		Mail tax bills to: Andrea L. Olivotto, 3433 Colfax Street, Lot 19, G	ary, IN 46406
		\mathcal{T}	8
		STATE OF INDIANA)	IN THE LAKE CIRCUIT COURT
) SS: COUNTY OF LAKE)	2293 N. MAIN STREET CROWN POINT, INDIANA
	ਤੋਂ ''	IN THE MATTER OF THE ESTATE OF:)	CAUSE NO. 45C01-1107-EM- 56176
Second Se	<u></u>	IRIS GEORGENE RIPPE, a/k/a IRIS M. RIPPE,) Decedent.)	-
Contract of the contract of th	3	SURVIVORSHIP A	AFFIDAVIT
		COMES NOW ANDREA LOUISE OLIVOTTO.	who having first been duly sworn on her oath,
0	~	states and deposes as follows:	
4		1. That she is the Affiant/daughter of the d	The North Park
6		2. That the decedent herein, Iris Georgene April 30, 2011.	Rippe, a/k/a Iris M. Rippe, died testate on
4 3	+	3. That on April 26, 2011, the decedent exe	ecuted her Transfer on Death Deed which
<u>,</u> <u> </u>	<u> </u>	was duly recorded on April 26, 2001, in the Office of document number 2011 023543.	
se ce)	This Document is the	property of
ecorded		in the following described real estate located in Lake	
9 /6	7	Beneficiaries, namely Paul Edward Rippe, Andrea Lou Lee Rippe:	ise Olivotto, Emma Anne Olsen, and Robert
Te	•	"Lot 20, Highland Heights Addition to	
VI		Plat Book 34, page 85, in Lake Count	y, Indiana."
シー		Parcel Number: 45-07-28-478-055.000-026	
44		More commonly known as 3149 – 44	th Street, Highland, Indiana 46322.
E 3		5. That said deed was not revoked by the G	rantor prior to her death.
olumer Sain		6. That all of aforesaid Grantee-Beneficiaries	s survived the decedent.
2 2		SEAL WOLAND LIST	
02		record on day of July, 2011, and contempo	ast Will and Testament to be spread of horaneously filed her Affidavit of No
97		Inheritance ax Due on said date.	ED
	e *	7. That your Affiant caused the decedent's I record on James day of July, 2011, and contemporal Inheritance ax Due on said date. 8. What all of the federal and state estate and state estate and page 1 of James Hours and James August 1988. Page 1 of James 2007.	id income tax eturns required to be filed
	•	AUG O JUST OF DE PROPERTOR	JUL 29 ZUII
		HOLINITY ACTION PAGE 1 0/1	DEGGY HOLINGA KATONA
	Q	ECC. COO	AKE COUNTY
		U2807	

have in fact been filed as required by law.

9. That this Affidavit is being filed to clarify the title to said real estate.

FURTHER AFFIANT SAYETH NOT.

Dated this 14 day of July, 2011.

ANDREA LOUISE OLIVOTTO

STATE OF INDIANA

)) SS:

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state, this day of July, 2011.

My Commission Expires: 3-1/-17

Resident of Lake County, Indiana Ocument is

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.

Lake County Recorder!

Keane J. Moody

This instrument was prepared by: Keane J. Moody, Attorney at Law, 9105 Indianapolis Boulevard, Highland, IN 46322 Indiana Attorney No. 13727-45

