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STATE OF INDIANA)
)SS IN RE: JOHN RATKAY, Deceased
COUNTY OF LAKE)

2000 054701

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 AUG 2 PM 1:32

MORRIS W. CARTER
RECORDER

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Stephen E. Ratkay, being duly sworn, deposes and says:

1. John Ratkay, decedent died intestate on October 3, 1999, while domiciled in Lake County, Indiana.

2. Forty-Five (45) days have elapsed since the death of the decedent.

3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.

4. Decedent, John Ratkay, was predeceased by his wife, Barbara M. Ratkay and was survived by his only child, Stephen E. Ratkay, as his sole and only heir at law.

5. The value of the decedent's gross probate estate, less liens and encumbrances, is Twelve Thousand ($12,000.00) Dollars and does not exceed the sum of Twenty-Five Thousand ($25,000.00) Dollars, as provided by Indiana Code, section 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.

6. At the time of his death, John Ratkay, as tenants in common with his son, Stephen E. Ratkay, owned real estate located at 4545 Massachusetts Street, Lake County, Indiana, legally described as follows:

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

AUG 2 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Lot 37 and the South half of Lot thirty-eight, in Block three (3) in Broadway Realty & Investment Company's Addition to Gary
Key # (Unit 25-41-0211-0035)

7. There are no known creditors of the estate so far as the same is known to the affiant.

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8. The individual entitled to the real estate as a result of the decedent's death is STEPHEN E. RATKAY, his son, the decedent's heir at law as provided under the laws of intestate succession.

9. The gross value of the estate of the decedent, John Ratkay, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence, thereof, the decedent's estate was not subject to Federal Estate Tax.

10. The gross value of the estate of the decedent, John Ratkay, as determined for the purposes of Indiana Inheritance Tax did not exceed the $100,000.00 exemption provided to a son and as a result no Indiana Inheritance Tax is due.

11. Your affiant makes this affidavit for the purpose of establishing the foregoing facts and to induce the Lake County Auditor to reflect on its records that your affiant, Stephen E. Ratkay, is now the sole owner of the above-described real estate.

IN WITNESS WHEREOF, your affiant has executed this affidavit this 23rd day of June 2000.

Stephen E. Ratkay

Subscribed and sworn to before me, a Notary Public, by Stephen E. Ratkay, this 23rd day of June 2000.

My commission expires: June 11, 2007
County of Residence: Porter

Beverly J. Cupp Notary Public

This Instrument Prepared by Daniel C. Kuzman, Attorney No. 5384-45
2624 West Lincoln Highway, Merrillville, IN 46410
(219) 793-9300

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10 cc

* **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.

Local No. ... 22-53-99

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last)		2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr)
JOHN	RATKAY	M	9:22 A M	OCTOBER 3, 1999

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 (Mo, Day, Yr)	7 BIRTHPLACE (City and State or Foreign Country)
313-07-8230	96			January 1,1903	Kansas City, Kansas

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions)
NO	-	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
THE COMMUNITY HOSPITAL	MUNSTER	LAKE

10 MARITAL STATUS (Specify)	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
Widowed	None	Assistant Roller	Steel

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Munster	1716 Poplar Lane

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc)	16 RACE—American Indian, Black, White, etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
46321	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 3	College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
John Ratkay	Anna Dolinar

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Stephen Ratkay	1716 Poplar Lane Munster,IN 46321	Son

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State	October 6, 1999 Calumet Park Cemetery	Merrillville, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Leonard Gregorczyk	FD08800305	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Leonard Gregorczyk	FD08800305	STILINOVICH & WIATROLIK FH83004455 7535 Taft St. Merrillville, IN 46410

CAUSE OF DEATH

26 PART I. Enter the chain of conditions that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line.

I CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiopulmonary Arrest	
DUE TO (OR AS A CONSEQUENCE OF)	probable Aspiration	
DUE TO (OR AS A CONSEQUENCE OF)		
DUE TO (OR AS A CONSEQUENCE OF)		

OCT 06 1999

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

Alexander S. Williams III MD
LAKE COUNTY HEALTH COMMISSIONER

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

Congestive heart failure

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	NO

CERTIFIER

29a CERTIFIER (Check only one)

☒ 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
J. Paik, M.D.	01030770	OCTOBER 5, 1999

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

JAY C. L. PAIK, MD 200 MONTICELLO DR. DYER, IN46311

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Alexander S. Williams III MD	October 6, 1999

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)

34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

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