

FILED

Oct 05 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA
COUNTY OF LAKE

SS:

LAKE CIRCUIT COURT
PROBATE DIVISION
CROWN POINT, INDIANA

THE MATTER OF THE UNSUPERVISED
ADMINISTRATION OF THE ESTATE OF:
RUTH MARGARET McCauley, DECEASED

CAUSE NO: 45C01-2309-EU-000381

SURVIVORSHIP AFFIDAVIT

Betty Jean McCauley, being first duly sworn upon her oath states as follows:

1. Betty Jean McCauley is the daughter of Hardin W. McCauley and Ruth Margaret McCauley, husband and wife.

2. Affiant's father Hardin W. McCauley, passed away on December 22, 1993 (see Certified Death Certificate attached hereto as Exhibit A).

3. That affiant's father, Hardin W. McCauley, and affiants' mother, Ruth Margaret McCauley, were married, husband and wife, and they acquired title to real estate, commonly known as: 8471 Patterson Street, St. John, Indiana 46373, and legally described as:

Lot Four (4) in Sedlak Subdivision, Section No. 1, as per plat thereof recorded in Plat Book 33, page 84, in the Recorder's Office of Lake County, Indiana;

together, as husband and wife by means of a Warranty Deed from Frank C. Sedlak and Josephine Sedlak, husband and wife to Hardin W. McCauley and Ruth Margaret McCauley, husband and wife, dated September 5, 1961 and recorded on September 25, 1961, as Document No. 354301, in the Office of the Recorder of Lake County, Indiana. Thus, title to the real estate was held as Hardin W. McCauley and Ruth Margaret McCauley, husband and wife. That affiant's father, Hardin W. McCauley died on December 22, 1993, at which time the real estate became the sole property of affiant's mother, Ruth Margaret McCauley.

4. Affiant's mother, Ruth Margaret McCauley, passed away on July 3, 2023, leaving a Last Will and Testament dated June 25, 2020. (See Certified Death Certificate attached

NOT AN OFFICIAL DOCUMENT

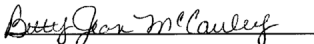
hereto as Exhibit B.) That, pursuant to an Order of the Lake Circuit Court, Probate Division, Honorable Marissa J. McDermott presiding, on September 7, 2023, in a case styled and docketed as: In The Matter of the Unsupervised Administration of the Estate of Ruth Margaret McCauley, deceased, date of death July 3, 2023, cause number 45C01-2309-EU-000381, Letters Testamentary were issued to your Affiant Betty Jean McCauley.

5. That your Affiant Betty Jean McCauley, as Personal Representative of the Estate of her deceased mother, Ruth Margaret McCauley, is required to execute a personal representative's deed transferring the real property referred to in this Survivorship Affidavit, to Betty Jean McCauley .

6. That any required Federal Estate Tax Return has been filed and the assessed taxes paid.

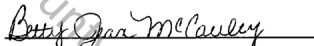
7. That this Affidavit is being filed to clarify the title to the real estate.

DATED THIS 14TH DAY OF SEPTEMBER, 2023.



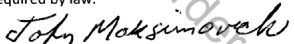
Betty Jean McCauley, Affiant, Daughter, and
Personal Representative of the Estate of
Ruth Margaret McCauley

I affirm under the penalties for perjury that the foregoing representations are true and correct to the best of my knowledge, information, and belief.



Betty Jean McCauley, Affiant, Daughter, and
Personal Representative of the Estate of
Ruth Margaret McCauley

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



John Maksimovich
Attorney At Law

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA
COUNTY OF LAKE

SS:

Before me, the undersigned, a Notary Public in and for said County and State, on the 14th day of September, 2023, personally appeared: Betty Jean McCauley, and acknowledged execution of this foregoing instrument.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.



Handwritten signature of Cathy L. Antrim in black ink.

Cathy L. Antrim, Notary Public
My Commission Expires: April 30, 2025
My Commission No. 698671
Resident of Porter County

This Instrument Prepared By:

John Maksimovich • Attorney At Law • 1512 West 96th Avenue • Suite D • Crown Point, IN 46307 • (219) 663-1900.
Attorney No. 9950-45

NOT AN OFFICIAL DOCUMENT

Exhibit A

Tracking No. 142336

INDIANA STATE DEPARTMENT OF HEALTH

ATTENTION STATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Local No. 2975-93

