

AFFIDAVIT OF SURVIVORSHIP

I, Ronald 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 Widing, whose date of birth was 10-14-37.
2. On 1-8-10 my wife, Patty Widing, died in Lake County, Indiana. See, attached "Indiana State Department of Health Certificate of Death".
3. Patty Widing and I were continuously married from 7-31-55 through and including the date of her death.
4. My wife, Patty 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 3821 West 78th Place, Merrillville, Indiana 46410 and legally described as:

Lot 4, Block 5, Lincoln Gardens, as shown in Plat Book 33, page 100, in the Office of the Recorder of Lake County, Indiana.
Tax Parcel # 45-12-19-208-004.000-030.

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

Further Affiant sayeth not.

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

Ronald Widing
Ronald Widing,
Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



Before me, the undersigned, a Notary Public in and for said County came Ronald 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 for 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

This instrument prepared by William L. Touchette, Attorney at Law, P.O. Box 10038, Merrillville, Indiana 46411-0038; Telephone: (219) 980-1919. No legal opinion given.

FILED

JUL 02 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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STATE OF INDIANA
LAKE COUNTY
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 129-10

State No.

1. Decedent's Legal Name (First, Middle, Last) PATTY L. WIDING				1a. Maiden Last Name (If Female) CATHCART		2. Sex F	3. Time Of Death 5:00 PM	4. Date Of Death (Month/Day/Year) JANUARY 8, 2010	
5. Social Security Number XXXXXXXXXX	6a. Age Yrs 72	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) October 14, 1937		8. Birthplace (City And State Or Foreign Country) MATTOON, ILLINOIS	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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) METHODIST HOSPITAL - SOUTHLAKE									
12. City Or Town, State, And Zip Code MERRILLVILLE, INDIANA 46410				13. County Of Death LAKE		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 RON WIDING			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation BOARD MEMBER		17. Kind Of Business/Industry TOWNSHIP GOVERNMENT		
18a. Residence - State INDIANA		18b. County LAKE		18c. City Or Town MERRILLVILLE		18d. Apt. No.		18e. Zip Code 46410	18f. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
19c. Street And Number 3821 W. 78TH PLACE		19d. Apt. No.		19e. Zip Code 46410		19f. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High school graduate or GED completed		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) LLOYD EVERETT CATHCART			23. Mother's Name (First, Middle, Last) JUANITA MAY CATHCART			24. Mother's Maiden Last Name SCALES			
24. Informant's Name RONALD J. WIDING		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 919 W. 61ST AVE., MERRILLVILLE, INDIANA 46410					
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) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, INDIANA					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number 83002445		
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>					27c. License Number (Of Licensee) FD01009481				
28. Part 1. 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. <u>Respiratory failure</u> B. <u>End stage COPD</u> C. _____ D. _____ 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									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I					29. 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			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No			
36. 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>Jose Agusti</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: JOSE AGUSTI, M.D. 2640 HAMSTROM RD. PORTAGE, IN. 46368					44. License Number 01061624A		45. Date Certified 1-12-10		
46. Additional Local Service Provider:					47. *Atax:				
48. Signature of Local Health Officer: <i>Susan J. Best, D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year): January 15, 2010				

