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2014 051325

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 AUG 26 AM 11:46

MICHAEL D. 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:

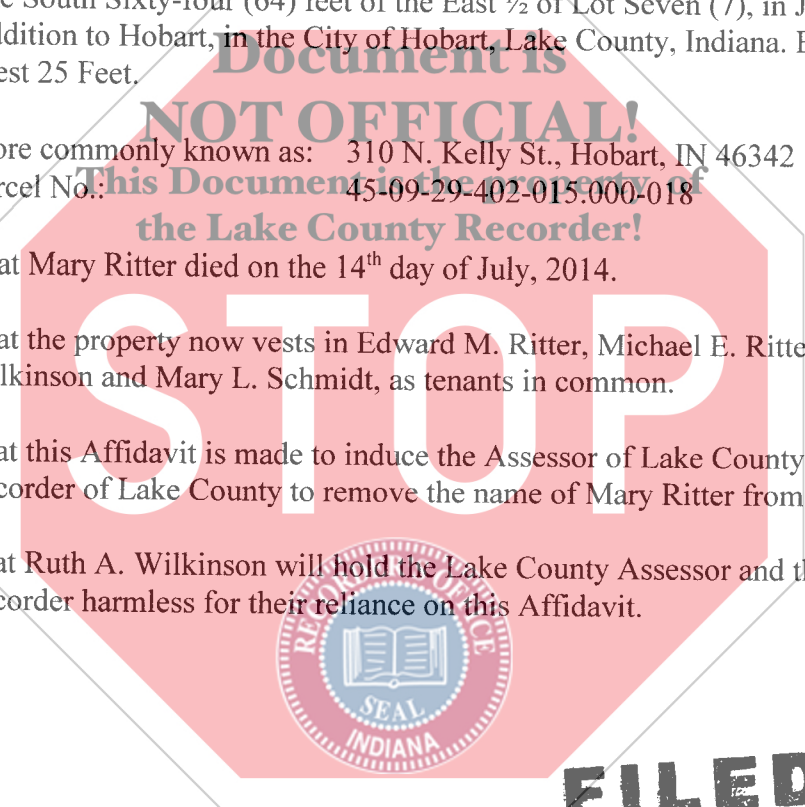
1. That the affiant is the Daughter of Mary Ritter, deceased.
2. That Mary Ritter held a life estate interest in the real property located in Lake County, Indiana, more particularly described as:

The South Sixty-four (64) feet of the East 1/2 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.: 45-09-29-402-015.000-018

3. That Mary Ritter died on the 14<sup>th</sup> 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 26 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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AD  
ck-12577

03815

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

Ruth A. Wilkinson  
Ruth A. Wilkinson

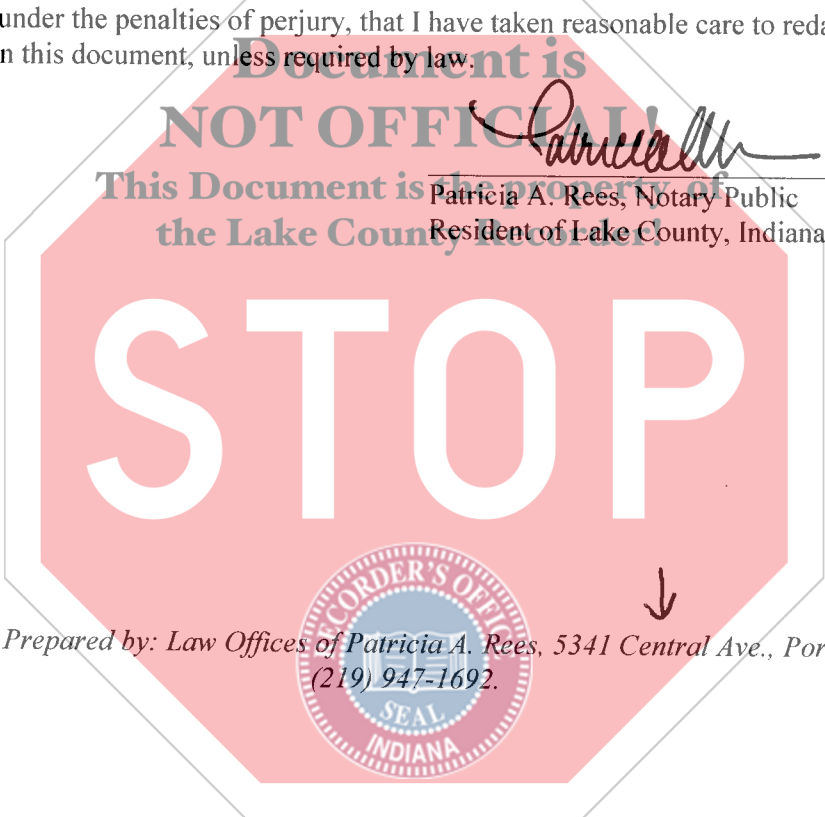
STATE OF INDIANA            )  
  )SS:  
COUNTY OF LAKE            )

