

3

LAKE COUNTY
FILED FOR RECORDS

2004 047196

2004 APR 28 11:00 AM

MONROE
REC'D

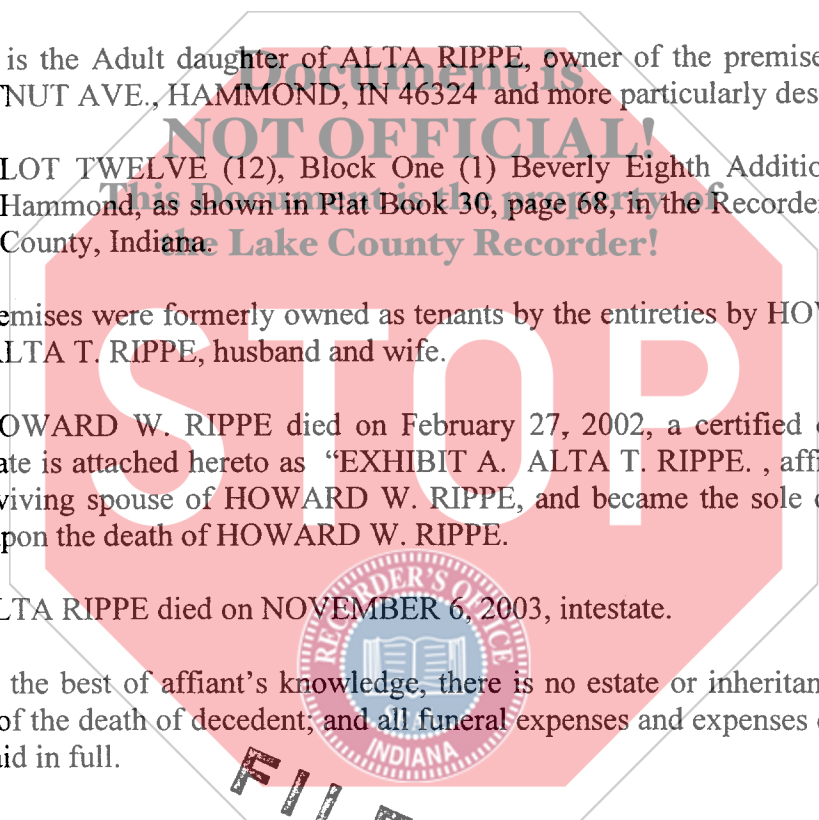
SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On the 28 day of APRIL, 2004, before me personally appeared LINDA M GREEN, to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 1876 JACOB LANE, CHESTERTON, IN 46304
2. Affiant is the Adult daughter of ALTA RIPPE, owner of the premises located at 7758 CHESTNUT AVE., HAMMOND, IN 46324 and more particularly described as follows:

LOT TWELVE (12), Block One (1) Beverly Eighth Addition, in the City of Hammond, as shown in Plat Book 30, page 68, in the Recorder's Office of Lake County, Indiana.
3. Said premises were formerly owned as tenants by the entireties by HOWARD W. RIPPE AND ALTA T. RIPPE, husband and wife.
4. Said HOWARD W. RIPPE died on February 27, 2002, a certified copy of the death certificate is attached hereto as "EXHIBIT A. ALTA T. RIPPE. , affiant's mother, was the surviving spouse of HOWARD W. RIPPE, and became the sole owner of said real estate upon the death of HOWARD W. RIPPE.
5. Said ALTA RIPPE died on NOVEMBER 6, 2003, intestate.
6. That to the best of affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of decedent; and all funeral expenses and expenses of last illness have been paid in full.



FILED
JUN 7 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

000533

131 DC

ATGF, INC.

1318916 CK #1412

7. ALTA RIPPE AND HOWARD R. RIPPE were never divorced, and ALTA RIPPE was the widow of HOWARD R. RIPPE upon his death.

Linda M. Green
LINDA M. GREEN

STATE OF INDIANA, COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 28 day of APRIL, 2004, Personally appeared: LINDA M. GREEN and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Signature
Printed

Patricia A. Giancola

My Commission Expires:

