL EXAMINER ☐ CORONER ☐ 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) and manner as stated

29b SIGNATURE AND TITLE OF CERTIFIER	29c LICENSE NUMBER	29d DATE SIGNED (Month Day Year)
Nazzal Obaid.	28410	February 20, 1989

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)
Nazzal Obaid. M.D.. 8895 Broadway. Merrillville, Indiana 46410

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month Day Year)
Paul Johnson	Feb. 22, 1989

CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				

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)

SBH06-004 State Form 10110 Rev 10/87 DEATH PD

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