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

*Patricia A. Rees*  
Patricia A. Rees, Notary Public  
Resident of Lake County, Indiana



*This Instrument Prepared by: Law Offices of Patricia A. Rees, 5341 Central Ave., Portage, IN 46368 (219) 947-1692.*



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 000682

EDR No 00000394895

State No 031439

1. Decedent's Legal Name (First, Middle, Last) <b>MARY RITTER</b>				1a. Maiden Name (if female) <b>CHURCHIA</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>01:35 PM</b>	4. Date Of Death (Month/Day/Year) <b>07/14/2014</b>					
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>86</b>	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) <b>02/09/1928</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>				
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street and Number) <b>MILLER'S MERRY MANOR-PORTAGE</b>								12. City Or Town, State, And Zip Code <b>PORTAGE, IN, 46368</b>		13. County Of Death <b>PORTER</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>MANAGER</b>		17. Kind Of Business/Industry <b>RETAIL</b>					
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>HOBART</b>								
18c. Street And Number <b>310 NORTH KELLY STREET</b>						18d. Apt. No.	18e. Zip Code <b>46342</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>								
22. Father's Name (First, Middle, Last) <b>STEVAN CHURCHIA</b>				23. Mother's Name (First, Middle, Last) <b>EVA CHURCHIA</b>		23a. Mother's Maiden Last Name <b>KNEZEVIC</b>							
24. Informant's Name <b>RUTH WILKINSON</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>539 SOUTH WAYNE STREET, HOBART, IN 46342</b>									
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) <b>HOBART CEMETERY</b>		25c. Location - City, Town, And State <b>HOBART, IN</b>								
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342</b>						27a. Funeral Home License Number: <b>FH83003069</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01006463</b>							
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. Cause Of Death (See Instructions And Examples)									Approximate Interval To Death				
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. <u>CARDIAC ARREST DUE TO CARDIAC ARRHYTHMIA, DIABETES, PNEUMONIA AND ADVANCED AGE</u>			Due to (Or As A Consequence Of):		<u>07/2014</u>					
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			B. _____			Due to (Or As A Consequence Of):		_____					
			C. _____			Due to (Or As A Consequence Of):		_____					
			D. _____			Due to (Or As A Consequence Of):		_____					
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>CARDIAC ARREST DUE TO CARDIAC ARRHYTHMIA, DIABETES, PNEUMONIA AND ADVANCED AGE</b>						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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								
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 type="checkbox"/> No						
38. 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: <b>MUTENA B. KORMAN, BY ELECTRONIC SIGNATURE</b>						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: <b>MUTENA B. KORMAN, 111 W 10TH ST STE 102, HOBART, IN 45342</b>						44. License Number <b>01055605A</b>		45. Date Certified <b>07/15/2014</b>					
46. Additional Funeral Service Provider:						47. *Akas:							
48. Signature of Local Health Officer: <b>MARIA L STAMP, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUL 16 2014</b>							
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>													