

2008 018341

2008 MAR 13 PM 12:59

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

620080554

On this MAR 11 2008 before me personally appeared _____

William Ledyard, Jr.

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. Affiant is son of owner
(late interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by William Richard Ledyard and Sandra Ledyard;

4. Said William Richard Ledyard
(fill in name of co-tenant who died)
died on 5/16/05

leaving N/A will;
insert "a" or "no"; if will left, attach a copy

5. The legal description of the premises in question is:
see attached legal.

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

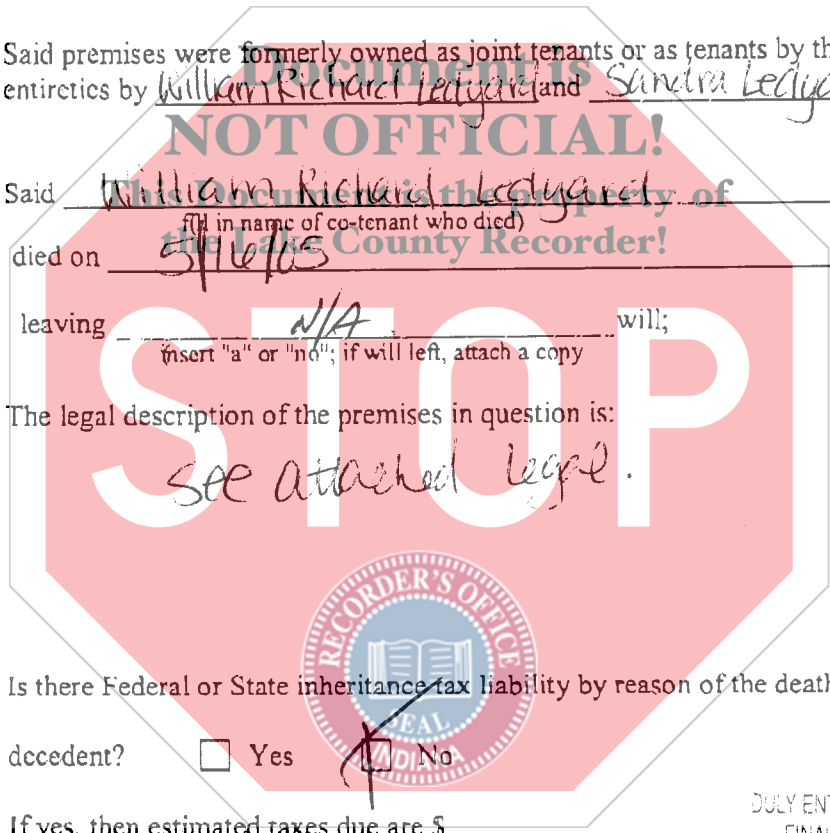
The taxes due are paid or unpaid.. N/A

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAR 13 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Chicago Title Insurance Company



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CT
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7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes", identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was SON

Signature: William Leedy, Jr.
Printed Name William Leedy, Jr.
Address: 115 W. OLD RIDGE RD

HOBART, IN. 46342

Subscribed and sworn to before me by the affiant

This 3/11/08
(insert date) **This Document is the property of
Porter County Recorder!**

