

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-039483

3:03 PM 2022 Nov 22

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF Lake

SS: [REDACTED]

Ruth Ann Bougie, being first duly sworn upon oath, deposes and says:

1. That Norman K. Bougie died on June 13, 2008 at 204 Hilroy Pl. Lowell, IN (City/State)
2. That Norman and Ruth Bougie were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Property #2 45-19-25-101-003,000-008 The west 1/2 of lot 21 in block one and the North 1/2 of the following: Lot 3 and the East 1/2 of Lot 2, all in Forest Hills Addition to the Town of Lowell, as per the plat hereof, recorded in Plat book 27, pg. 33 in the office of the Recorder of Lake County, Indiana.
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) (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 includable 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 affiant sayeth not.

STATE OF Indiana
COUNTY OF Kosciusko) SS:



ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared RUTH BOUGIE who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 21 day of NOVEMBER, 2022.

Resident of Kosciusko County, Indiana.

Signature [Signature]

My Commission Expires: 08/21/2030

Printed Lin Brown

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. Christador Bougie

This instrument prepared by Christador Bougie

FILED
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25.00
CC
KK

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 2368-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) Norman K. Bougie				1a. Maiden Last Name (If Female)		2. Sex Male		3. Date of Death 10:50 PM		4. Date of Death (Month/Day/Year) June 13, 2008	
5. Social Security Number 55		6a. Age - Yrs 55		6b. Under 1 Year Married		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) June 26, 1952				8. Birthplace (City And State Or Foreign Country) Hammond, IN							
9. Ever in U.S. Armed Forces?		10. If Death Occurred in a Hospital:		10a. If Death Occurred Somewhere Other Than a Hospital:							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival		<input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street And Number) 204 Hickory											
12. City Or Town, State, And Zip Code Lowell						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. Burning Spouse's Name Ruth A Bougie				15a. (If With/Over Maiden Last Name) Watkins		16. Decedent's Usual Occupation Construction Millwright			17. Kind of Business/Industry Union		
18. Residence - State Indiana				18a. County Lake		18b. City Or Town Lowell					
18c. Street And Number 204 Hickory				18d. Apt. No.		18e. Zip Code 46356		18f. Indian City/Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High school Graduate or GED				20. Decedent Of Hispanic Origin No				21. Decedent's Race Caucasian			
22. Father's Name (First, Middle, Last) Gilbert Bougie				23. Mother's Name (First, Middle, Last) Sara Bougie							
24. Informant's Name Ruth A Bougie				24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 204 Hickory, Lowell, IN 46356		24c. MOTHER'S Maiden Last Name Leer			
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) Lowell Memorial Cemetery				25c. Location - City, Town, And State Lowell IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Sheets Funeral Home 604 E. Commercial Ave., Lowell, IN 46356				27a. Funeral Home License Number FH83004277			
27b. Signature of Indiana Funeral Service Licensee <i>Melody Miller</i>								27c. License Number (Of Licensee) FD09200061			
Cause of Death (See Instructions And Examples)											
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.										Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)										Unknown	
A. Vascular collapse											
B. Due to arteriosclerotic heart and vascular disease											
C. _____											
D. _____											
29. Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting in the Underlying Cause Given in Part I											
30. Was Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30a. Were Autopsy Findings Available To Complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death?				32. If Female:				33. Manner Of Death:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				<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 Within The Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before 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, Worked Area)			
37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				38. Location of Injury - State				39. City Or Town			
39. Describe How Injury Occurred											
NOTARIZES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT											
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				41. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				42. Date Certified June 25, 2008			
43. Name, Address And Zip Code Of Person Certifying Cause of Death: Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307				44. License Number N/A				45. Date Certified June 25, 2008			
46. Additional Funeral Service Provider:											
46. Signature of Local Health Officer: <i>Susan J. Best, D.O.</i>								47. Date June 25, 2008			