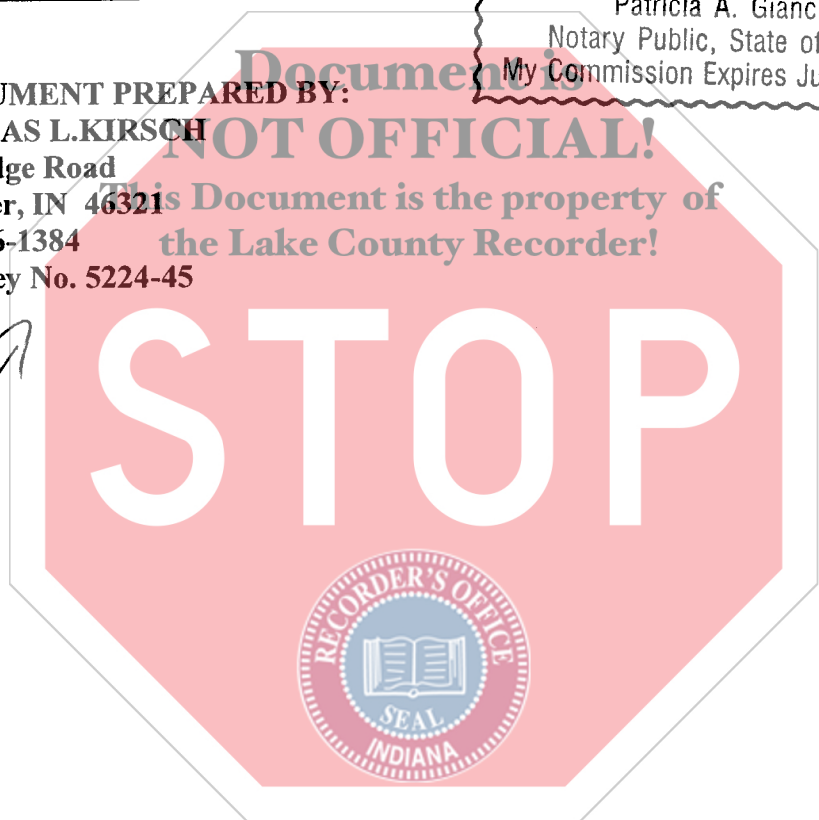
7-2-04

Resident of LAKE County

"OFFICIAL SEAL"
Patricia A. Giancola
Notary Public, State of Indiana
My Commission Expires July 31, 2004

THIS INSTRUMENT PREPARED BY:

THOMAS L. KIRSCH
131 Ridge Road
Munster, IN 46321
219-836-1384
Attorney No. 5224-45



ATTENT ON 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 20-12

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Howard W. Rippe		2 SEX Male	3a TIME OF DEATH 2:15 P _M	3b DATE OF DEATH (Month, Day, Yr) February 27, 2002	
4 *SOCIAL SECURITY NUMBER 353-09-5567	5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) March 25, 1920	
7 BIRTHPLACE (City and State or Foreign Country) Chicago, IL	8a WAS DECEDENT A U.S. VETERAN? YES	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1943	9a PLACE OF DEATH (Check only one. See instructions) 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) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) St. Margaret Mercy, South Campus		9c CITY, TOWN, OR LOCATION OF DEATH Dyer	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Alta H. Thon	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Driver		12b KIND OF BUSINESS/INDUSTRY Hopman Rug Cleaners	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Hammond	13d STREET AND NUMBER 7758 Chestnut Avenue		
13e ZIP CODE 46324	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12		18 FATHER'S NAME (First, Middle, Last) John Rippe			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Cora Buehring			20a INFORMANT'S NAME (Type/Print) Alta H. Rippe		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7758 Chestnut Ave., Hammond, IN 46324		20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) March 2, 2002 Concordia Cemetery		21c LOCATION—City or Town, State Hammond, IN	
22a EMBALMER'S NAME Henry J. Blake		22b EMBALMER'S LICENSE NO. FD01919406	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edwin B. Japp</i>		24b LICENSE NUMBER (of Licensee) FD01000857	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home, Inc FH19400005 6955 Southeastern Ave., Hammond, IN 46324		
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)		Pneumonia			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a DUE TO (OR AS A CONSEQUENCE OF)			
		b DUE TO (OR AS A CONSEQUENCE OF)			
		c DUE TO (OR AS A CONSEQUENCE OF)			
		d			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Pleural effusion GI Bleed Deep venous thrombosis		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	
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) 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>[Signature]</i>			29c MEDICAL LICENSE NO. 01050408	29d DATE SIGNED (Month, Day, Year) March 6, 2002	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Michael Weinstein, MD 761-45th St., Suite 103, Munster, IN 46321					
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Butts DO.</i>				32 DATE FILED (Month, Day, Year) March 8, 2002	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <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)	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.			