

3

AFFIDAVIT OF SURVIVING SPOUSE OR JOINT SURVIVOR (5302.17 O.R.C)

19838409

State of Indiana
County of Lake

Sandra K Price being first duly sworn, deposes and says as follows:

That Ronald M Price Sr and Sandra K Price are joint owners of real estate under a duly recorded survivorship deed. The original survivorship deed is recorded in the records of the Lake County Recorder as Document No. 721223 and/or Volume _____, Page _____.

That Ronald M. Price Sr. died on 8-12-03.

That by the death of Ronald M Price Sr., the following survivor,

Sandra K Price is the fee simple owner of the described real estate (LEGAL DESCRIPTION ATTACHED), and requests that this fact be so indicated on the tax and tax records of Lake County.

2011 042096

Return To:
Southwest Financial Services, LTD.
P.O. Box 300
Cincinnati, OH 45273-8043
DF472799

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Sandra K Price
(Signature)

Sworn to before me and subscribed in my presence this 18th day of July, 2011.



STACEY N. WILLIAMS
Notary Public, State of Indiana
My Commission Expires February 22, 2014



Stacey N. Williams
(Notary Public)
Stacy N. Williams

AMOUNT \$ 17.00
CASH _____ CHARGE _____
CHECK # 0000485014
OVERAGE 3.00
COPY _____
NON-COM ✓
CLERK LP

1 Reb

This instrument prepared by:

Michele Garnett
Michele Garnett

FILED

054562

AUG 03 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

FILED
2011 AUG -4 AM 11:35

EXHIBIT "A" LEGAL DESCRIPTION

Page: 1 of 1

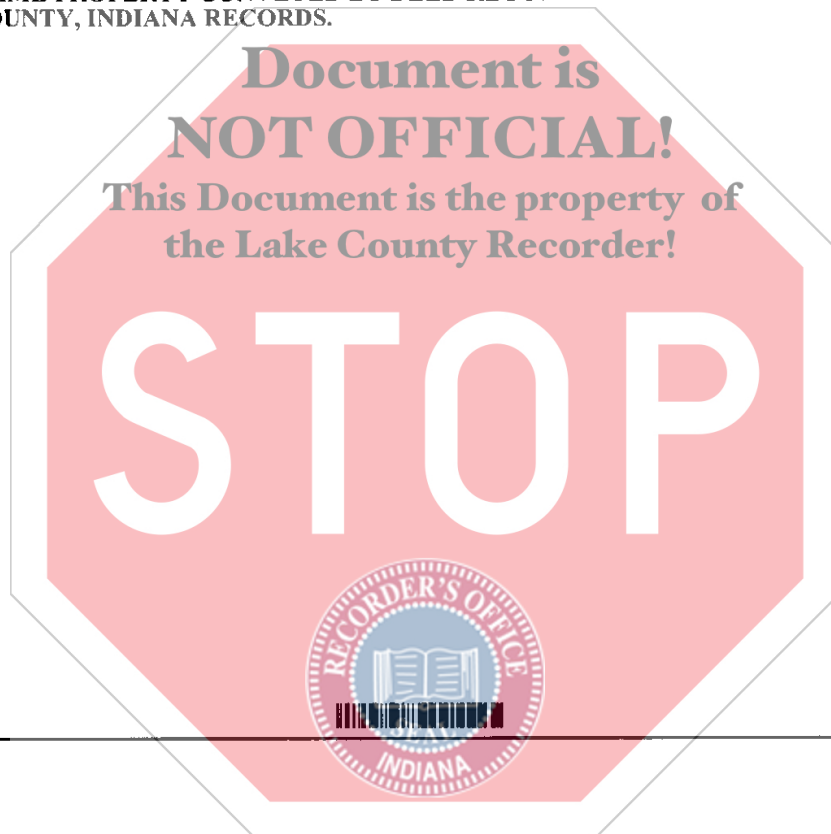
Account #: 19838409
Order Date : 07/08/2011
Reference :
Name : SANDRA PRICE
Deed Ref : 721223

Index #:
Parcel #: 450831178003000001

LOT 18, SUNNY ACRES, AS SHOWN IN PLAT BOOK 28, PAGE 43, LAKE COUNTY, INDIANA.

SUBJECT TO ALL EASEMENTS, COVENANTS, CONDITIONS, RESERVATIONS, LEASES AND RESTRICTIONS OF RECORD, ALL LEGAL HIGHWAYS, ALL RIGHTS OF WAY, ALL ZONING, BUILDING AND OTHER LAWS, ORDINANCES AND REGULATIONS, ALL RIGHTS OF TENANTS IN POSSESSION, AND ALL REAL ESTATE TAXES AND ASSESSMENTS NOT YET DUE AND PAYABLE.

BEING THE SAME PROPERTY CONVEYED BY DEED RECORDED IN DOCUMENT NO. 721223, OF THE LAKE COUNTY, INDIANA RECORDS.



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 01-39-0477-0018

Local No: 1934-03

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

1 DECEASED—NAME (First, Middle, Last) RONALD M. PRICE, SR.		2 SEX MALE	3a TIME OF DEATH 10:45 A.M.	3b DATE OF DEATH (Month, Day, Yr) AUGUST 12, 2003
4 *SOCIAL SECURITY NUMBER 463-68-6440	5a AGE—Last Birthday (Years) 59	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) NOVEMBER 9, 1943
7 BIRTHPLACE (City and State or Foreign Country) SPOKANE, WASHINGTON	8a WAS DECEDENT A U.S. VETERAN? NO			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a 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 type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) 4809 WRIGHT STREET		9c CITY, TOWN, OR LOCATION OF DEATH GRIFFITH	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) SANDRA BARE	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SHIPPER		12b KIND OF BUSINESS/INDUSTRY CARGILL STEEL & WIRE
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN, OR LOCATION GRIFFITH	13d STREET AND NUMBER 4809 WRIGHT STREET	
13e ZIP CODE 46319	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) Elementary/Secondary (1-8) 6th College (1-4 or 5+) 3		18 FATHER'S NAME (First, Middle, Last) CHARLES M. PRICE		
19 MOTHER'S NAME (First, Middle, Maiden Surname) MARY E. BRANT		20a INFORMANT'S NAME (Type/Print) SANDRA K. PRICE		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4809 WRIGHT ST., GRIFFITH, INDIANA 46319		20c Relationship WIFE		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) AUGUST 16, 2003 EVERGREEN CEMETERY		21c LOCATION—City or Town, State HOBART, INDIANA
22a EMBALMER'S NAME DEAN G. WAGNER		22b EMBALMER'S LICENSE NO. 8800057	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>		24b LICENSE NUMBER (of Licensee) 8800057	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME SOLAN-PRUZIN FUNERAL HOME FH1020037 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 RESPIRATORY FAILURE		Approximate Interval Between Onset and Death 10 DAYS
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b PNEUMONIA		10 DAYS
		c MULTIPLE MYELOMA		8 MONTHS
		d FEB 20 2008		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I PARAPARESIS				
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)
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>Matthew M. Shah</i>		29c MEDICAL LICENSE NO. 01029974	29d DATE SIGNED (Month, Day, Year) AUGUST 14, 2003	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) MATHEW M. SHAH M.D., 7905 DARUMET AVE MUNCIE, IN 46321				32 DATE FILED (Month, Day, Year) August 15, 2003
31 HEALTH OFFICER'S SIGNATURE <i>Susan A. Brant</i>				
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
		34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) LAKE COUNTY AUDITOR		
34e HOW INJURY OCCURRED 4610		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) LAKE COUNTY AUDITOR		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no)		



FILED FEB 20 2008 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR