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2010 041921

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 JUL 20 AM 11:38

MICHELLE R. FAJMAN
RECORDER

STATE OF INDIANA)
COUNTY OF LAKE) SS:

AFFIDAVIT OF SURVIVORSHIP

Margaret T. Ratkay, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of **Stephen E. Ratkay** and that they were married on the date that they acquired title as husband and wife as tenants by the entireties to certain Real Estate in **Lake County, Indiana To-Wit:**.

Lot 37 and the South half of Lot thirty-eight, in Block three (3) in **Broadway Realty & Investment Company's Addition to Gary**, as shown in Plat Book 9, page 31 in **Lake County, Indiana**.

2. The marital relationship which existed between **Stephen E. Ratkay and Margaret T. Ratkay** continued unbroken from the time they so acquired title to said real estate until the death of **Stephen E. Ratkay on December 21, 2006**, at which time **Margaret T. Ratkay** acquired title as surviving tenant by the entireties.

3. That the purpose of this affidavit is to induce the **Lake County Auditor** to show the transfer of such property on his/her records.

AFFIANT FURTHER SAYETH NOT.

Margaret T. Ratkay
Margaret T. Ratkay (Seal)

FILED

JUL 20 2010

**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared **Margaret T. Ratkay** and acknowledged the execution of the foregoing affidavit, this 13th day of July, 2010.

My Commission Expires:

9/20/17
JENNIFER C. BERG
Resident of Lake County, IN
My commission expires
September 20, 2017

Jennifer C. Berg
Notary Public
Resident of Lake County, IN

MAIL TAX BILLS TO: **Margaret T. Ratkay,**
4545 Massachusetts, Gary, IN 46409

TAX KEY NO(S): **45-08-34-102-007.000-004**

GRANTEE(S) ADDRESS: **4545 Massachusetts, Gary, IN**

THIS INSTRUMENT PREPARED BY : **Douglas R. Kvachkoff, Attorney at Law, 325 N. Main, Crown Point, IN 46307, 219-662-8200**

File No. **2010-46371-02**

028020

Return to
INDIANA TITLE NETWORK COMPANY
325 NORTH MAIN
CROWN POINT, IN 46307

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.

Jolene Kratochvil
Jolene Kratochvil

JN #18208
CK
B30
B3

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

Local No. 3107-06

Key # (18) 28-585-41 (25) 41-211-35

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) **STEPHEN E. RATKAY**

2. SEX **MALE**

3a. TIME OF DEATH **10:07A M**

3b. DATE OF DEATH (Month, Day, Yr.) **DECEMBER 21, 2006**

4. SOCIAL SECURITY NUMBER **306-34-2074**

5a. AGE—Last Birthday (Years) **72**

5b. UNDER 1 YEAR Months Days

5c. UNDER 1 DAY Hours Minutes

6. DATE OF BIRTH (Mo, Day, Yr) **AUGUST 8, 1934**

7. BIRTHPLACE (City and State or Foreign Country) **GARY, INDIANA**

8a. WAS DECEDENT A U.S. VETERAN? **YES**

8b. YEAR LAST SERVED IN U.S. ARMED FORCES? **1959**

9a. PLACE OF DEATH (Check only one. See instructions.)
 HOSPITAL: Inpatient ER/Outpatient DOA
 OTHER: Nursing Home Other (Specify) Residence

9b. FACILITY NAME (If not institution, give street and number) **THE COMMUNITY HOSPITAL**

9c. CITY, TOWN, OR LOCATION OF DEATH **MUNSTER**

9d. COUNTY OF DEATH **LAKE**

10. MARITAL STATUS (Specify) **MARRIED**

11. SURVIVING SPOUSE (If wife, give maiden name) **MARGARET T. BUROSH**

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **STEEL WORKER**

12b. KIND OF BUSINESS/INDUSTRY **STEEL MILL**

13a. RESIDENCE—STATE **INDIANA**

13b. COUNTY **LAKE**

13c. CITY, TOWN, OR LOCATION **MUNSTER**

13d. STREET AND NUMBER **1716 POPLAR LANE**

13e. ZIP CODE **46321**

13f. INSIDE CITY LIMITS No Yes

13g. ON A FARM? No Yes

14. CITIZEN OF WHAT COUNTRY? **USA**

15. WAS DECEDENT OF HISPANIC ORIGIN? No 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)
 Elementary/Secondary (0-12) **12** College (1-4 or 5+) **2**

18. FATHER'S NAME (First, Middle, Last) **JOHN RATKAY**

19. MOTHER'S NAME (First, Middle, Maiden Surname) **BARBARA MILCICH**

20a. INFORMANT'S NAME (Type/Print) **MARGARET T. RATKAY**

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **1716 POPLAR LANE, MUNSTER, INDIANA 46321**

20c. Relationship **WIFE**

21a. METHOD OF DISPOSITION Burial Entombment Cremation Removal from State Donation Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **DECEMBER 27, 2006 CALUMET PARK CEMETERY**

21c. LOCATION—City or Town, State **MERRILLVILLE, INDIANA**

22a. EMBALMER'S NAME **JOHN S. PRUZIN, JR.**

22b. EMBALMER'S LICENSE NO. **29600100**

23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR *John S. Pruzin*

24b. LICENSE NUMBER (of Licensee) **1007231**

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **SOLAN-PRUZIN FUNERAL HOME FH10200037 14 KENNEDY AVE., SCHERERVILLE, IN, 46375**

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) a. **Parkinson's Disease**
 DUE TO (OR AS A CONSEQUENCE OF):
 b. _____
 DUE TO (OR AS A CONSEQUENCE OF):
 c. _____
 DUE TO (OR AS A CONSEQUENCE OF):
 d. _____
 Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

27. **MAILED 26 2007**

28a. WAS AN AUTOPSY PERFORMED? (Yes or no) **NO**

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
 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.
 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 *Km & Lm*
LAKE COUNTY AUDITOR

29c. MEDICAL LICENSE NO. **01042561A**

29d. DATE SIGNED (Month, Day, Year) **12-24-06**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) **KRISHNAKANT S. RAIKER, M.D., 9038 B COLUMBIA AVENUE, MUNSTER, INDIANA 46321**

31. HEALTH OFFICER'S SIGNATURE *Susan W. But D.O.*

32. DATE FILED (Month, Day, Year) **December 28, 2006**

33. MANNER OF DEATH
 Natural Pending Investigation
 Accident Could not be Determined
 Suicide Homicide

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no)

34d. DESCRIBE HOW INJURY OCCURRED
 THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. **B11 CS CP**

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) **DEC 28 2006**

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. **020627**

DECEDENT

ARENTS

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OSITION

AUSE OF EATH

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ALTH ICER

FILED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
21 year