

NOT AN OFFICIAL DOCUMENT

FILED

Apr 25 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-512132
04/26/2023 11:06 AM
TOTAL FEES: 25.00
BY: JAS
PG # : 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
COUNTY OF LAKE)

1. Ruby Wilderness is over the age of 18 and of sound mind. *Ⓢ*
2. Frank Wilderness and Ruby Wilderness ** aka Ruby Z wilderness* acquired title as husband and wife, tenants by the entireties, by Warranty Deed recorded December 10, 1968, as Instrument No. 777227, Lake County Records, to the premises described as: ** aka Ruby Z wilderness Ⓢ*

Lot 9 in Block 3 in Gary Land Company's Fourth Subdivision in the City of Gary, as per plat thereof, recorded in Plat Book 14, Page 15 in the Office of the Recorder of Lake County, Indiana

Parcel No. 45-08-05-484-013.000-004

3. The marriage of Frank Wilderness and Ruby Wilderness continued uninterrupted from the time they acquired title to said real estate until the death of Frank Wilderness on July 3, 1993. *AKA Ruby Z wilderness Ⓢ (see attached for death certificate)*
4. No estate has been opened for the deceased, nor is one contemplated, and there is no Indiana inheritance tax due.

Affiant makes this affidavit for the purpose of inducing the county auditor of the county in which the Property is located to transfer said Property to Ruby Wilderness as the surviving spouse of the decedent, pursuant to Indiana statute 32-7-3-1. ** AKA Ruby Z wilderness Ⓢ*

Ruby Z Wilderness
Ruby Wilderness *aka*
Ruby Z wilderness *Ⓢ*
LN 2302352-1082

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Ruby Wilderness, who acknowledged the execution of the foregoing Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 21st day of April, 2023

Signature: _____, Notary Public

Printed: Lisa M Matson

My Commission Expires:

02/01/2024

My County of Residence is:

Lake

File No.: IN2302352



Prepared by and return to:
Wendy K. Walker (Attorney No. 2400446)
Near North Title Group, 101 E. 90th Drive, Suite C, Merrillville, IN 46410

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, Wendy K. Walker.

Grantee mailing address and please send tax statements/notices to:

Preferred Homes, LLC 2929 Jewett Ave. Highland, IN 46322

NOT AN OFFICIAL DOCUMENT

93-0502

INDIANA STATE DEPARTMENT OF HEALTH

Gary Card Co's 4th
GARY BL. 3
State No.

Local No. 93054374

CERTIFICATE OF DEATH

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Frank Wilderness Sr.		2. SEX Male	3a. TIME OF DEATH 7:13 a.m.	3b. DATE OF DEATH (Month, Day, Year) July 3, 1993
4. SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Year) 61	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		8. DATE OF BIRTH (Month, Day, Year) June 27, 1932		7. BIRTHPLACE (City and State or Foreign Country) MO
8a. WAS DECEDENT A U.S. VETERAN?		9. PLACE OF DEATH (Check only one. See instructions.)		
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify): _____		

DECEDENT

9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake		10. CITY, TOWN OR LOCATION OF DEATH Gary	11. COUNTY OF DEATH Lake
---	--	--	------------------------------------

PARENTS

10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Ruby Z. Stanford	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use repeats) Gas Tender	12b. KIND OF BUSINESS/INDUSTRY USX (Coke Plant)
--	---	--	---

INFORMANT

13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Gary	13d. STREET AND NUMBER 834 Garfield Street
13e. ZIP CODE 46404	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)
16. FATHER'S NAME (First, Middle, Last) Lean Wilderness		17. MOTHER'S NAME (First, Middle, Maiden Surname) Early Coffee	
20a. INFORMANT'S NAME (Type/print) Ruby Z. Wilderness		20b. MAILING ADDRESS (Street and Number or Rural Route Number; City or Town State, Zip Code) 834 Garfield Gary, IN 46404	20c. Relationship Wife

DISPOSITION

21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify): _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 10, 1993 Evergreen Cemetery		21c. LOCATION—City or Town State Hobart, Indiana
22a. EMBALMERS NAME Roosevelt Allen Sr.		22b. EMBALMERS LICENSE NO. 01051696	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Allen N. Watson</i>		24b. LICENSE NUMBER (of Licensee) 08700646	25. NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2955 West 11th Ave. Gary, IN 46404	

CAUSE OF DEATH

26. PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.

FILED

Metastatic Carcinoma of Lung

DUE TO (OR AS A CONSEQUENCE OF)

AUG 19 1993

DUE TO (OR AS A CONSEQUENCE OF)

CERTIFIER

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) **NO**

28. WAS AN AUTOPSY PERFORMED? (Yes or no) **NO**

29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) **NO**

29a. CERTIFIER (Check only one)
 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
 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.
 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
Barbara L. Fuller, M.D.

29c. MEDICAL LICENSE NO.
01034701

29d. DATE SIGNED (Month, Day, Year)
7/12/93

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26b (Type/print)
Dr. Barbara L. Fuller 3329 Broadway Gary, Ind 46408

31. HEALTH OFFICER'S SIGNATURE
[Signature]

32. DATE FILED (Month, Day, Year)
JUL 15 1993

CORONER USE ONLY

33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	34. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
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.		911936