

COPY

AFFIDAVIT

2016 086780

TAX# 45-21-09-400-007.000-012

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Karen L. Warner, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Ronald L. Warner a/k/a Ronald Ross Warner died leaving a will on June 28, 2015 at Lebanon, Smith County, Tennessee.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

SEE ATTACHED EXHIBIT "A"

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 her 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 proceeds were not sufficient to meet the necessitat payment of Federal Estate Tax.

FURTHER, Affiant saith naught,

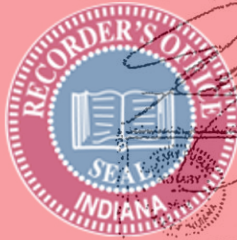
Subscribed and sworn to before me, a Notary Public this

4 day of December

Karen L. Warner

, Notary Public

My Commission Expires: _____
County of Residence: _____



ELIZABETH R. KINZIE
Lake County
My Commission Expires
May 9, 2017

FILED

MAR 28 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Are-record to correct Middle initial

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

FILED

DEC 21 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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FILE NO 158969

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 MAR 28 PM 2:54
MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 DEC 21 AM 9:44
MICHAEL B. BROWN
RECORDER

2017 019835

**EXHIBIT "A"
LEGAL DESCRIPTION**

THE FOLLOWING REAL ESTATE IN LAKE COUNTY IN THE STATE OF INDIANA, TO WIT: PART OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 9, TOWNSHIP 33 NORTH, RANGE 7 WEST OF THE SECOND PRINCIPAL MERIDIAN IN LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF SAID QUARTER SECTION; THENCE SOUTH ON THE EAST LINE OF SAID QUARTER SECTION, A DISTANCE OF 200 FEET; THENCE WEST PARALLEL WITH THE NORTH LINE OF SAID QUARTER SECTION, A DISTANCE OF 200 FEET; THENCE NORTH 200 FEET; THENCE EAST 200 FEET TO THE PLACE OF BEGINNING.



✓

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEASED

1. DECEASED'S LEGAL NAME (First, Middle, Last, Suffix)
Ronald Ross Winters

2. TIME OF DEATH (Approx.)
11 AM

3. ADDRESS (Street, City, State, Zip)
42 Paradise Hills Lane Lebanon, Tennessee 37050

4. UNDER 1 YEAR
5. UNDER 5 YEAR
6. DATE OF BIRTH (Month, Day, Year)
April 18, 1947

7. BIRTHPLACE (City and State or Foreign Country)
Gary, Indiana

8. PLACE OF DEATH (Specify only one)
Hospital

9. MARITAL STATUS
Married

10. DECEASED'S USUAL OCCUPATION
Transportation

11. SOCIAL SECURITY NUMBER
[REDACTED]

12. RESIDENCE STATE OF DECEASED
Tennessee

13. CITY OR TOWN
Lebanon

14. STREET AND NUMBER
42 Paradise Hills Lane

15. DECEASED'S EDUCATION (Check the box that best describes the highest grade of school completed at the time of death)
High school graduate

16. DECEASED'S OCCUPATION (Check the box that best describes the occupation in which the decedent was engaged in immediately prior to death)
Transportation

17. FATHER'S NAME (First, Middle, Last)
Ross Bortum Warner

18. MOTHER'S NAME (First, Middle, Last)
Thelma Louise Gayles

19. METHOD OF DEATH (Check one)
Natural

20. PLACE OF DEATH (Check one)
Hospital

21. SIGNATURE OF REGISTRAR
June Roberts, NR

22. SIGNATURE OF PHYSICIAN
Linda August, MD

23. PART I: Cause of Death (Immediate Cause)
Sepsis
Gangrene of lower extremities
Vascular resistant to treatment

24. MANNER OF DEATH (Check one)
Natural

25. DID TOBACCO USE CONTRIBUTE TO DEATH? (Check one)
No

26. WERE AN AUTOPSY PERFORMED? (Check one)
No

27. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? (Check one)
No

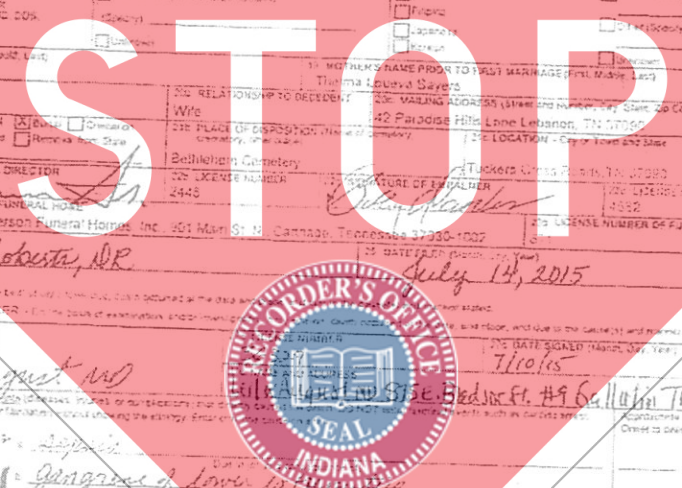
28. DATE OF BIRTH (Month, Day, Year)
April 18, 1947

29. DATE OF DEATH (Month, Day, Year)
July 14, 2015

30. PLACE OF BIRTH (City and State or Foreign Country)
Gary, Indiana

31. PLACE OF DEATH (City and State or Foreign Country)
Lebanon, Tennessee

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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 66-9-101 et seq., Vital Records Act of 1977

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner MD, MPH, FACOEM
COMMISSIONER



7610724

Date Issued JUL 14 2015

CERTIFICATION OF VITAL RECORD

