

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2014 018950

On this 7th day of February, 2014, before me personally appeared Valerie Trtan, who being duly sworn on her oath states the following:

- 1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

5th Addition Indiana Harbor All of Lot 7, Block 15, and commonly known as 4013 Deodar Street, East Chicago, Indiana 46312 Parcel No. 45-03-22-381-007.000-024.

- 2. That said premises were formerly owned as joint tenants with the right of survivorship by Valerie Trtan and Ronald Trtan..
- 3. That said Ronald Trtan died on February 23, 2013, a resident of Washington County, Oklahoma.
- 4. That by reason of the death of Ronald Trtan, there are no Federal Estate Taxes nor Oklahoma or Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.
- 5. This Affidavit is made for the purpose of clearing title to the above parcel of real estate.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 MAR 31 AM 9:33
MICHAEL S. DOWN
RECORDER



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. Further Affiant saith not.

Valerie Trtan
Valerie Trtan

Subscribed and Sworn to before me, the undersigned, a Notary Public in and for said County and State, this 7th day of February, 2014, personally appeared Valerie Trtan and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.



"Official Seal"
M. Christine Gamez
Resident Of Lake County, IN
My commission expires
November 15, 2014
My Commission Expires: 11-15-2014



M. Christine Gamez
M. Christine Gamez, Notary Public

County of Residence: Lake

This instrument was prepared by: Michelle K. Wendlinger, Attorney
900 Ridge Road, Suite K, Munster, IN 46321

16⁰⁰
CASH
NOV REC
PP

01174

FILED
MAR 31 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



STATE OF OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER 2013-005205

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) RONALD MARK TRTAN				1a. LAST NAME PRIOR TO FIRST MARRIAGE TRTAN		2. SEX MALE		
3. SOCIAL SECURITY NUMBER [REDACTED]		4. EVER IN US ARMED FORCES? YES		5a. AGE- Last birthday (years) 69		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		
5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo/Day/Yr) AUGUST 5, 1943						
7. BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, INDIANA			8a. RESIDENCE-State OKLAHOMA		8b. RESIDENCE-County WASHINGTON		8c. RESIDENCE-City or Town BARTLESVILLE	
8d. RESIDENCE-Zip Code 74006		8e. RESIDENCE-Inside City Limits? YES		8f. RESIDENCE-Street and Number 334 PARK HILL LANE			8g. RESIDENCE-Apt. Number	
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown				10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) BARBARA KAY HIGBEE				
11. FATHER'S NAME (First, Middle, Last) MARK TRTAN				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) ANTONIA MANCE				
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO			14. DECEDENT'S RACE WHITE			15. DECEDENT'S EDUCATION SOME COLLEGE CREDIT BUT NO DEGREE		
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) DIRECTOR OF AIRCRAFT MAINTENANCE				17. KIND OF BUSINESS / INDUSTRY CORPORATE AIR FLEET				
18a. INFORMANT'S NAME BARBARA KAY BIRMINGHAM			18b. RELATIONSHIP TO DECEDENT WIFE		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 334 PARK HILL LANE, BARTLESVILLE, OKLAHOMA 74006			
19. 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)			20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) REGIONAL CREMATION SERVICE			21. LOCATION - City, Town and State BARTLESVILLE, OKLAHOMA		
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: STUMPF FUNERAL HOME AND CREMATORY - BARTLESVILLE, 1600 SE WASHINGTON BOULEVARD, BARTLESVILLE, OKLAHOMA 74006					23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH GORDON EDWARD HOUSE			
					24. FH ESTABLISHMENT LICENSE # 1019ES			

25. PLACE OF DEATH (Check only one: see instructions)			
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify):	
26. FACILITY NAME (If not institution, give street & number) JANE PHILLIPS MEDICAL CENTER		27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH BARTLESVILLE, OKLAHOMA, 74006	
28. COUNTY OF DEATH WASHINGTON			
29. DATE OF DEATH (Mo/Day/Yr) FEBRUARY 23, 2013		30. TIME OF DEATH 16:30	
31. WAS MEDICAL EXAMINER CONTACTED? YES		32. WAS AN AUTOPSY PERFORMED? NO	
33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
34. 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 of death. Do not check this box if necessary.			35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CARCINOMA OF THE LUNG Due to (or as a consequence of): b. Due to (or as a consequence of): c. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. 1353039 d. Due to (or as a consequence of):			Approximate interval: Onset to death UNKNOWN
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. 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	
38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown			
39. DATE OF INJURY (Mo/Day/Yr)		40. TIME OF INJURY	
41. PLACE OF INJURY (e.g., Decedent's home, construction site, wooded area)		42. DESCRIBE HOW INJURY OCCURRED:	
43. INJURY AT WORK?			
44. LOCATION OF INJURY: State: City or Town: Street & Number:		45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)	
46. CERTIFIER (Check only one): ATTENDING PHYSICIAN: <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER: 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) and manner stated.		47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) JOSHUA LANTER, MD 1115 WEST 17TH STREET TULSA, OKLAHOMA 74107	
Certifier: JOSHUA LANTER, MD		48. LICENSE NUMBER 26295OK	
		49. DATE CERTIFIED (Mo/Day/Yr) MARCH 4, 2013	
50. REGISTRAR'S SIGNATURE <i>Kelly M Baker</i>		52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) MARCH 5, 2013	

Thursday, March 07, 2013 10:08:00 AM



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This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

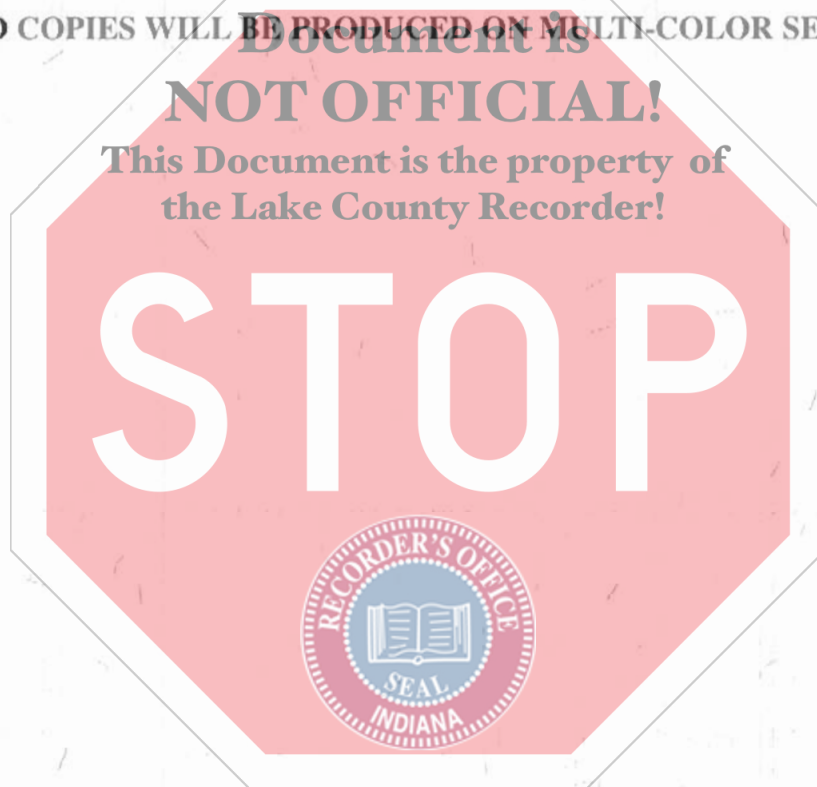
Kelly M Baker

Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health



It is in violation of Oklahoma Statutes, Title 63 Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.



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