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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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2007 JUN 15 AM 9:35

MICHAEL A. BROWN  
RECORDER

STATE OF INDIANA ) RE: RONALD POTCHEN  
 ) ss: (a/k/a Ronald E. Potchen)  
COUNTY OF LAKE ) DOD: December 4, 2005

**AFFIDAVIT AS TO  
TENANCY BY ENTIRETIES**

620072137

PEPPER N. (POTCHEN) RICHIE, being first duly sworn upon oath, deposes and says:

That she is an adult and the named Executrix of the Estate of SANDRA POTCHEN, who died on the 22<sup>nd</sup> day of July, 2006.

That she has personal knowledge that the decedent and her former husband (Ronald Potchen), who predeceased her, were owners by the entireties of the following described real estate, to wit:

The North 65 feet of the South 305 feet of the East 233 feet of the East Half of the East Half of the Southeast Quarter of Section 23, Township 36 North, Range 9 West of the Second Principal Meridian, all in the Town of Gary, in Lake County, Indiana, except the East 33 feet thereof which is embraced in Colfax Avenue (Key #001-15-26-5-47)

Commonly known as 3650 Colfax Ave., Gary, IN 46408

That said parties were husband and wife when they took title to the above described real estate; and that both remained in title and lived continuously together as husband and wife until his death, testate, on the date above given.

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, RONALD POTCHEN (a/k/a Ronald E. Potchen), at the time of his death, within the

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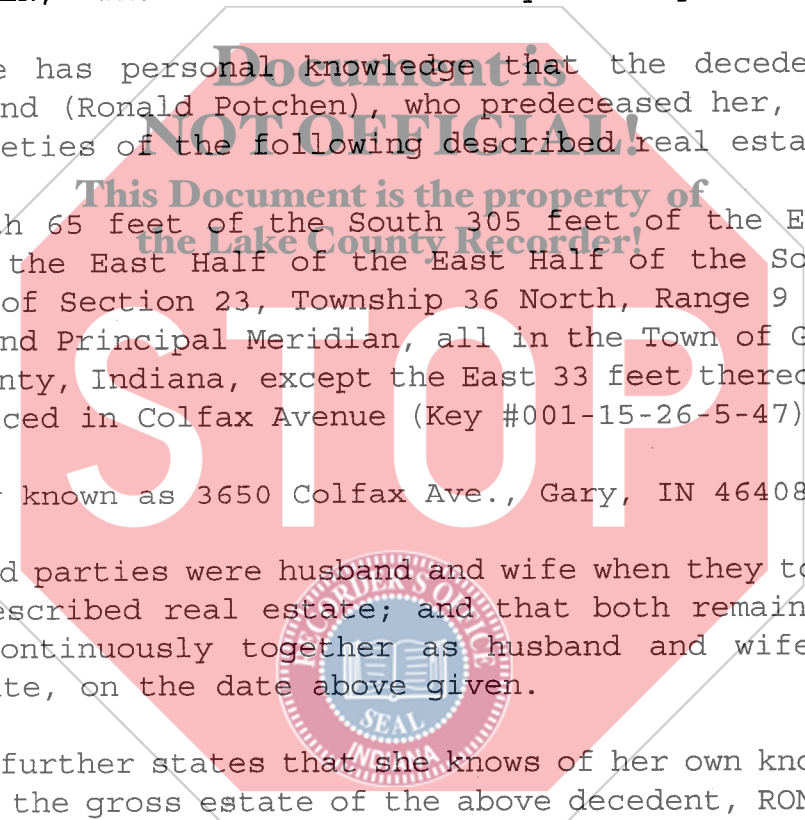
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PEGGY HOLLINGA KATONA  
LAKE COUNTY AUDITOR

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CHICAGO TITLE INSURANCE COMPANY



meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

Affiant further states that all outstanding debts and obligations of the decedent, RONALD POTCHEN (a/k/a Ronald E. Potchen), including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

*Pepper N. Richie as executor*

PEPPER N. RICHIE

Affiant

Subscribed and sworn to before me, a Notary Public residing in Lake County, Indiana, on this 8th day of ~~May~~ <sup>June</sup>, 2006.

