4

2011 053857

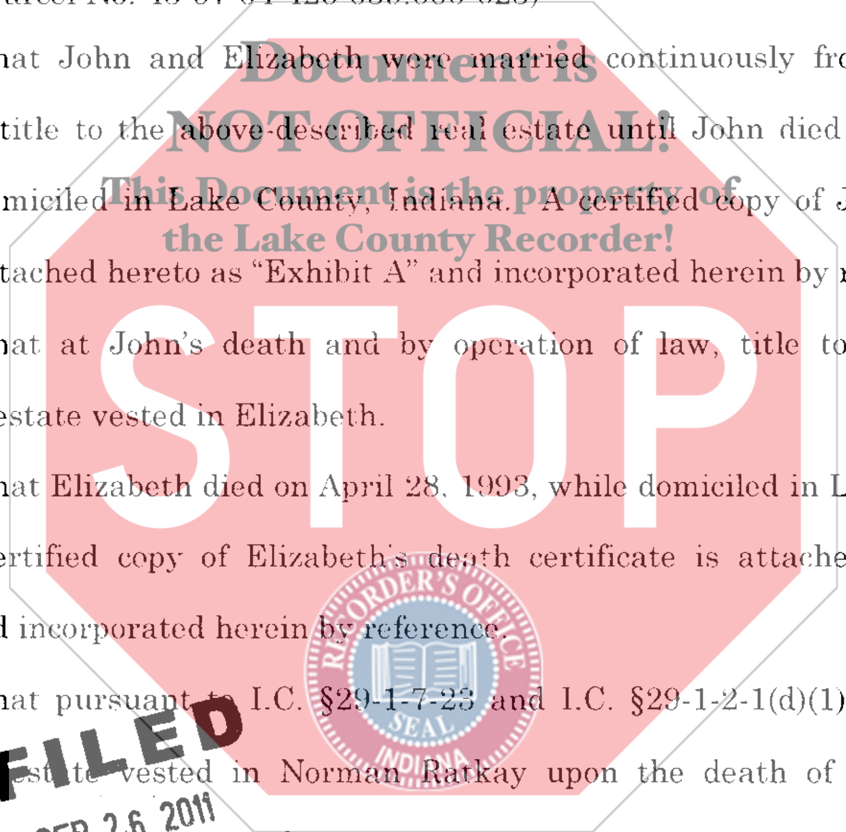
HEIRSHIP AFFIDAVIT

Sheila Sandefur, attorney-in-fact for Norman Ratkay, being first duly sworn upon her oath, deposes and states as follows:

1. That Norman Ratkay is the only child and sole heir of John F. Ratkay (hereinafter referred to as "John") and Elizabeth Ratkay (hereinafter referred to as "Elizabeth), husband and wife, who are the record title owners of the following described real estate located in Lake County, Indiana:

> Lot 38, Block 13, Turner-Meyn Park, in the City of Hammond, as per plat thereof, recorded in Plat Book 19, page 12, in the Office of the Recorder of Lake County, Indiana.
>
> More commonly known as: 3149 Crane Place, Hammond, Indiana 46323 (Parcel No. 45-07-04-426-039.000-023)

2. That John and Elizabeth were married continuously from the date they acquired title to the above-described real estate until John died on May 17, 1988, while domiciled in Lake County, Indiana. A certified copy of John's death certificate is attached hereto as "Exhibit A" and incorporated herein by reference.



3. That at John's death and by operation of law, title to the above-described real estate vested in Elizabeth.

4. That Elizabeth died on April 28, 1993, while domiciled in Lake County, Indiana. A certified copy of Elizabeth's death certificate is attached hereto as "Exhibit B" and incorporated herein by reference.

5. That pursuant to I.C. §29-1-7-23 and I.C. §29-1-2-1(d)(1), the above-described real estate vested in Norman Ratkay upon the death of his mother, Elizabeth, without the necessity of probate administration.

FILED
SEP 26 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

11-24710

18 00 pd

HOLD FOR MERIDIAN TITLE CORP

028918

(1)

