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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 020001

2013 MAR 15 AM 10:44

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT TO EXTINGUISH LIFE ESTATE**

Eric Ruuska, of adult age, being first duly sworn, upon deposes and says:

/September 19, 2012

That Eric Ruuska, is the Son of Asko J. Ruuska, deceased, who died on a resident of Lake County, Indiana.

That said decedent acquired a Life Estate Interest to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Asko J. Ruuska and Dorothy E. Ruuska recorded January 21, 2010 as Document No. 2010 003869 in the Office of the Office of the Recorder of Lake County, Indiana.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to remove the Life Estate Interest of Asko J. Ruuska.

And further affiant sayeth not this 18th day of February, 2013.

Document is  
**NOT OFFICIAL**  
Eric Ruuska

This Document is the property of  
the Lake County Recorder!

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 18th day of February, 2013.

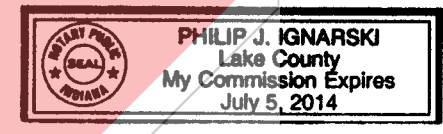
WITNESS my hand and Notarial Seal.

My Commission Expires:

*Philip J. Ignarski*  
Signature of Notary Public

Printed Name of Notary Public

Notary Public County and State of Residence



This instrument was prepared by:  
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:  
674 Madison Street, Crown Point, IN 46307

File No.: 12-44495

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. Philip J. Ignarski (Type or Print Name)

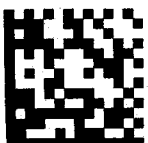
HOLD FOR MERIDIAN TITLE CORP

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

MAR 13 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

11255

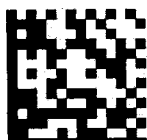


1893581-1005

AMOUNT \$ 16  
CASH \_\_\_\_\_ CHARGE amt REA 1  
CHECK# \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY aw

**LEGAL DESCRIPTION**

Lot Eighteen (18) in Mar-Dar Industrial Park, an Industrial Subdivision to Crown Point, as per plat thereof, recorded in Plat Book 81, page 51, and re-recorded October 3, 1996 in Plat Book 81 page 87, in the Office of the Recorder of Lake County, Indiana.



1893581-1005

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

0969247

Local No 000404

EDR No 00000281067

State No 043169

1. Decedent's Legal Name (First, Middle, Last) <b>ASKO RUUSKA</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>09:30 AM</b>		4. Date Of Death (Month/Day/Year) <b>09/19/2012</b>	
5. Social Security Number <b>473-38-7702</b>		6a. Age - Yrs <b>73</b>		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) <b>10/31/1938</b>		8. Birthplace (City and State or Foreign Country) <b>HAAPAJARVI, FI</b>									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) <b>11838 NORTH STROHS DRIVE</b>											
12. City Or Town, State, And Zip Code <b>SYRACUSE, IN, 46567</b>						13. County Of Death <b>KOSCIUSKO</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name <b>DOROTHY ELAINE RUUSKA</b>				15a. (If Wife) Give Maiden Last Name <b>JOHNSON</b>				16. Decedent's Usual Occupation <b>MAINTENANCE</b>		17. Kind Of Business/Industry <b>AVIATION</b>	
16. Residence - State <b>INDIANA</b>			18a. County <b>KOSCIUSKO</b>			18b. City Or Town <b>SYRACUSE</b>					
18c. Street And Number <b>11838 NORTH STROHS DRIVE</b>						18d. Apt. No.		18e. Zip Code <b>46567</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>VAINO RUUSKA</b>				23. Mother's Name (First, Middle, Last) <b>HILJA RUUSKA</b>				23a. Mother's Maiden Last Name <b>JUSSILA</b>			
24. Informant's Name <b>DOROTHY RUUSKA</b>			24a. Relationship To Decedent <b>WIFE</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>11838 NORTH STROHS DRIVE, SYRACUSE, IN 46567</b>					
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) <b>LEGACY CREMATORY</b>				25c. Location - City, Town, And State <b>LIGONIER, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>EASTLUND FUNERAL HOME, 7458 E 1000 N, SYRACUSE, IN 46567</b>						27a. Funeral Home License Number: <b>FH10900018</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>DAVID G COLQUITT, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD29500083</b>					
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. Approximate Interval: Onset To Death											
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. <b>LUNG CANCER, METASTATIC, SMALL CELL</b>				1 YEAR			
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. _____				Due to (Or As A Consequence Of):			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						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			
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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					
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: <b>ALEXANDER STARODUB, BY ELECTRONIC SIGNATURE</b>						42. Certifier (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: <b>ALEXANDER STARODUB, 200 HIGH PARK AVE, GOSHEN, IN 46526</b>						44. License Number <b>01068813A</b>		45. Date Certified <b>09/24/2012</b>			
46. Additional Funeral Service Provider:						47. *Alas:					
48. Signature of Local Health Officer: <b>WILLIAM L. REMINGTON JR., VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>OCT 02 2012</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

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.

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