

DECEASED JOINT TENANCY AFFIDAVIT

2006 071522

State of INDIANA  
County of LAKE

JUDITH E. RING F/K/A JUDITH E. BREMER, being duly sworn states that  
SHE resides at 9411 ANTHONY PLACE in the City of HIGHLAND

That the undersigned was acquainted with ROBERT A. RING, deceased, who, at the time of his/her death, was one of the owners of the real estate described as: 9411 Anthony Place, Highland, Indiana 46322 Legal Description: Lot 29, Block 11, Ellendale 3<sup>rd</sup> Addition to the Town of Highland, as shown in Plat Book 34, Page 94 in Lake County, Indiana. PIN: 16-27-0329-0029

STATE  
LA  
FILED  
2006  
AUG  
15  
6:43

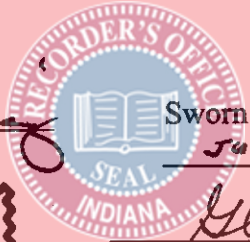
The deceased died on 1-7-04, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_

That the total value of the estate of the deceased, including both real estate and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$750,000.00

*Judith E. Ring*  
Affiant's Signature



Sworn and subscribed this 8<sup>th</sup> day of JUNE 2006



*Gloria Szott*  
Notary Signature

**FILED**

15361

AUG 15 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

14  
CK 62302  
KD

*Alliana Finan. Credit Union*

\* 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. 0059-041

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) <b>Robert A. Ring</b>				2. SEX <b>Male</b>		3a. TIME OF DEATH <b>1:05PM</b>		3b. DATE OF DEATH (Month Day Yr) <b>January 7, 2004</b>				
4. SOCIAL SECURITY NUMBER <b>317-42-8588</b>		5a. AGE - Last Birthday (Years) <b>61</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo Day Yr) <b>April 14, 1942</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Wise County, VA</b>		
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES <b>1966</b>		8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence								
9a. FACILITY NAME (If not institution, give street and number) <b>9411 Anthony Place</b>						9c. CITY TOWN OR LOCATION OF DEATH <b>Highland</b>			9d. COUNTY OF DEATH <b>Lake</b>			
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Judith Kincaid</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Mechanic</b>				12b. KIND OF BUSINESS INDUSTRY <b>Steel Manufacturing</b>				
13a. RESIDENCE - STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY TOWN OR LOCATION <b>Highland</b>			13d. STREET AND NUMBER <b>9411 Anthony Place</b>					
13e. ZIP CODE <b>46322</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		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) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) <b>Everett Ring</b>						19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lola Bercellee</b>						
20a. INFORMANT'S NAME (Type/Print) <b>Judith Ring</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>9411 Anthony Place, Highland, IN 46322</b>				20c. Relationship <b>Wife</b>				
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) <b>January 12, 2004 Chapel Lawn Memorial Gardens</b>				21c. LOCATION - City or Town State <b>Schererville, Indiana</b>				
22a. EMBALMER'S NAME <b>Edgar C. Gleim</b>				22b. EMBALMER'S LICENSE NO. <b>FD01016173</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Edgar C. Gleim</i>				24b. LICENSE NUMBER (of Licenses) <b>FD08601585</b>		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>FH10300021 Kuiper Funeral Home 9039 Kleinman Road, Highland, IN 46322</b>						
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. <b>Lung Cancer</b>										Approximate Onset and Death <b>Months</b>		
IMMEDIATE CAUSE (Final disease or condition resulting in death)										a. DUE TO (OR AS A CONSEQUENCE OF)		
Conditions if any which gave rise to the immediate cause stating the underlying cause last										b. DUE TO (OR AS A CONSEQUENCE OF)		
										c. DUE TO (OR AS A CONSEQUENCE OF)		
										d. DUE TO (OR AS A CONSEQUENCE OF)		
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>					28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>					
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>CWM</i>								29c. MEDICAL LICENSE NO. <b>01038072</b>		29d. DATE SIGNED (Month Day Year) <b>01-09-2004</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>F. Robin M.D. 801 MacArthur Blvd Suite 401 Munster, IN 46321</b>												
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. But</i> D.O.										32. DATE FILED (Month Day Year) <b>January 9, 2004</b>		
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month Day Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED AND CERTIFIES THE ABOVE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. <b>JAN 9 2004</b>			
			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.							