2014 051325

STATE OF INDIAGE LAKE COUNTY FILED FOR RECORD

2014 AUG 26 AM 11: 46

MICHAEL B. BROWN RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Ruth A. Wilkinson, and upon being duly sworn does attest and say:

- 1. That the affiant is the Daughter of Mary Ritter, deceased.
- 2. That Mary Ritter held a life estate interest in the real property located in Lake County, Indiana, more particularly described as:

The South Sixty-four (64) feet of the East ½ of Lot Seven (7), in John G. Earle's Addition to Hobart, in the City of Hobart, Lake County, Indiana. EXCEPT the West 25 Feet.

More commonly known as: 310 N. Kelly St., Hobart, IN 46342
Parcel No.:his Documen45109-29-402-015.000-018
the Lake County Recorder!

- 3. That Mary Ritter died on the 14th day of July, 2014.
- 4. That the property now vests in Edward M. Ritter, Michael E. Ritter, Ruth A. Wilkinson and Mary L. Schmidt, as tenants in common.
- 5. That this Affidavit is made to induce the Assessor of Lake County and the Recorder of Lake County to remove the name of Mary Ritter from this record.
- 6. That Ruth A. Wilkinson will hold the Lake County Assessor and the Lake County Recorder harmless for their reliance on this Affidavit.

FILED

AUG 2 6 2014

15 AD CK-12577

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

03815

I affirm under the penalties for perjury that the foregoing statements are true.

Ruth R Wickinson

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 25 day of August, 2014.

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.

My Commission 03/25/2018

This Document is Patricia A. Rees, Notary Public the Lake CounResident of Lake County, Indiana

STOP

This Instrument Prepared by: Law Offices of Patricia A. Rees, 5341 Central Ave., Portage, IN 46368

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00			1a. Maiden Nam	0039489		2. Sex	3. Time	0314 Of Death	4. Date 0	Of Death (Month/Day/Yea
Decedent's Legal Name (First, Middle, Las ARY RITTER	it)		CHURCHIA	ie (ii leiliale)		FEMALE	01:	:35 PM		07/14/2014
Social Security Number 6a. Age - Yrs	6b. Under 1 Yea	ar 6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Month/Da	y/Year) 8.	Birthplace (City	and State	or Foreign Country)
86	Months	Days	Hours	Minutes		02/09/1928		SARY, IN		
	eath Occurred In A H			10a. If Death Occu ☐ Hospice Facility		where Other Than ecedent's Home		Home/Long-tern	n Care Faci	lity
Yes 🛛 No 🔲 Unknown 🔲 Inpa	tient 🗌 Emergency	y Department Outpatient	t Dead on Arrival	Other (Specify)						·
Facility Name (If Not Institution, Give Str LER'S MERRY MANOR-F	eet and Number)									
City Or Town, State, And Zip Code	OKIZE			13. County (Of Death			14. Marital Sta		Of Death But Separated Divo
RTAGE, IN, 46368				PORTER	₹			₩ Widowed	☐ Nev	er Married 🔲 Unknow
Surviving Spouse's Name		15a	a. (If Wife)Give Maide	n Last Name		16. Decedent's U	Isual Occupa	ition	17. Kind	Of Business/Industry
					İ	MANAGER			RETAI	L
Residence - State	18	Ba. County		18b. City Or To	wn					
DIANA	LA	KE		HOBART						
c. Street And Number						18d.	Apt. No.	18e. Zip	Code	18f. Inside City Limit
0 NORTH KELLY STREET	•							46	342	M tes 🗆 No
Decedent's Education		20. Decedent Of Hispan	anic Origin	21. [Decedent's	Race				
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Father's Name (First, Middle, Last)				23. Mother's Name	(First, Mide	die, Last)		23a. I	VIOLITEI S IVIC	aluen Last Name
EVAN CHURCHIA				EVA CHURC	HIA				ZEVIC	
Informant's Name		24a. Relationship T	To Decedent	24b. Mailing Addres	•			•		
JTH WILKINSON		DAUGHTER		539 SOUTH Sace Of Disposition	WAYN	E STREET,	HOBAR	I, IN 46342	<u>-</u>	
. Method Of Disposition		Place Of Disposition (N	Name Of Cemetery, Cr	ematory, Other Place)) 25c. L	ocation - City, Tow	n, And State			
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.