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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA
COUNTY OF LAKE

2012 054458
) SS
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2012 AUG 14 PM 1:53
RECORDER TAJMAN

AFFIDAVIT OF DEATH

I, Brenda K Shoue, being duly sworn, state as follows.

1 I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent

2. I am the Successor Trustee of the RUTH F. GOODPASTER REVOCABLE TRUST, dated March 24, 2009. Said Trust is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows.

the following described real estate in Lake County, State of Indiana, to-wit

LOT 20 EXCEPT THE EAST 1 93 FEET THEREOF, AND EXCEPT THE WEST 07 FEET THEREOF, IN BLOCK 3 IN BRIARGATE FIRST ADDITION, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29, PAGE 102, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

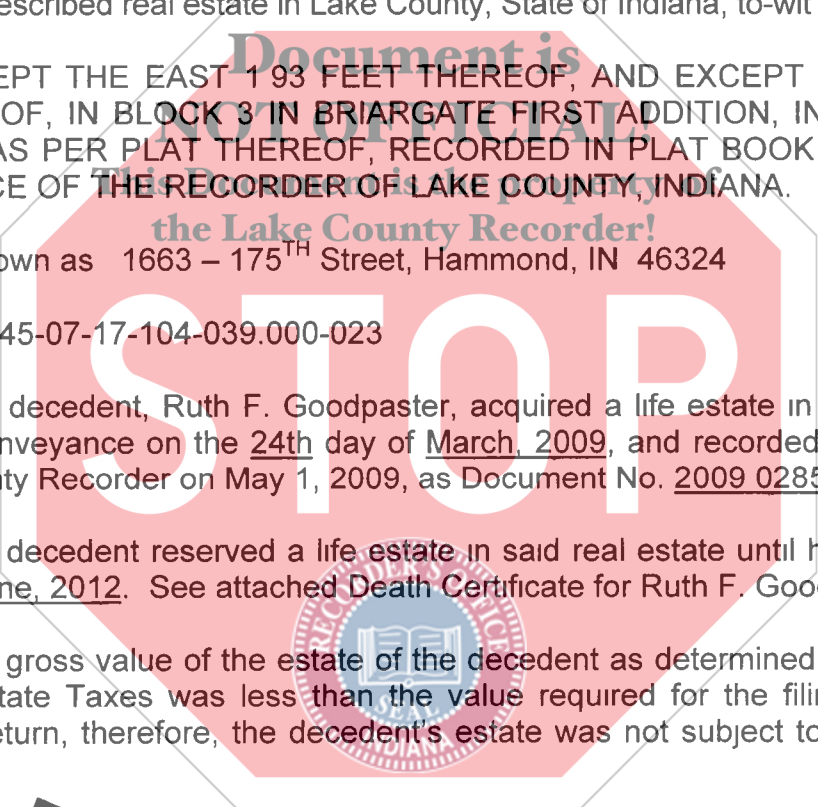
Commonly known as 1663 - 175TH Street, Hammond, IN 46324

Tax Key No · 45-07-17-104-039.000-023

3 The decedent, Ruth F. Goodpaster, acquired a life estate in said real estate by deed of conveyance on the 24th day of March, 2009, and recorded in the Office of the Lake County Recorder on May 1, 2009, as Document No. 2009 028557

4 The decedent reserved a life estate in said real estate until her death on the 28th day of June, 2012. See attached Death Certificate for Ruth F. Goodpaster

5 The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return, therefore, the decedent's estate was not subject to Federal Estate Tax.



FILED
AUG 14 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Brenda K. Shoue
Brenda K Shoue, Affiant

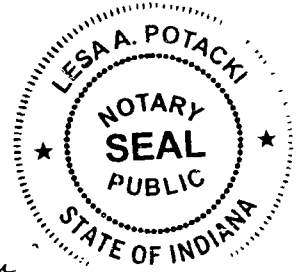
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STATE OF INDIANA)
) SS
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Brenda K Shoue, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true

