2008 042420

STATE OF INDIANA

)SS:

**COUNTY OF LAKE** 

## AFFIDAVIT OF SURVIVORSHIP

Comes now Ruth Ann Krause, and upon being duly sworn does attest and say:

Crantiles Address 21 & Mich Ave HOBATT 46342

- That the affiant is the spouse of Mark R. Burns, deceased.
- That Mark R. Burns, and Ruth Ann Krause acquired the following properties as 2. Husband and Wife during the term of their marriage:

WOODS ADDITION S 50 FT. OF N. 100 FT L.12

Parcel #27-18-0194-0025cument is

Commonly known as 216 N. Michigan Ave., Hobart, IN 46342

This Document is the property of GEO. & WM. EARLES 2<sup>ND</sup> SUBDIV. ALL L.7 BL.9 Parcel #27-17-0132-0007

Commonly known as: 639 Main St., Hobart, IN 46342

FIFIELDS ADD. HOBART L. 4

Parcel #27-17-0158-0010

Commonly known as: 49 N. Linda, Hobart, IN 46342-3245

ORCHARD PARK ADD. SW'LY PT. LOT 5 & W'LY PT. LOT 6 BL. 6

Parcel #27-18-0098-0006

Commonly known as 1900 W. Ridge Rd., Hobart, IN 46342

That Mark R. Burns and Ruth Ann Krause remained married until the death of Mark 3. R. Burns on the 8th day of April, 2008.

FILED

JUN 10 2008

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

4. That Ruth Ann Krause became the fee simple owner of the properties at the death of Mark R. Burns.

I affirm under the penalties for perjury that the foregoing statements are true.

Ruth Ann Krause STATE OF INDIANA ) )SS: COUNTY OF LAKE Subscribed and sworn to before me this day of June, 2008. My Commission Patricia A. Rees, Notary Public This Document is the property of Expires: 3-25-2010 the Lake County Recorder! I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law This Instrument Prepared by: Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

