

AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE) **2014 049415**
Tax I.D. No. 45-08-05-458-001.000-004) SS:

2014 AUG 18 AM 9:57

MICHAEL B. BROWN
RECORDER

LINDA RAMSEY being first duly sworn upon oath, depose(s) and say(s):

1. That Affiant's husband **RICHARD L. RAMSEY** died leaving a will on March 11, 2009, in Lake County, Indiana.
2. That the Affiant and **RICHARD L. RAMSEY** were duly and legally married at the time they acquired title in the following described real estate:
LOT 1, BLOCK 7, GARY LAND COMPANIES 4TH SUBDIVISION CITY OF GARY, PLAT BOOK 14, PAGE 15, LAKE COUNTY, INDIANA.
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, Affiant saith naught.

Linda Ramsey
Linda Ramsey

Subscribed and sworn to before me, a Notary Public this 5th day of AUGUST, 2014.

VIRGINIA M. MIANO
Commission # FF 094264
Expires February 19, 2018
Bonded Thru Troy Fain Insurance 800-385-7019

Virginia M. Miano
Notary Public

My Commission Expires:
County of Residence:

STATE OF FLORIDA
DUVAL COUNTY

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

03548

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.

Patrick J. McManama
Signature of Preparer

DeAnna L Griggs
Name of Preparer

FILED

AUG 15 2014

Ham
for

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
COMMUNITY TITLE COMPANY
FILE NO. 46054

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. #09-129

Decedent's Legal Name (First, Middle, Last) Richard L. Ramsey				Maiden Last Name (If Female) N/A		Sex Male	Time Of Death 12:35 PM	Date Of Death (Month/Day/Year) March 11, 2009
Social Security Number [REDACTED]		Age - Year 59	Under 1 Year Months	Under 1 Month Days	Under 1 Day Hours	Under 1 Hour Minutes	Date Of Birth (Month/Day/Year) July 17, 1949	Birthplace (City And State Or Foreign Country) Gary, Indiana
Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			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) 2031 West 7th Avenue								
12. City Or Town, State, And Zip Code Gary, Indiana				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 Linda E. Ramsey		15a. (If Wife) Give Maiden Last Name Bowden		16. Decedent's Usual Occupation Supervisor		17. Kind Of Business/Industry Inland Steel Corp.		
16. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary		18c. Apt. No.		18e. Zip Code 46404
18d. Street And Number 2031 West 7th Avenue		18f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. Decedent's Education 12th Grade		20. Decedent Of Hispanic Origin NO		21. Decedent's Race Black
22. Father's Name (First, Middle, Last) Ezell Ramsey Sr.			23. Mother's Name (First, Middle, Last) Samella Ramsey			23a. Mother's Maiden Last Name		
24. Informant's Name Linda E. Ramsey		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 2031 West 7th Avenue Gary, Indiana 46404				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) Oakhill Cemetery		25c. Location - City, Town, And State Gary, Indiana				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404					27a. Funeral Home License Number 83007704	
27b. Signature Of Indiana Funeral Service Licensee <i>Carmelita</i>		27c. License Number (Of Licensee) #29700070						
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. PROSTATE CANCER Due To (Or As A Consequence Of) B. _____ Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Approximate Interval, Onset To Death								
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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 43 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Unknown If Pregnant Within 1 Year 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"/> Caused By Bot Documented				
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		
35. Location Of Injury - State		35a. City Or Town		35b. Street & Number		35c. Apt. No.		
35d. Zip Code		35e. State		35f. Zip Code		35g. 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>Nada Mucoski, MD</i>				42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number 01060837A		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 9330 S. Broadway, Crown Point, IN 46307				44. Date Certified 3/12/09				
44. Address, Funeral Service Provider				45. Registrar Only - Date Recd. (Month/Day/Year) MAR 16 2009				
45. Signature Of Local Health Officer <i>R. Adams</i>								