CERTIFICATE OF DEATH

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-119-3

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED-NAME (First, Middle, Last) HARDIN W. MC CAULEY		2. SEX MALE	3a. TIME OF DEATH 4:19 PM	3b. DATE OF DEATH (Month, Day, Year) DECEMBER 22, 1993							
	4. SOCIAL SECURITY NUMBER Redacted		5a. AGE-Last Birthday (Year) 72	5b. UNDER 1 YEAR Months Days Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) MAY 26, 1993	7. BIRTHPLACE (City and State or Foreign Country) RAYNICK, KENTUCKY						
DECEDENT	8a. WAS DECEDENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)							
	9c. FACILITY NAME (If not institution, give street and number) 8471 PATTERSON ST.		9d. CITY, TOWN OR LOCATION OF DEATH ST. JOHN		9e. COUNTY OF DEATH LAKE							
PARENTS	10. MARITAL STATUS MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) RUTH M. MC CAULEY		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) FOUNDRY EMPLOYEE		12b. KIND OF BUSINESS, INDUSTRY BLAW KNOX FOUNDRY					
	13a. RESIDENCE-STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN OR LOCATION ST. JOHN		13d. STREET AND NUMBER 8471 PATTERSON ST.					
INFORMANT	13e. ZIP CODE 46373		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY U.S.		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) ALOYSIUS MC CAULEY		17. MOTHER'S NAME (First, Middle, Maiden Surname) NORA MORRISON		16. RACE—American Indian, Black, white, etc. (Specify) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) (Elementary/Secondary (9-12) College (1-4 or 5+) 8TH.					
DISPOSITION	20a. INFORMANT'S NAME (Type/Print) RUTH M. MC CAULEY		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8471 PATTERSON ST. ST. JOHN, IND.		20c. Relationship WIFE							
	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) 12-28-1993 CHAPLE LAWN CEMETERY		21c. LOCATION—City or Town, State SCHERERVILLE, INDIAN							
CAUSE OF DEATH	22a. EMBALMER'S NAME CHARLES WELLS		22b. EMBALMER'S LICENSE NO. FD01042372		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
	24. SIGNATURE OF FUNERAL DIRECTOR <i>Eli Wells</i>		24b. LICENSE NUMBER (If licensed) FD01008300		25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE F.H. 88800070 7607 W. LINCOLN HWY. CROWN POINT, I							
CERTIFIER	26. PART I. Enter the causes, injuries, or conditions 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. a. <i>emphysema</i> IMMEDIATE CAUSE (Final disease or condition resulting in death) b. DUE TO (OR AS A CONSEQUENCE OF)						Appropriate Interval Between Onset and Death					
	Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. c. DUE TO (OR AS A CONSEQUENCE OF)											
HEALTH OFFICER	PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I. e.						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		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>Charmaine</i>		29c. MEDICAL LICENSE NO. 01033451		29d. DATE SIGNED (Month, Day, Year) 12-23-93		29e. DATE FILED (Month, Day, Year) December 30, 1993			
HEALTH OFFICER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) DR. DON H. DUMONT JR. 45th STREET MONSTER, TX 76081						31. HEALTH OFFICER'S SIGNATURE <i>Alvin D. ...</i>		32. HEALTH OFFICER'S TITLE LAKE COUNTY HEALTH DEPARTMENT		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	
	34a. DATE OF INJURY (Month, Day, Year)		34b. PLACE OF INJURY (Give home, farm, street, city, county, etc.) (Specify)		34c. DESCRIBE HOW INJURY OCCURRED		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State)		34e. DATE OF DEATH			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes/No) <i>Yes</i> Specify driver, passenger, pedestrian, etc.		LAKE COUNTY HEALTH OFFICER		RAISED SEAL AFFIXED						



Exhibit B

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **370833**

Local No 002373

EDR No 00011573152

State No 2023-034343

1. Decedent's Legal Name (First, Middle, Last) Ruth Margaret McCauley				1a. Maiden Name (If female) Thebout		2. Gender Female		3. Time of Death 06:27 AM		4. Date of Death (Month/Day/Year) 07/03/2023					
5. Social Security Number Redacted		6a. Age - Yrs 96		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes					
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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)									
11. Facility Name (If Not Institution, Give Street and Number) 8471 Patterson Street															
12. City Or Town, State, And Zip Code St. John, Indiana 46373						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				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Family Residence		17. Kind Of Business/Industry Domestic					
18. Residence - State IN			18a. County Lake			18b. City Or Town St. John			18c. Street And Number 8471 Patterson Street		18d. Apt. No.				
18e. Zip Code 46373		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White							
22. Parent's Name (First, Middle, Last) Henry William Thebout				23. Parent's Name (First, Middle, Last) Mary Ann Thebout				23a. Parent's Last Name Before First Marriage Mattingly							
24. Informant's Name Betty Joan McCauley				24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 8471 Patterson Street, St. John, IN, 46373									
25. Place Of Disposition 25a. Name Of Disposition (Name Of Cemetery, Crematory, Other Place) Chapel Lawn Funeral Home And Memorial Garden															
25b. Location - City, Town, And State Scherverville, IN															
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burdan Funeral Home (nc 12901 Wicker Avenue, Cedar Lake, Indiana, 46303				27a. Funeral Home License Number FH93002461									
27b. Signature Of Indiana Funeral Service Licensee: Yvonneth John Shaw						27c. License Number (Of Licensee) FD21600C24									
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Cause Of Death. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT 1 year Approximate Interval: Closest To Death															
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Alzheimer's dementia of late onset															
B. _____															
C. _____															
D. _____															
28. Part II. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Cause Of Death. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT 1 year Approximate Interval: Closest To Death															
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															
29. Will An Address Be Provided? LAKE COUNTY HEALTH DEPARTMENT															
30. Where Available, To Contact: LAKE COUNTY HEALTH DEPARTMENT															
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown - If Pregnant Within The Past Year		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				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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)				38c. Apt. No.		38d. Zip Code					
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number											
39. Describe How Injury Occurred															
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT A TRANSPORTATION INJURY UNLESS															
41. Signature, Of Person Certifying Cause Of Death: Thomas Devine				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				43. License Number 0154517				43a. Date Certified 07/06/2023			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Thomas Devine 3800 St. Mary Dr., Valparaiso, IN 46304															
44. Additional Funeral Service Provider:															
45. Signature of Local Health Officer: Chandana Varshita						46. For Registrar Only - Date Filled (Month/Day/Year) 07/07/2023									
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)															