Signed and sealed this 14th day of August, 2012

My commission expires. 2/13/2018



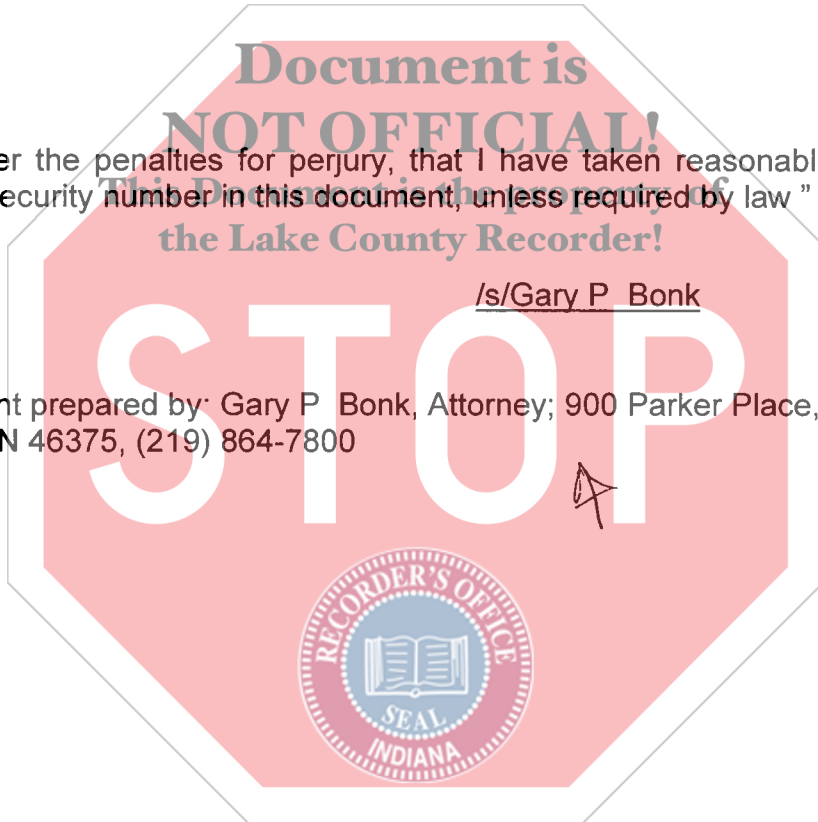
Signature. *Lesa A. Potacki*
Lesa A Potacki, Notary Public

Resident of. Lake County, Indiana

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

/s/Gary P. Bonk

This instrument prepared by: Gary P Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375, (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002006

EDR No 000000267558

State No 028688

1 Decedent's Legal Name (First Middle Last) RUTH F GOODPASTER				1a Maiden Name (If female) MCGUGIN		2 Sex FEMALE	3 Time Of Death 12 22 PM	4 Date Of Death (Month/Day/Year) 06/28/2012		
5 Social Security Number 311-28-5903		6a Age - Yrs 81	6b Under 1 Year Months	6c Under 1 Month Days	6d Under 1 Day Hours	6e Under 1 Hour Minutes	7 Date of Birth (Month/Day/Year) 03/28/1931		8 Birthplace (City and State or Foreign Country) WANATAH, IN	
9 Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10 If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long term Care Facility <input type="checkbox"/> Other (Specify)				
11 Facility Name (If Not Institution Give Street and Number) 1663 175TH STREET										
12 City Or Town State And Zip Code HAMMOND, IN, 46324					13 County Of Death LAKE		14 Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15 Surviving Spouse's Name				15a (If Wife) Give Maiden Last Name		16 Decedent's Usual Occupation CAFETERIA		17 Kind Of Business/Industry SCHOOL CITY HAMMOND		
18 Residence - State INDIANA		18a County LAKE		18b City Or Town HAMMOND		18d Apt No	18e Zip Code 46324	18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c Street And Number 1663 175TH STREET		19 Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	20 Decedent Of Hispanic Origin NOT HISPANIC		21 Decedent's Race White					
22 Father's Name (First Middle, Last) EDWARD MCGUGIN				23 Mother's Name (First, Middle Last) IDA MCGUGIN		23a Mother's Maiden Last Name SCHOF				
24 Informant's Name BRENDA K SHOUE		24a Relationship To Decedent DAUGHTER		24b Mailing Address (Street And Number City State Zip Code) 7410 JARNECKE AVENUE, HAMMOND, IN 46324						
25a Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b Place Of Disposition (Name Of Cemetery Crematory, Other Place) SOLAN PRUZIN CREMATORY		25c Location City Town And State SCHERERVILLE, IN						
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC, DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375				27a Funeral Home License Number FH10200037				
27b Signature Of Indiana Funeral Service Licensee PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE		27c License Number (Of Licensee) FD21100035		28 Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A BREAST CANCER METASTATIC TO LIVER Due to (Or As A Consequence Of) 5 YEARS Sequentially List Conditions If Any Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B _____ Due to (Or As A Consequence Of) _____ C _____ Due to (Or As A Consequence Of) _____ D _____ Part II Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32 If Female <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33 Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30 Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
34 Date Of Injury (Month/Day/Year)		35 Time Of Injury		36 Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37 Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38 Location Of Injury - State		38a City Or Town		38b Street & Number		38c Apt No	38d Zip Code			
39 Describe How Injury Occurred				40 If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41 Signature Of Person Certifying Cause Of Death LYLE R MUNN, BY ELECTRONIC SIGNATURE				42 Certified (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43 Name Address And Zip Code Of Person Certifying Cause Of Death LYLE R MUNN, 1190 NORTH STATE ROAD 49, PORTER, IN 46304				44 License Number 01031582A		45 Date Certified 06/28/2012				
46 Additional Funeral Service Provider				47 *Akas						
48 Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49 For Registrar Only Date Filed (Month/Day/Year) JUN 29 2012						

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)