MARK R. BURNS    See   Section   Sec	Resubmit.												
State   Control   Contro	LOCAL NO	me (If Fema	ie)						Death (Month/Day/Year)				
313-66-9571 50   Search		Inder I Year 6	c. Under 1 Month	6d. Under 1 Day	6e Under	1 Hour	7 Date O		1 .				
The Control	313-68-9571 50 Mont	ns C	)ays	Hours		November 24, 1957   Mullion, Germany					iny		
1900 W. Ridge Rd. 19 Charter State And Section   State												sify)	
Towns   Sea And 20 close   Towns													
Hobart   Lake		13	13. County Of Death				,						
Part Ann Krause   Substation Electrician   Business-Utilities   Busine	Hobart									☐ Widowed ☐ Never Married ☐ Unknown			
The State And Fundament Processor State In Clark    State And Fundament In Clark   State And	15 Surviving Spouse's Name 15a												
18									Business- Otilities				
216 N. Michigan Ave. 19 Tensan's Escator 12 + 4  No not Spanish/Hispanic/Latino White 21 Tanes Nature Part Mode, Latin Junior R. Burns 12 Super Part Mode, Latin Junior R. Burns 13 Super Part Mode, Latin Junior R. Burns 14 Super Part Mode, Latin Spangler  Ruth Ann Krause  Part Mann Krause  24 Research Part Mode, Latin Spangler  25 Part O Super Part Mode, Latin Spangler  26 Part O Super Part Mode, Latin Spangler  27 North Mode, Latin Spangler  28 Part O Super Mode, Latin Spangler  29 Part O Super Mode, Latin Spangler  20 Part O Super Mode, Latin Spangler  20 Part O Super Mode, Latin Spangler  20 Part O Super Mode, Latin Spangler  21 North Mode, Latin Spangler  22 North Mode, Latin Spangler  22 North Mode, Latin Spangler  23 Part North Mode, Latin Spangler  24 Latin Mode, Latin Spangler  25 Part O Super Spangler  26 Part O Super Spangler  27 North Mode, Latin Spangler  28 Part O Super Spangler  28 Part O Super Spangler  29 Part O Super Spangler  29 Part O Super Spangler  20 Part O Super Spangler  21 Part Nation Spangler  22 Part Nation Spangler  23 Part Nation Spangler  24 Part Nation Spangler  25 Part Nation Spangler  26 Part Nation Spangler  27 Part Nation Spangler  28 Part Nation Spangler  29 Part N										1 19f Incide City Limite?			
2							18d Apt	180 Apt. No.		Ø Yes □ No			
23 Monter State Print Mode. Latt)   24 Monter State Print Mode. Latt)   24 Monter State Print Mode. Latt)   24 Monter State Print Mode. Latt)   25 Monter State Print Mode. Latt)   26 Monter State Print Mode. Latt		ic Origin	21. Decedent's Race					10012					
Unifor R. Burns   Spangler   State   Processor   State   Sta												en Last Name	
24 Secretar False.  Ruth Ann Krause  Wife  216 N. Michigan Ave., Hobart, IN 46342  25 Pace of Deposition  25 Pace of Deposition  26 Annual Control   Destroation   Destroa					• •			''					
St. Name of Companies   December   Decembe	24. Informant's Name	24b. Mail	b. Mailing Address (Street And Number, City, State, Zip Code)										
Serial   Chemister   Character   Charact													
Black Cemetery   Portage, Indiana 46368	25a. Method Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location - City, Town, And State												
27. House of Consideration   27. House was Companyable and Finders Entry   27. House Consideration   27. House Considerati	D Other (Sperify): Portage, Indiana 46368												
27. Supplier Of Industry Funds Service Locations  28. PRAIL Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, On Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Ecology, Do Not Abbreviate, Enter Only One Cause On  A Line Add Additional Lines In Nonescary Immediate Cause (Final Disease Or Condition Resulting in Bealt).  Sequentially List Conditions, If Any, Leadring To The Cause Listed On Line A. Exter The Underlying Cause (Disease Or Configury That Intelled On The Events Resulting in Death?)  B. Sequence Coronary arther oscillates To Occasion, If Any, Leadring To The Cause Listed On Line A. Exter The Underlying Cause (Disease Or Inputy That Intelled On The Events Resulting in Death?)  B. Sequence Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary Arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary Arther oscillates To Occasion From Cause Of Seath Part Seath  B. Severe Coronary A	26. Was Coroner Contacted? 27. Name A				15 t			✓		10040			
Cause of Death (See Instructions And Examples)  28. Perf. Enter The Chain Of Events — Obseases, Injuries, Or Complications—That Directly/Caused The Death, Do Not Accessed to Death of	nees Funeral Holle, 600 West Old Holge Hut. 1.0. Dox Hoo, Hobart, Haland Hoo 12 1.7188888888												
28. Perf. Enter The Chan Of Events—Disease, Injuries, of Compilications—That Directly Caused The Death, Do No Enter Terminal Events Such As Canada Areas, Respiratory Arrest, Conventional Fibrillation Without Showing The Ecology. Do No Abbreviate Enter only One Cause On A Line. Add Additional Lines If Necessary Immediate Cause (Final Disease Or Conditions, If Any, Leading To The Cause Stated On Line A. Enter The Underlying Cause (Disease Or Injury) That Installed The Events Resulting in Death) Last  8. Severe coronary atheroscience Of Experimental Events Sequentially Experiment Of Cause (Disease Or Injury) That Installed The Events Resulting in Death) Last  8. Severe coronary atheroscience Of The Cause Conditions (Death) Cause (Disease Or Injury) That Installed The Events Resulting in Death) Last  9. Was An Authory Performan?  9. Was A	There is the second												
