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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 018346

2013 MAR 12 PM 2:21

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF TITLE OWNERSHIP

Comes now John P. Rupcich, of Porter County, State of Indiana, who being first duly sworn deposes and says:

1. That JOHNSON KING A/K/A JOHN KING died a resident of Porter County, Indiana, on the 6th day of May, 1999.

2. That JOHNSON KING A/K/A JOHN KING as trustee of the King Living Trust Dated 11/25/1998 reserved a life estate for himself under the terms of trust for the following described real estate, to-wit:

Lot 18, Block 1, in Georgia Heights Subdivision, Gary, Indiana, as per plat thereof, recorded in plat book 28, page 29, in the office of the recorder of Lake County, Indiana.

Commonly known as: 5425 Georgia Street, Merrillville, IN 46410.

Parcel No.: 45-12-03-201-009.000-030

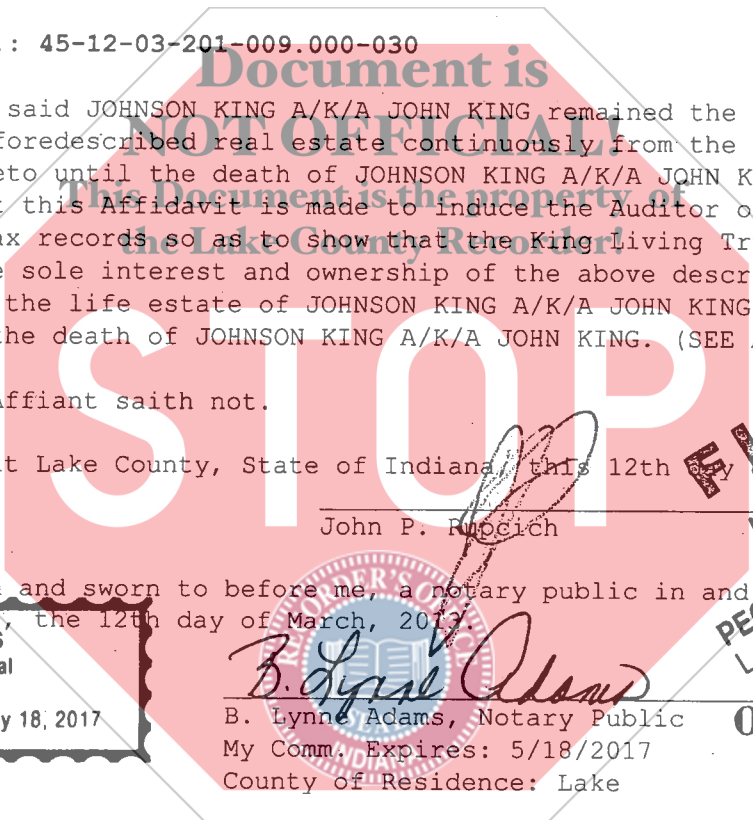
3. That said JOHNSON KING A/K/A JOHN KING remained the owner of a life estate of the aforescribed real estate continuously from the date he first took title thereto until the death of JOHNSON KING A/K/A JOHN KING.

4. That this Affidavit is made to induce the Auditor of Lake County to change the tax records so as to show that the King Living Trust Dated 11/25/98 has the sole interest and ownership of the above described real estate and that the life estate of JOHNSON KING A/K/A JOHN KING was terminated as a result of the death of JOHNSON KING A/K/A JOHN KING. (SEE ATTACHED DEATH CERTIFICATE)

Further, Affiant saith not.

Executed at Lake County, State of Indiana, this 12th day of March, 2013

John P. Rupcich



FILED
MAR 12 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a notary public in and for Lake County and State, the 12th day of March, 2013.
B. LYNNE ADAMS
Notary Public - Seal
State of Indiana
My Commission Expires May 18, 2017

B. Lynne Adams
B. Lynne Adams, Notary Public
My Comm. Expires: 5/18/2017
County of Residence: Lake

001415

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.

