

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Community Title Company
File No. 158435

2015 071834

2015 OCT 22 PM 1:32

MICHAEL R. DEULLEY
AFFIDAVIT OF SURVIVORSHIP
RECORDER

TAX: I.D. NO. 45-12-09-103-018.000-030

MARJORIE A. BARTROM, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **RONALD T. BARTROM**, died leaving a will on August 09, 2014 at Merrillville, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 21, BLOCK 2, ENGLEHART'S COUNTRY CLUB MANOR, SECOND ADDITION, AS SHOWN IN PLAT BOOK 34, PAGE 13, IN LAKE COUNTY, INDIANA.

Commonly known as: 1402 W. 62ND AVENUE, MERRILLVILLE, INDIANA 46410

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, your Affiant saith naught.

Marjorie A. Bartrom
MARJORIE A. BARTROM

STATE OF Indiana, COUNTY OF Lake SS: Michael R. Deulley

Subscribed and sworn to before me, a Notary Public this 15 day of October, 2015.

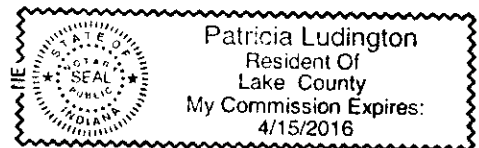
My Commission Expires: 4-15-16 Signature: Michael R. Deulley
County of Residence: Lake Printed: Michael R. Deulley Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No.278134-45.
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 redact each Social Security number in this document, unless required by law.

Matthew W. Deulley
Signature of Preparer

Patricia Ludington
Printed Name of Preparer



016067

FILED
OCT 20 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

14-
CHARGE CM
AA



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

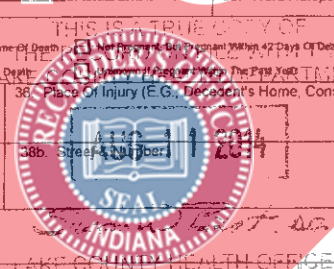
Tracking No. 25910

Local No 002483

EDR No 00000398978

State No

| | | | | | | | | | | |
|---|--|--|---|---|---|--|--|---|--|--|
| 1. Decedent's Legal Name (First, Middle, Last) RONALD T BARTROM | | | | 1a. Maiden Name (If female) | | 2. Sex MALE | 3. Time Of Death 08:15 AM | 4. Date Of Death (Month/Day/Year) 08/09/2014 | | |
| 5. Social Security Number | | 6a. Age - Yrs 75 | 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) 08/28/1938 | | 8. Birthplace (City and State or Foreign Country) HUNTINGTON, IN | |
| 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 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) TOWNE CENTRE HEALTH CARE | | | | | 12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410 | | | 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 MARJORIE A BARTROM | | | 15a. (If Wife) Give Maiden Last Name FITZGERALD | | | 16. Decedent's Usual Occupation CIVIL ENGINEER | | 17. Kind Of Business/Industry US STEEL | | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | | 18b. City Or Town MERRILLVILLE | | | 18d. Apt. No. | 18e. Zip Code 46410 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 18c. Street And Number 1402 WEST 62ND AVENUE | | 19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS) | | | 20. Decedent Of Hispanic Origin NOT HISPANIC | | 21. Decedent's Race White | | | |
| 22. Father's Name (First, Middle, Last) FRANCIS BARTROM | | | | 23. Mother's Name (First, Middle, Last) CECILE BARTROM | | | 23a. Mother's Maiden Last Name KETTERING | | | |
| 24. Informant's Name MARJORIE A BARTROM | | 24a. Relationship To Decedent WIFE | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 1402 WEST 62ND AVENUE, MERRILLVILLE, IN 46410 | | | | | | |
| 25a. 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): | | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATORY | | | 25c. Location - City, Town, And State GARY, IN | | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility PRUZIN BROTHERS-MERRILLVILLE, 6360 BROADWAY, MERRILLVILLE, IN 46410 | | | | | | 27a. Funeral Home License Number FH83002453 | | |
| 27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE | | 27c. License Number (Of Licensee): FD01009893 | | | | | | 27d. Cause Of Death (See Instructions And Examples) HYPOXIA | | |
| 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. HYPOXIA Due to (Or As A Consequence Of) SUBACUTE B. DYSYPHAGIA Due to (Or As A Consequence Of) SUBACUTE C. DEMENTIA Due to (Or As A Consequence Of) CHRONIC D. BARRETT'S ESOPHAGUS CHRONIC 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 | | Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I | | | | | | | | |
| 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <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 | | 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 | | | 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 type="checkbox"/> No |
| 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 SAKET SINHA, BY ELECTRONIC SIGNATURE | | | | 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: SAKET SINHA, 8300 BROADWAY STE D, MERRILLVILLE, IN 46410-3006 | | | | 44. License Number 01068090A | | 45. Date Certified 08/11/2014 | | | | |
| 46. Additional Funeral Service Provider: | | | | 47. Affix Seal Here | | | | | | |
| 48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE | | | | 49. For Registrar Only - Date Filed (Month/Day/Year) AUG 11 2014 | | | | | | |



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