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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050443

2014 AUG 21 PM 4:50

MICHAEL B. BROWN

RECORDER

AUG 21 2014

EGGY HOLINGA KATON
LAKE COUNTY AUDITOR

FILED

AFFIDAVIT OF HEIRSHIP

STATE OF INDIANA)
COUNTY OF LAKE)

On this 30th day of July, 2014, before me personally appeared Valerie Trtan also known as Valerie C. 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 tenants in common by Valerie Trtan and Ronald Trtan.

3. That said Ronald Trtan died on February 23, 2013, a resident of Washington County, Oklahoma.

4. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses.

5. 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.

6. There is no administration of said decedent's estate.

7. That Ronald Trtan left surviving him a sole heir at law, his sister, Valerie C. Trtan, who has an undivided interest in the property.

8. That Valerie C. Trtan's interest was determined by Ronald Trtan's Will duly executed. That Ronald Trtan left surviving him the following heir at law, his sister, Valerie C. Trtan, an undivided interest.

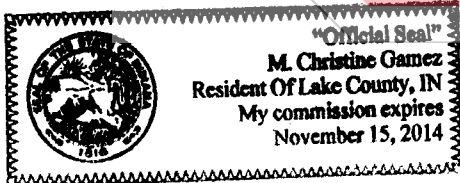
9. This Affidavit is made for the purpose of clearing title to the above parcel of real estate.

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 a/k/a Valerie C. Trtan

Subscribed and Sworn to before me, the undersigned, a Notary Public in and for said County and State, this 30th day of July, 2014, personally appeared Valerie Trtan a/k/a Valerie C. Trtan and acknowledged the execution of the foregoing Affidavit.

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

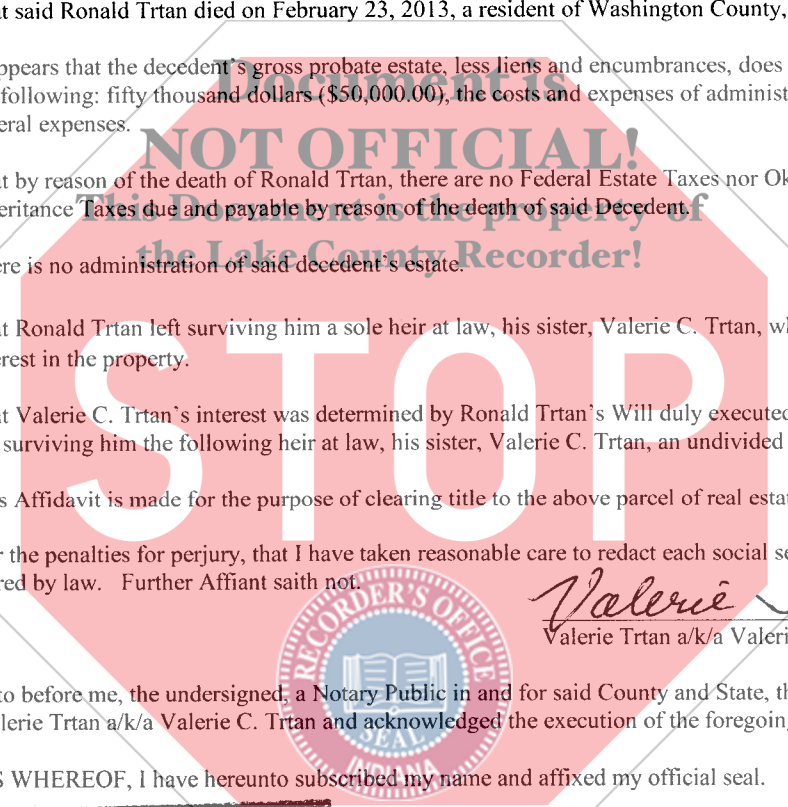


M. Christine Gamez
M. Christine Gamez, Notary Public
Commission Expires: 11-15-2014
County of Residence: Lake

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

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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:		5c. UNDER 1 DAY Hours: Minutes:	
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 on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CARCINOMA OF THE LUNG Due to (or as a consequence of): UNKNOWN Sequentially list conditions, if any, leading to the cause listed on line a. b. Due to (or as a consequence of): c. Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. 1353039 d.									
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: Zip Code: Street & Number: Apartment 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. Certifier: JOSHUA LANTER, MD					47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) JOSHUA LANTER, MD 1115 WEST 17TH STREET TULSA, OKLAHOMA 74107				
					48. LICENSE NUMBER 26295OK		49. DATE CERTIFIED (Mo/Day/Yr) MARCH 4, 2013		
50. REGISTRAR'S SIGNATURE <i>Jelly M Baker</i>					52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) MARCH 5, 2013				

Thursday, March 07, 2013 10:08:47 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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