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STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

2002 061240
SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2002 JUL 10 AM 8:33

MORRIS W. CARTER
RECORDER

Marsha Sheridan, being first duly sworn upon her oath, deposes and says:

1. That she is an adult having personal knowledge about the facts herein contained and is otherwise competent to make this Affidavit by virtue of being the surviving spouse of **Ron E. Sheridan a/k/a Ronnie E. Sheridan**.
2. That **Ron E. Sheridan a/k/a Ronnie E. Sheridan** died on the 26th day of April, 2002, as is more fully evidenced by the Certificate of Death which is attached hereto as Exhibit A, made a part hereof and incorporated herein by reference.
3. That on the date of his death, **Ron E. Sheridan a/k/a Ronnie E. Sheridan** was duly and legally married to **Marsha Sheridan**, who survived him.
4. That **Ron E. Sheridan a/k/a Ronnie E. Sheridan** and **Marsha Sheridan** acquired their titled interest in and to the following described real estate and premises, to-wit:

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Part of Lot 18, Cobblestones Townhomes, Phase 1, an addition to the Town of Munster, as shown in Plat Book 75, Page 40, in Lake County, Indiana, more particularly described as follows: Commencing at the Southwest Corner of said lot, thence Northeasterly along the curved Southerly line of said lot, being a curve concave to the Southeast and having a radius of 130.0 feet, an arc distance of 84.08 feet to the point of beginning; thence North 15 degrees 09 minutes 27 seconds West, a distance of 128.25 feet to a point on the Northerly line of said lot; thence North 75 degrees 23 minutes 47 seconds East, along said Northerly line, a distance of 28.65 feet, thence South 15 degrees 09 minutes 27 seconds East, a distance of 135.10 feet to a point on the Southerly line of said lot; thence South 88 degrees 38 minutes 38 seconds West, along said Southerly line, a distance of 22.57 feet to a point of curve; thence Southwesterly, along the curved Southerly line of said lot, being a curve concave to the Southeast and having a radius of 130.00 feet an arc distance of 6.89 feet to the point of beginning. (Key No. 28-13-37)

FILED

JUL 8 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

Common Address: 947 Cornwallis Lane
Munster, IN 46321

000500

14.00
M.L.
3606
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5. That the marital relationship which existed between **Ron E. Sheridan a/k/a Ronnie E. Sheridan** and **Marsha Sheridan** at the time they acquired their titled interest in and to the aforesaid real estate remained in effect and unbroken until the date of **Ron E. Sheridan a/k/a Ronnie E. Sheridan's** death.
6. That all funeral expenses in connection with the death of **Ron E. Sheridan a/k/a Ronnie E. Sheridan** have been paid in full.
7. That the total value of the taxable estate of **Ron E. Sheridan a/k/a Ronnie E. Sheridan**, including joint tenancies, tenancies by the entireties, individual ownership of both real and personal property and insurance on his life, was not sufficient to incur any liability for Federal Estate or Indiana inheritance taxes.

Dated this 6th day of May, 2002.

Marsha Sheridan

MARSHA SHERIDAN

STATE OF INDIANA)
 COUNTY OF LAKE)

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Subscribed and sworn to before me, a Notary Public, this 6th day of May, 2002.

My Commission Expires:

THOMAS K HOFFMAN
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. SEPT 8, 2009

Thomas K. Hoffman

 Thomas K. Hoffman, Notary Public

THIS INSTRUMENT PREPARED BY:

RETURN TO →

THOMAS K. HOFFMAN # 7731-45
 Attorney at Law
 One Professional Center, Suite 308
 Crown Point, IN 46307
 (219) 662-0165



* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.

Local No. 1015-02

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) RON E SHERIDAN		2. SEX Male	3a. TIME OF DEATH 11:35 PM	3b. DATE OF DEATH (Month, Day, Yr.) April 26, 2002
	4. *SOCIAL SECURITY NUMBER 313-36-9777		5a. AGE - Last Birthday (Years) 62	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
DECEDENT	8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1964		7. BIRTHPLACE (City and State or Foreign Country) BENTON Illinois
	9b. FACILITY NAME (If not institution, give street and number) RILEY MEMORIAL HOSPICE 511 OTIS BOWEN DRIVE		HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)
	10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) MARSHA TRIVANOVICH		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Salesman
PARENTS	13a. RESIDENCE - STATE Indiana		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION MUNSTER
	13d. ZIP CODE 46321-		13e. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13f. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	14. CITIZEN OF WHAT COUNTRY? USA		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) White
INFORMANT	18. FATHER'S NAME (First, Middle, Last) RUDY SHERIDAN		19. MOTHER'S NAME (First, Middle, Maiden Surname) LURA ROBERTS		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 4
	20a. INFORMANT'S NAME (Type/Print) MARSHA SHERIDAN		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 947 CORNWALLIS LANE, MUNSTER, IN 46321		20c. Relationship WIFE
DISPOSITION	21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) May 1, 2002 CALUMET PARK CEMETERY		21c. LOCATION - City or Town, State MERRILLVILLE, IN
	22a. EMBALMER'S NAME CRAIG B. MALONE		22b. EMBALMER'S LICENSE NO. FD01022392		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
CAUSE OF DEATH	24a. SIGNATURE OF FUNERAL DIRECTOR <i>Terrence P. Burns</i>		24b. LICENSE NUMBER (of Licensee) FD1013890		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME & Point, Indiana 10101 Broadway, Crown Point, Indiana 46307-8801 FH83002445
	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. Metastatic colon ca.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No
	26. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A		Approximate Interval Between Onset and Death MAY 14 2002
CERTIFIER	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) and manner 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>P. Tara</i>		29c. MEDICAL LICENSE NO. 01031667
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. PIMPA J TARA		29d. DATE SIGNED (Month, Day, Year) 4/30/02		
HEALTH OFFICER	31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But...</i>		32. DATE FILED (Month, Day, Year) May 1, 2002		
	33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34d. DESCRIBE HOW INJURY OCCURRED			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) April 26, 2002		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.					