*Sheryl D. Gordish*  
This Document is the property of  
the Lake County Recorder

Sheryl D. Gordish

Notary Public

My Commission Expires: 5/6/11

My County of Residence: Lake

I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law. MICHAEL D. DOBOSZ

**This Instrument Prepared By:**

MICHAEL D. DOBOSZ #14539-45

HILBRICH CUNNINGHAM SCHWERD DOBOSZ & VINOVIK, LLP

2637 - 45th Street

Highland, IN 46322

Phone: (219) 924-2427

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

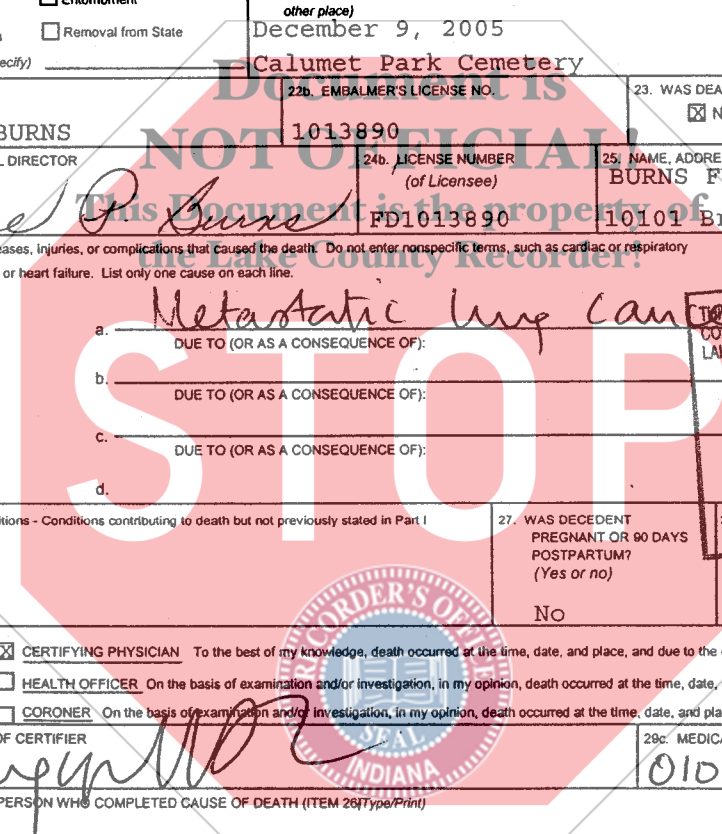
INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 4093-08

State No. ....

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) <b>RONALD E. POTCHEN</b>			2. SEX <b>Male</b>	3a. TIME OF DEATH <b>7:45 AM</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>December 4, 2005</b>
	4. *SOCIAL SECURITY NUMBER <del>XXXXXXXX</del> <b>5320</b>		5a. AGE - Last Birthday (Years) <b>65</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) <b>October 09, 1940</b>
DECEDENT	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
	9b. FACILITY NAME (If not institution, give street and number) <b>3650 COLFAX</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>GARY (GRIFFITH)</b>		9d. COUNTY OF DEATH <b>LAKE</b>
PARENTS	10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>SANDY NELSON</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>TRUCK DRIVER</b>	
	13a. RESIDENCE - STATE <b>Indiana</b>		13b. COUNTY <b>LAKE</b>		13c. CITY, TOWN OR LOCATION <b>GARY</b>	
	13d. STREET AND NUMBER <b>3650 COLFAX</b>		13e. ZIP CODE <b>46408</b>		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
INFORMANT	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>10</b> College (1-4 or 5+) <b>N/A</b>		18. FATHER'S NAME (First, Middle, Last) <b>JOSEPH POTCHEN</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>KATHLEEN PEFFER</b>	
DISPOSITION	20a. INFORMANT'S NAME (Type/Print) <b>SANDY POTCHEN</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3650 COLFAX, GARY, IN 46408</b>		20c. Relationship <b>WIFE</b>	
	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) <b>December 9, 2005 Calumet Park Cemetery</b>		21c. LOCATION - City or Town, State <b>Merrillville, Indiana</b>	
CAUSE OF DEATH	22a. EMBALMER'S NAME <b>TERRENCE P. BURNS</b>		22b. EMBALMER'S LICENSE NO. <b>1013890</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	24a. SIGNATURE OF FUNERAL DIRECTOR <i>Terrence P. Burns</i>		24b. LICENSE NUMBER (of Licensee) <b>FD1013890</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana</b>	
CERTIFIER	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)  Conditions, if any, which gave rise to the immediate cause stating the underlying cause last  a. <b>Metastatic lung cancer</b> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____		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>	
	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) <b>No</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.	
HEALTH OFFICER	29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. <b>01052677A</b>		29d. DATE SIGNED (Month, Day, Year) <b>12/13/2005</b>	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28)(Type/Print) <b>DR. B. KERALAVARMA 1630 - 45TH AVENUE, MUNSTER, IN 46311</b>					
MANNER OF DEATH	31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) <b>December 13, 2005</b>		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)	
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			34d. DESCRIBE HOW INJURY OCCURRED			
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>December 6, 2005</b>				
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.						



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.  
DEC 14 2005