

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 068922

2015 OCT -7 PM 1:59

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

TAX: I.D. NO. 45-11-27-427-005.000-032

Virginia M. Gault, being first duly sworn upon oath, deposes and says:

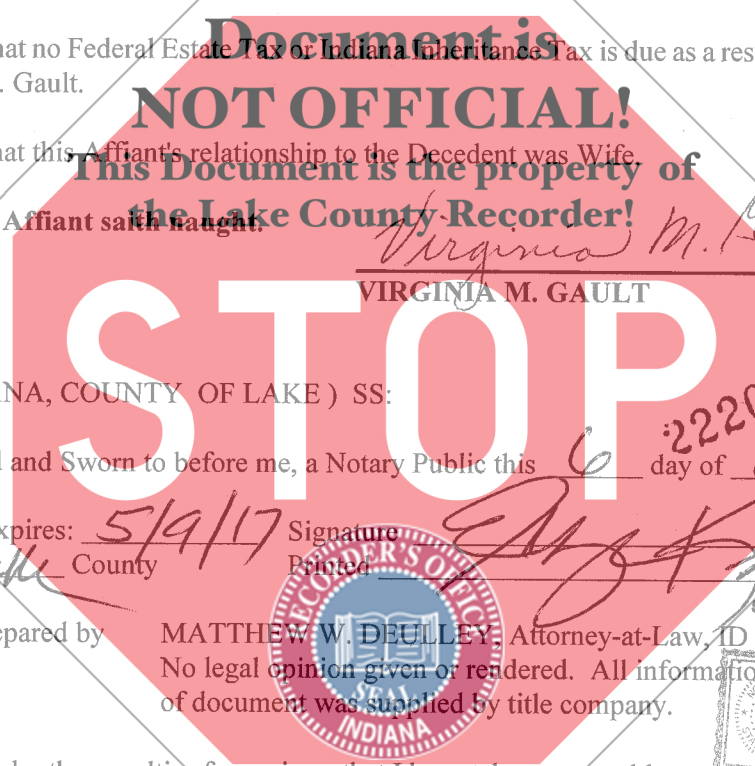
1. That **Ralph W. Gault**, died on the 12th day of November, 2007 at Crown Point, Lake County, Indiana.
2. That at the time of his death, he held a Life Estate interest in the following described real estate:

LOT 2 IN SITARZ ADDITION AS SHOWN IN PLAT BOOK 81 PAGE 78 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 8337 W. 89TH PLACE, CROWN POINT, IN 46307

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Ralph M. Gault.
4. That this Affiant's relationship to the Decedent was Wife.

FURTHER, your Affiant saith naught.



Virginia M. Gault
VIRGINIA M. GAULT

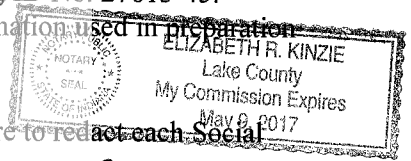
FILED
OCT 07 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA, COUNTY OF LAKE) SS:

Subscribed and Sworn to before me, a Notary Public this 6 day of October, 2015

My Commission Expires: 5/19/17 Signature [Signature]
Resident of Lake County Printed [Signature], Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 27813-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.



I affirm, under the penalties for perjury, that I have taken reasonable care to read each Social Security number in this document, unless required by law.

[Signature]
Signature of Preparer

Elizabeth Kinzie
Printed Name of Preparer

COMMUNITY TITLE COMPANY
FILE NO 158567

13-
CM
NR

MENTION ESTATE: The Social Security # is requested by this state agency in order to use its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

File No. 2673-07

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

REPRINT
IN
PERMANENT
BLACK INK

IDENT

MENTS

ORMANT

POSITION

USE OF
ATH

RTIFIER

ALTH
FICER

| | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|
| 1. DECEASED NAME (First, Middle, Last) RALPH W. GAULT | | | 2. SEX MALE | | 3a. TIME OF DEATH 9:20 A M | | 3b. DATE OF DEATH (Month, Day, Year) NOVEMBER 12, 2007 | | | | | |
| 4. SOCIAL SECURITY NUMBER [REDACTED] | | 5a. AGE - Last Birthday (Years) 91 | | 5b. UNDER 1 YEAR Months Days | | 5c. UNDER 1 DAY Hours Minutes | | 6. DATE OF BIRTH (Mo, Day, Yr) AUGUST 10, 1916 | | 7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS | | |
| 8a. WAS DECEDENT A U.S. VETERAN? YES | | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945 | | 9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence | | | | | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) 8337 W. 89th. PL. | | | | | | 9c. CITY, TOWN, OR LOCATION OF DEATH CROWN POINT | | | 9d. COUNTY OF DEATH LAKE | | | |
| 10. MARITAL STATUS (Specify) MARRIED | | 11. SURVIVING SPOUSE (If wife, give maiden name) VIRGINIA GOODWIN | | | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) ELECTRICIAN | | | | 12b. KIND OF BUSINESS/INDUSTRY LOCAL 134 | | | |
| 13a. RESIDENCE - STATE INDIANA | | 13b. COUNTY LAKE | | 13c. CITY, TOWN, OR LOCATION CROWN POINT | | | 13d. STREET AND NUMBER 8337 W. 89th. PL. | | | | | |
| 13e. ZIP CODE 46307 | | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | 14. CITIZEN OF WHAT COUNTRY? U.S.A. | | 15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | | 16. RACE - American Indian, Black, White, etc. (Specify) WHITE | | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____ | | |
| 18. FATHER'S NAME (First, Middle, Last) RALPH GAULT | | | | | | 19. MOTHER'S NAME (First, Middle, Maiden Surname) GERTRUDE MUELLER | | | | | | |
| 20a. INFORMANT'S NAME (Type/Print) VIRGINIA GAULT | | | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 8337 W. 89th. PL. CROWN POINT, IN. 46307 | | | | 20c. Relationship WIFE | | | | |
| 21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____ | | | | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) NOVEMBER 14, 2007 N.W. IND. CREMATION SERVICES | | | | 21c. LOCATION - City or Town, State CROWN POINT, INDIANA | | | | |
| 22a. EMBALMER'S NAME: NONE | | | | 22b. EMBALMER'S LICENSE NO. N/A | | | | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | | | 24b. LICENSE NUMBER FD01008300 | | | | 24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307 | | | | |
| 26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death): a. End Stage CHF DUE TO (OR AS A CONSEQUENCE OF): b. DM DUE TO (OR AS A CONSEQUENCE OF): c. adrenal insufficiency DUE TO (OR AS A CONSEQUENCE OF): d. _____ | | | | | | | | | | | | |
| PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. | | | | | | | | | | | | |
| 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) | | | | 28a. WAS AN AUTOPSY PERFORMED? (Yes or No) (Yes) | | | | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) | | | | |
| 29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> CORONER 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 as stated. | | | | | | | | | | | | |
| 29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> M.D. | | | | | | | | | | | | |
| 29c. MEDICAL LICENSE NO. 01067596A | | | | | | 29d. DATE SIGNED (Month, Day, Year) 11-13-07 | | | | | | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 26) (Type/Print) 2050 N. Main St. Crown Point, IN 46307 CHANTANA VARILALA | | | | | | | | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE Susan W. But. D.O. | | | | | | | | | | 32. DATE FILED (Month, Day, Year) November 13, 2007 | | |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide | | | 34a. DATE OF INJURY (Month, Day, Year) | | 34b. TIME OF INJURY | | 34c. INJURY AT WORK? (Yes or No) | | 34d. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. NOV 26 2007 | | | |
| 34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | | | | | 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | | | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. | | | | | | | | |

