

2

**AFFIDAVIT OF SURVIVORSHIP**

I, Ronald G. Widing, swear and affirm under the penalties of perjury that the following statement is true and accurate to the best of my knowledge and belief:

- 1. On 7-31-55 I married Patty L. Widing, whose date of birth was 10-14-37.
- 2. On 1-8-10 my wife, Patty L. Widing, died in Lake County, Indiana. See, attached "Indiana State Department of Health Certificate of Death".
- 3. Patty L. Widing and I were continuously married from 7-31-55 through and including the date of her death.
- 4. My wife, Patty L. Widing, and I were duly and legally married at the time we acquired title to the following real estate in Lake County, in the State of Indiana, commonly known as 502 East Main Street, Griffith, Indiana 46319 and legally described as:

Lots 25 to 29, both inclusive, Block 16, original Town of Griffith, as shown in Plat Book 2, page 45, in the Office of the Recorder of Lake County, Indiana.  
Tax Parcel # 45-07-35-455-019.000-006

- 5. My wife, Patty L. Widing, and I held title to the above-referenced real estate as tenants in entirety.
- 6. The marital relationship between Patty L. Widing and myself existed on the date of her death.
- 7. All funeral expenses incurred in connection with the death of Patty L. Widing have been paid in full.

Further Affiant sayeth not.

28th IN WITNESS WHEREOF, Affiant, Ronald G. Widing, has hereunto set his hand and seal this day of June, 2013.

*Ronald G. Widing*  
Ronald G. Widing,  
Affiant

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )



Before me, the undersigned, a Notary Public in and for said County came Ronald G. Widing and acknowledged the execution of the foregoing Affidavit.

Witness my hand and Notarial Seal this 28th day of June, 2013.

My Commission Expires:

4th Day of May, 2017

Resident of Lake County, Indiana

*William L. Touchette*  
William L. Touchette  
NOTARY PUBLIC

**AFFIRMATION**

I affirm under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

*William L. Touchette*  
William L. Touchette

**FILED**

**JUL 02 2013**

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

24015

2013 JUN -2 AM 11:28  
MICHAEL B. BROWN  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

142  
nm  
L or  
CS  
Rm



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 129-10

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>PATTY L. WIDING</b>				1a. Maiden Last Name (If Female) <b>CATHCART</b>		2. Sex <b>F</b>	3. Time Of Death <b>5:00 PM</b>	4. Date Of Death (Month/Day/Year) <b>JANUARY 8, 2010</b>			
5. Social Security Number <b>[REDACTED]</b>	6a. Age Yrs <b>72</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>October 14, 1937</b>		8. Birthplace (City And State Or Foreign Country) <b>MATTOON, ILLINOIS</b>			
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 checked="" 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 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>METHODIST HOSPITAL - SOUTHLAKE</b>											
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, INDIANA 46410</b>					13. County Of Death <b>LAKE</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>RON WIDING</b>			15a. (If Wife) Give Maiden Last Name <b>N/A</b>		16. Decedent's Usual Occupation <b>BOARD MEMBER</b>		17. Kind Of Business/Industry <b>TOWNSHIP GOVERNMENT</b>				
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>MERRILLVILLE</b>		18c. Street And Number <b>3821 W. 78TH PLACE</b>		18d. Apt. No.	18e. Zip Code <b>46410</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>High school graduate or GED completed</b>			20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>LLOYD EVERETT CATHCART</b>				23. Mother's Name (First, Middle, Last) <b>JUANITA MAY CATHCART</b>			23a. Mother's Maiden Last Name <b>SCALES</b>				
24. Informant's Name <b>RONALD J. WIDING</b>			24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>919 W. 61ST AVE., MERRILLVILLE, INDIANA 46410</b>						
25. Place Of Disposition											
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" 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>CALUMET PARK CEMETERY</b>			25c. Location - City, Town, And State <b>MERRILLVILLE, INDIANA</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME, 10401 BROADWAY, CROWN POINT, IN 46307</b>						27a. Funeral Home License Number: <b>83002445</b>			
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>						27c. License Number (Of Licensees) <b>FD01009481</b>					
Cause Of Death (See Instructions And Examples)											
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.											
Immediate Cause (Final Disease Or Condition Resulting In Death)											
A. <b>Respiratory failure</b> <small>Due To (Or As A Consequence Of):</small>											
B. <b>End stage COPD</b> <small>Due To (Or As A Consequence Of):</small>											
C. _____ <small>Due To (Or As A Consequence Of):</small>											
D. _____ <small>Due To (Or As A Consequence Of):</small>											
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 Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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) IS A TRUE AT INQUIRY WORK COPY OF THE CERTIFICATE OF DEATH IN FILE WITHING LAKE COUNTY HEALTH DEPARTMENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				37. Street & Number		38. Apt. No.	38d. Zip Code
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: <i>[Signature]</i>						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>JOSE AGUSTI, M.D. 2640 HAMSTROM RD. PORTAGE, IN. 46368</b>						44. License Number <b>01061624A</b>		45. Date Certified <b>1-12-10</b>			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: <i>Susan J. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>January 15, 2010</b>					