Page 2 of 2

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (al No OC				EDR N	No 0000			<u>50</u>	2. Se:		e No (0190		Of Death (Month/Day/Y	
		,					(,, 10.11	naio,						4. Duic		
IRIS G RIPPE 5. Social Security Number	6a. Age - Yrs	6b. Under	1 Year	6c. Under 1 I		IICK . Under 1 Day	6e. U	nder 1 Hour	7. Date		/IALE onth/Day/Year)	03:00 8. Birt		y and State	04/30/2011 or Foreign Country)	
306-28-0308 9. Ever in U.S. Armed Force	81	Months eath Occurred I	п А Посе	Days	Но	ours	Minute		urrod Som	01/30/	1930 er Than A Hosp		MONE), IN		
Yes No Unkn					atient 🔲	Dead on Arriva	. ⊠ Ho	ospice Facility ther (Specify)	y 🗖 🗅	ewnere Om Decedent's H			ne/Long-terr	n Care Fac	ility	
11. Facility Name (If Not Ins															· · · · · · · · · · · · · · · · · · ·	
12. City Or Town, State, And								13. County	Of Death			- 1	Marital Sta			
CROWN POINT, IN, 46307 15. Surviving Spouse's Name				15a. (If Wife)Give Malden				LAKE					Married			
15. Surviving Spouse's Nam	ie				15a. (If	Wife)Give Maide	en Last Na	ame		16. Dece	dent's Usual Od	ccupation		17. Kind	Of Business/Industry	
18. Residence - State			18a.	County			18b	o. City Or To	wn	HOME	MAKER			OWN	HOME	
INDIANA			LAKI	=			ню	HLAND								
18c. Street And Number			LAK				Tric	AI ILAND			18d. Apt. N	0.	18e. Zip	Code	18f. Inside City Lim	
3149 44TH STREE	T.												46	322	⊠ Yes □ No	
19. Decedent's Education HIGH SCHOOL GF	RADIJATE	OR GED	20.	Decedent Of I	Hispanic O	rigin		21. [Decedent's	Race					•	
COMPLETED			NO	OT HISPA	NIC	·	100 **	Whit		alla. J · `			T 65		Idea I and Nove	
22. Father's Name (First, Mid	iule, Last)						23. Mol	ther's Name	(r-irst, Mid	uie, Last)			23a. I	viotners Ma	aiden Last Name	
GLEN MICK 24. Informant's Name				24a. Relations	shin To Da	ecedent		RED MI		And Numbo	r, City, State, Zi	n Code\	OLS	ON		
ANDREA OLIVOTT	го			DAUGHT		-coupill	1	•	,		r, City, State, Zi), GARY, I		06			
							ace Of Dis	position								
25a. Method Of Disposition ☐ Burial ☒ Cremation ☐	Donation 🔲		25b. Pla	ce Of Dispositio	n (Name	Of Cemetery, Cr	rematory,	Other Place)	25c. L	ocation - Ci	ly, Town, And S	itate				
☐ Removal From State ☐ Other (Specify):			SOLA	N PRUZIN	CRE	MTORY!	me	ent	SL	EDED!	ILLE, IN					
26. Was Coroner Contacted?		7. Name And C	Complete	Address Of Fu	neral Faci	lity		TO	W A	-				27a. Fu	neral Home License Nur	
☐ Yes 🗵 No	IS	CHERER	UZIN VILLE	FUNERA IN 4637	LSÉR 5	VICE INC.	DBAS	SOLAN-	PRUZI				•	FH102	200037	
27b. Signature Of Indiana For DEAN G WAGNER	uneral Service L R . BY ELE	icensee: CTRONIC	SIG	ATURE	ocu	ment	is t	he p	rop		27c. License N		Licensee):			
28. Part I. Enter The Cha Such As Cardiac Arrest, A Line. Add Additinal Lin	ain Of Events Respiratory Ar	- Diseases, Inj rest, Or Ventri	uries. O	r Complication	Cause s - That I	Of Death (Se Directly Caused	e Instruct	ctions And ath. Do Not	Enter Ter	minal Ever	nts use On				Approximate Interval: Onse To Death	
Immediate Cause (Final I			ng In D	eath)	A. END	STAGE RESI	PIRATOF	RY DISEAS							YEARS	
0					B. PUL	MONARY FIBI	BOSIS		Due to (Or	As A Consequer	ice Of):				YEARS	
Sequentially List Condition Line A. Enter The Under The Events Resulting In I	lying Cause (E	ading to the Oisease Or Inju	ry That	Initiated			NOCIO		Due to (Or	As A Consequer	ce Of):					
J	,				C. <u>COF</u>				Due to (Or	As A Consequer	ce Of):				YEARS	
Part II. Enter Other Significan	t Conditions Co	ntributing to De	ath But N		D. <u>CHF</u> The Unde		vin In Part		29. Wa	s An Autops	y Performed?	-			YEARS	
END STAGE RESPIRATOR											Finding Available	e To Com	Plete The C	No ause Of De		
31. Did Tobacoo Use Contrib	oute To Death?		If Femal		Pregn	ant At Time Of Death	Not Pr	regnant, But Preci	nant Within 42	Days Of Death	33. Mann			Accident I	Pending Investigation	
☐ Yes ☑ Probably ☐ N 34. Date Of Injury (Month/Da	<u> </u>		Not Pregna	ant, But Pregnant 43		r Before Death	Unkno	wn If Pregnant W	ithin The Past	Year	☐ Suicide	e 🔲 Cou	d Not Be Do	etermined		
34. Date Of Injury (Month/Da	iy/ rear)	35.	Time C	л іпушту		36. Pia	ce Or injui	ry (E.G., Dec	edent's H	ome, Constr	uction Site, Res	staurant, V	Vooded Are	a) 3	7. Injury At Work?	
38. Location Of Injury - State	!	38a	. City Or	Town		11110	itreet & Nu	STHE ABI	IVE IS A	TRUE AND	COMPLETE	Wile Carrier	38c. Apt. N	lo. 3	8d. Zip Code	
39. Describe How Injury Occ	urred					LAKE	DIANE C	HEALTH DE	PARTME	<u>aim on fi</u> Nt	40. If Tran	isportation	Injury, Spe	ecify: edestrian	Other (Specify)	
41. Signature, Of Person Ce			LEOT	DONIO C	CALACI	UDE	IIIIIII)	WAY	0.6	42. C	ertifier (Check	Only One)		·		
KATHRYN HENKLI 43. Name, Address And Zip					IGNAI	UHE		MIN	174	7(C	ertifying Physic 44. I	ian License N	☐ Coroner umber		Heath Officer 5. Date Certified	
KATHRYN HENKLI 46. Additional Funeral Service	E MULLIG	AN , 919	MAIN	STREET	, SUITI	E 102, DYI	ER, IN	46311		on a mark to be the server of the		52342 *Akas:	Α		05/02/2011	
48. Signature of Local Health	Officer:							200-		49. For I	Registrar Only	- Date Fil	ed (Month/l	Day/Year):		
SUSAN W. BEST, Y	VIA ELEC	TRONIC S	IGNA		DMENT	OCEDIFICA	TE OF C	EATH /	EDV 05	CONTRACTOR OF STREET	- 1277 LTMM92.TV, CJONESTO	ş	AY 02 2			
				AMEN	UMENI 1	O CERTIFICA	IE UF D	EATH (ENT	HY OR C	JHIGINAL)	· · · · · · · · · · · · · · · · · · ·					

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.