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The Events Resulting in Death) Last  C Hypertension  Our To (OA AA Consequence Of)  Part II. Enter Other Significant Conditions Continued to Death But Not Resulting in The Underlying Cause Given in Paint  29 Was An Autopsy Performed?  29 Was An A	Sequentially List Conditions, If Any, Leading To The Cause Listed On  B. Severe coronary at 10/244 Consultance Of the Cause Listed On The Cause Li												
Part II. Enter Other Significant Conditions Contribution To Death But Not Resulting in The Underlying Cause Given in Part  29 Was An Autopsy Performed?	The Events Resulting In Death) Last  C Hypertension												
31. Did Tobacco Use Contribute To Death?  32. If Female:  33. Manper Of Death?  34. Date Of Injury (Month/Day/Year)  35. Time Of Injury 1  36. Piacs Of Injury (E.G. Decarent's Home, Construction Site, Residurant, Wooded Area)  37. Injury Al Work?  38. Location Of Injury - State  38. Location Of Injury - State  38. City Or Town  38. Street & Number  42. Cartifier (Check Only One)  36. Piacs Of Injury (Month/Day/Year)  37. Injury Al Work?  38. Street & Number  38. City Or Town  38. Street & Number  47. Sagnature, Of Pescon Certifying Cause Of Death:  47. Cartifier (Check Only One)  38. Cartifier (Check Only One)  38. Cartifier (Check Only One)  38. Cartifier (Check Only One)  39. Describe How Injury Occurred  40. Neather, Address And Zip Code Of Person Certifying Cause Of Death:  47. Value:  48. Signature of Local Health Officer:  49. For Registrar Only - Date Field. (Month/Day/Year)	Part II. Enter Other Significant Conditions Contributing To	Death But Not Resu		ing Cause Given In P	an I	29	9. Was An A	utopsy Performed?	1	¥Yes □ No		· · · · · · · · · · · · · · · · · · ·	
Year   Probably   No   Multiplace   No   Perguant Winin Past Year   Preguant Al Trac Ol Death   Not Preguant Al Trac Ol Deat				J. O.P.	EK'S	0,111	0. Were Aut				Of Death?	¥ Yes □ No	
34. Date Of Injury (Month/Day/Year)   35. Time Of Injury   36. Place Of Injury (E.G. Decement's Home. Construction Site. Residurant, Wooded Area)   37. Injury At Work?   Yes   No.   38b. Street's Number   38c. Apt. No.   38d. Zip Code   39. Describe How Injury Occurred   42. Centiler (Check Only One)   42. Centiler (Check Only One)   43. Neather, Audiress And Zip Code Of Person Certifying Cause Of Death: Jeffrey R. Wells, Chief Deputy   44. Licerse Number   45. Date Certified   47. Akas   48. Signature of Local Health Officer:   49. For Registrar Only - Date Field (Month/Day/Year)   49. For Registrar Only -		☐ Not Pregnant With	hin Past Year ☐ Pregr	nant At Time Of Death	Not Pregnant	, But Pregnant With	in 42 Days Of E	Death X Natur	al 🗆 Homic	ide 🔲 Accident 🗖	Pending Investigati	ion	
38. Location Of Injury - State  38. Apr. No. 38d. Zip Code  38d. Apr. No. 38d. Zip Code  41 Code Injury - State  42 Certifier (Check Only One)  38d. Zip Code  43 For Registrar (Check Only One)  44 License Number  45 Corner   Health Officer  45 Deputy  46 Additional Funeral Service Provider  48 Signature of Local Health Officer  49 For Registrar Only - Date Filed (Monty/Day/Year)  48 Signature of Local Health Officer  49 For Registrar Only - Date Filed (Monty/Day/Year)		1 -						nstruction Site, Res	de 🔟 Could staurant, W	Not Be Determined cooded Area)	ì		
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41/ Signature, Of Person Certifying Cause/Of Person Certifying Cause Of Death:  42/ Certifier (Check Only One)  Chief  Certifying Physician & Coroner   Health Officer    43. Neither, Address And Zip Code Of Person Certifying Cause Of Death: Jeffrey R. Wells, Chief Deputy  44. Licerse Number:  45. Date Certified  N/A May 23, 2008  46. Additional Funeral Service Provider:  47 'Akas:  48. Signature of Local Health Officer:  49 For Registriar Only - Date Filed. (Monitr/Day/Year):  **The Company of Coroner   Health Officer    49 For Registriar Only - Date Filed. (Monitr/Day/Year):  **The Coroner   Health Officer    47 'Akas:  48. Signature of Local Health Officer.  **The Coroner   Health Officer    49 For Registriar Only - Date Filed. (Monitr/Day/Year):  **The Coroner   Health Officer    49 For Registriar Only - Date Filed. (Monitr/Day/Year):  **The Coroner   Health Officer    47 'Akas:  48. Signature of Local Health Officer    49 For Registriar Only - Date Filed. (Monitr/Day/Year):  **The Coroner   Health Officer    49 For Registriar Only - Date Filed. (Monitr/Day/Year):  **The Coroner   Health Officer    40 For Registriar Only - Date Filed. (Monitr/Day/Year):  **The Coroner   Health Officer    47 'Akas:  48 Signature of Local Health Officer    49 For Registriar Only - Date Filed. (Monitr/Day/Year):  **The Coroner   Health Officer    49 For Registriar Only - Date Filed. (Monitr/Day/Year):  **The Coroner   Health Officer    48 Signature of Local Health Officer    49 For Registriar Only - Date Filed. (Monitry Day/Year):  **The Coroner   Health Officer    49 For Registriar Only - Date Filed. (Monitry Day/Year):  **The Coroner   Health Officer    **The	36. Education of injury - State	Joan City Of TOWN		Tin.	HAN	inic		for more more	Park Share Street Street				
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	\			der to pursue its statutory r	esponsibility C	Disclosure is volunter	y and there will	be no penalty for refusal	THE RECOR	OS IN THIS SERIES	ARE CONFIDENTI	AL PER IG 16-3 7-1-10	