6. That there was no inheritance or estate tax due as a result of the death of either John or Elizabeth.

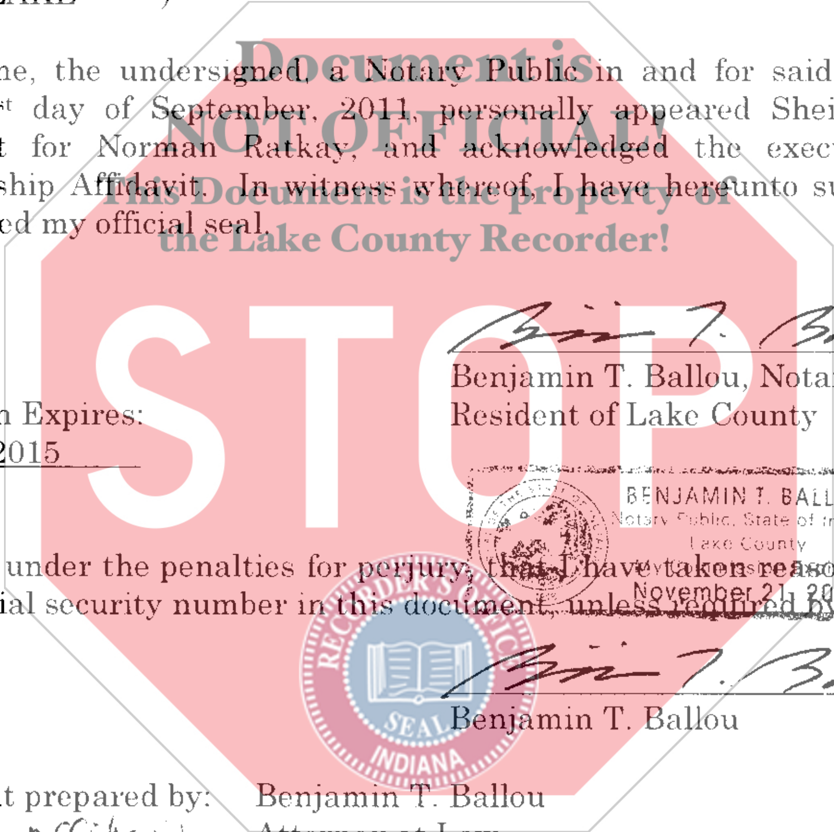
7. That the purpose of this Heirship Affidavit is to show the death of John and Elizabeth and to transfer ownership in the above-described real estate to Norman Ratkay.

8. Further, Affiant sayeth naught.

SHEILA SANDEFUR, attorney-in-fact
for Norman Ratkay

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 21st day of September, 2011, personally appeared Sheila Sandefur, attorney-in-fact for Norman Ratkay, and acknowledged the execution of the foregoing Heirship Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



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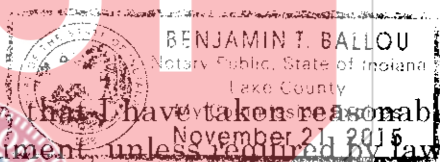
Benjamin T. Ballou, Notary Public
Resident of Lake County

My Commission Expires:
November 21, 2015



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.

Benjamin T. Ballou

This instrument prepared by: Benjamin T. Ballou
Attorney at Law
8700 Broadway
Merrillville, Indiana 46410

Return Affidavit

76303.1
17,929

721190

CITY OF EAST CHICAGO, INDIANA
DEPARTMENT OF HEALTH
CITY HALL

Local Record of Death

THIS IS TO CERTIFY,
That our records show JOHN F. RATKAY died

05 | 17 | 1988 | ST. CATHERINE HOSPITAL | EAST CHICAGO, INDIANA
MONTH | DAY | YEAR | PLACE | STREET. HOSPITAL

Age at Death 77 Years Months Days Sex MALE Married X Widowed

Birth Date 02 Month 05 Day 1911 Year Color WHITE Single Divorced

Primary cause of death given was CARCINOMA OF PANCREASE DIABETES MELLITUS

Signed by MANSUETO SILVERMAN M.D. (Physician) EAST CHICAGO, INDIANA (Address)

Place of burial or removal ST. JOHN (Name of Cemetery) HAMMOND, IN

Date of burial 05/20/1988 Funeral Director VIRGIL HUBER HAMMOND, IN (Address)

Signed [signature] MD Sec'y

at East Chicago, Indiana AUGUST 31, 2011 (Date)

Filed 05/18/1988

Recorded locally in Book No. 1988 Page No. 30 Registered No. 146

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STOP

RECORDER'S OFFICE SEAL

EXHIBIT A

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT

721191

Local No. 132

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Elizabeth Ratkay
2. SEX: Female
3a. TIME OF DEATH: 7:40P M
3b. DATE OF DEATH (Month, Day, Yr.): April 28, 1993
4. SOCIAL SECURITY NUMBER: 306-03-8230
5a. AGE—Last Birthday (Years): 79
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): AUG 1, 1913
7. BIRTHPLACE (City and State or Foreign Country): Budapest, Hungary
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: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): St. Catherine Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: East Chicago
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hammond
13d. STREET AND NUMBER: 3149 Crane Place
13e. ZIP CODE: 46323
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM? [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] 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): 10; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): John Nagy
19. MOTHER'S NAME (First, Middle, Maiden Surname):

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Norm Ratkay
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3149 Crane Place, Hammond, IN 46323
20c. Relationship: Son

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Entombment [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MAY 1, 1993 St. John Cemetery
21c. LOCATION—City or Town, State: Hammond, Indiana
22a. EMBALMER'S NAME: George J. Johnson
22b. EMBALMER'S LICENSE NO.: FD08900006
23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): 1006049
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 3002869 Virgil Huber Funeral Home 7051 Kennedy, Hammond, IN 46323

CAUSE OF DEATH

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. MYOCARDIAL INFACTION
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

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: SEPSIS; DECUBITI - HEELS; RESPIRATORY FAILURE
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): N/A

CERTIFIER

29a. CERTIFIER (Check only one):
[X] 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: [signature]
29c. MEDICAL LICENSE NO.: 01025435
29d. DATE SIGNED (Month, Day, Year): 5/5/93
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): T.W. Raykovich M.D., 6924 Indianapolis Blvd., Hammond, Indiana 46324

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature]
32. DATE FILED (Month, Day, Year): 5-5-93

CORONER USE ONLY

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
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):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

EXHIBIT B

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT

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STOP