Lisha Vera
Notary Public
Printed Name Lisha Vera

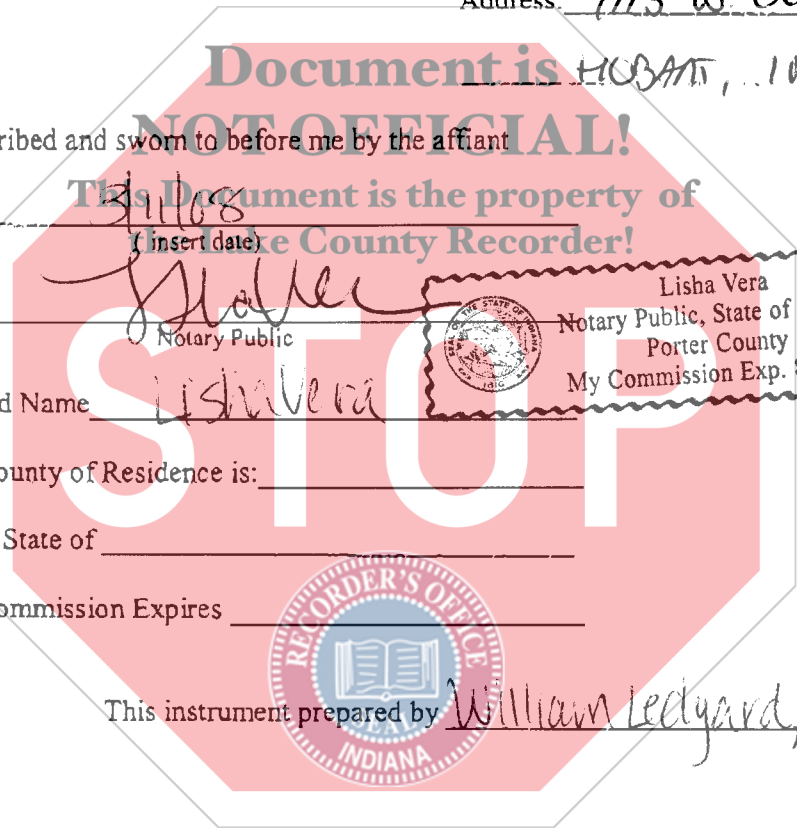
Lisha Vera
Notary Public, State of Indiana
Porter County
My Commission Exp. 8/07/10

My County of Residence is: _____

In the State of _____

My Commission Expires _____

This instrument prepared by William Leedy, Jr.



No: 620080554

LEGAL DESCRIPTION

Lot 9, in Greenwood Terrace, in the City of Hobart, as per plat thereof, recorded in Plat Book 31 page 25, in the Office of the Recorder of Lake County, Indiana.



ATTENTION ESTATE: The Social Security # is requested by this state agency in order to fulfill its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 13 85-05

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

RE/PRINT IN PERMANENT INK

DECEDENT

IDENTIFIERS

FORMANT

POSITION

USE OF THIS

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) William R. Ledyard				2. SEX Male	3a. TIME OF DEATH 4:47am_M	3b. DATE OF DEATH (Month, Day, Yr.) May 16, 2005	
4. *SOCIAL SECURITY NUMBER 8442		5a. AGE—Last Birthday (Years) 65	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) July 29, 1939		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" 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. MARY MEDICAL CENTER				9c. CITY, TOWN, OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Sandra Ramsey		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Policeman		12b. KIND OF BUSINESS/INDUSTRY City Of Hobart	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hobart		13d. STREET AND NUMBER 420 S. Wabash	
13e. ZIP CODE 46342		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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. DECEDENT'S EDUCATION (Specify only highest grade completed) Emergency/Secondary (0-12) 12 College (1-4 or 5+) 			
18. FATHER'S NAME (First, Middle, Last) John Ledyard				19. MOTHER'S NAME (First, Middle, Maiden Surname) Jean McRitchie			
20a. INFORMANT'S NAME (Type/Print) Sandra Ledyard			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 420 S. Wabash HOBART, INDIANA 46342			20c. Relationship Husband	
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) May 20, 2005 Graceland Cemetery			21c. LOCATION—City or Town, State VALPARAISO, INDIANA	
22a. EMBALMER'S NAME RUSSELL A. KRAFT, JR.			22b. EMBALMER'S LICENSE NO. FD29300105		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Russell A. Kraft, Jr.</i>			24b. LICENSE NUMBER (of Licensee) FD29300105		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kraft Funeral Services and Crematory, Inc. FH10000005 370 N County Line Rd. Hobart, IN 46342		
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. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. Acute Myocardial Infarct							
DUE TO (OR AS A CONSEQUENCE OF)							
b. Hypertension							
DUE TO (OR AS A CONSEQUENCE OF)							
c. Diabetes Mellitus							
DUE TO (OR AS A CONSEQUENCE OF)							
d. 							
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I.							
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. 01039453		29d. DATE SIGNED (Month, Day, Year) 5/18/05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) John Carter 295 S. Wisconsin St. HOBART, INDIANA. 46342							
31. HEALTH OFFICER'S SIGNATURE <i>Susan J Best, D.O.</i>						32. DATE FILED (Month, Day, Year) May 18, 2005	
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"/> 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	
34a. 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.			