Printed Name: John P. Rupcich

This instrument prepared by: Law Office of John P. Rupcich, LLC; 219-756-4100

9120 Connecticut St. ↑
Ste G Merrillville, IN 46410

#13
ck#
1212
Ca

Stamped on Reverse Side and Embossed with Raised Seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave. Suite 104 Valparaiso, IN 46383

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

THI

DER

1 DECEASED—NAME (First, Middle, Last) **JOHNSON "JOHN" KING**

2 SEX **Male**

3a. TIME OF DEATH **7:55 P M**

3b. DATE OF DEATH (Month, Day, Year) **May 6, 1999**

4. SOCIAL SECURITY NUMBER **317-09-5464**

5a. AGE—Last Birthday (Years) **86**

5b. UNDER 1 YEAR: Months **0** Days **0**

5c. UNDER 1 DAY: Hours **0** Minutes **0**

6 DATE OF BIRTH (Mo., Day, Yr) **October 28, 1912**

7. BIRTHPLACE (City and State, or Foreign C) **Graves County, Ke**

8a. WAS DECEDENT A U.S. VETERAN? **No**

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

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) **VNA Mary E. Bartz Hospice Care Center**

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

9d. COUNTY OF DEATH **Porter**

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

11. SURVIVING SPOUSE (If wife, give maiden name) **-----**

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") **Coke Plant - Supervisor**

12b. KIND OF BUSINESS/INDUSTRY **U.S. Steel**

13a. RESIDENCE—STATE **Indiana**

13b. COUNTY **Lake**

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

13d. STREET AND NUMBER **5425 Georgia Street**

13e. ZIP CODE **46410**

13f. INSIDE CITY LIMITS No Yes

13g. ON A FARM? No Yes

14. CITIZEN OF WHAT COUNTRY? **U.S.A.**

15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes

16. RACE—American Indian, Black, White, etc (Specify) **White**

17. DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12) **1** College (1-4 or more) **1**

18. FATHER'S NAME (First, Middle, Last) **W. R. King**

19. MOTHER'S NAME (First, Middle, Maiden Surname) **Ida Letta Galamore**

20a. INFORMANT'S NAME (Type/Print) **Dalford B. King**

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **5425 Georgia Street, Merrillville, Indiana 46410**

20c. Relationship **Son**

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

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **May 11, 1999 Evergreen Memorial Park**

21c. LOCATION—City or Town, State **Hobart, Indiana**

22a. ENBALMER'S NAME **Ronald J. Mesarch**

22b. ENBALMER'S LICENSE NO **FD01005912**

22c. LICENSE NUMBER (of Licensee) **FD08600505**

23. WAS DEATH REPORTED TO CORONER? No Yes

24. SIGNATURE OF FUNERAL DIRECTOR *[Signature]*

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Geisen Funeral Home, Inc. #FH8300776 7905 Broadway, Merrillville, IN 4641**

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) **cardiac arrest**

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

a. DUE TO (OR AS A CONSEQUENCE OF) **-----**

b. DUE TO (OR AS A CONSEQUENCE OF) **-----**

c. DUE TO (OR AS A CONSEQUENCE OF) **-----**

d. DUE TO (OR AS A CONSEQUENCE OF) **-----**

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

heart 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) **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) as stated

29b. SIGNATURE AND TITLE OF CERTIFIER *[Signature]*

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) **Maher Ajam, M.D., 8668 Broadway, Merrillville, Indiana 46410**

29c. MEDICAL LICENSE NO **01-35996**

29d. DATE SIGNED (Month, Day, Year) **5-11-99**

31. HEALTH OFFICER'S SIGNATURE *[Signature]*

32. DATE FILED (Month, Day, Year) **May 13, 1999**

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 **-----**

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 PROMULGATED DEATH (Month, Day, Year) **-----**

34h. FACTOR: VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, etc. **-----**

