

GINA PIMENTEL  
RECORDER

2024-005520

STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

11:08 AM 2024 Feb 7

2

Please send all tax bills to:

PARCEL NO. 45-11-10-455-006.000-036

Barbara A. Ruf  
519 Pinehurst Lane  
Scherverville, Indiana 46375

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF SURVIVORSHIP**

Barbara A. Ruf, surviving spouse of James D. Ruf, declares under her oath:

1. That James D. Ruf ("Decedent") died on November 6, 2023, while domiciled in Lake County, Indiana. A photocopy of Decedent's death certificate is herein attached as Exhibit A.

2. That, at the time of his death, Decedent owned the following real estate, together with Barbara A. Ruf, his surviving spouse, as husband and wife:

Commonly known as: 519 Pinehurst Lane, Scherverville, Indiana 46375

Legally described as:

LOT 12 EXCEPT THE WEST 89.80 FEET BY PARALLEL LINES IN THE GREENS OF SCHERVILLE, AN ADDITION TO THE TOWN OF SCHERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 79, PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY

3. That, therefore, Barbara A. Ruf is entitled to delivery of the above-enumerated real property by operation of law.

WHEREFORE, the affiant herein hereby requests that the above-enumerated real property be transferred to same Barbara A. Ruf, by operation of law.

I HEREBY AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

*Barbara A. Ruf*  
\_\_\_\_\_  
BARBARA A. RUF  
AFFIANT

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public, in and for said County and State, this 6<sup>th</sup> day of February, 2024, personally appeared Barbara A. Ruf and acknowledged the execution of the foregoing instrument to be her free and voluntary act.

*[Signature]*  
\_\_\_\_\_  
Notary Public

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.

This instrument prepared by:  
Sophia J. Arshad, Esq.

7899 Taft Street, Merrillville, Indiana, 46410; (219) 736-6500.



FILED

FEB 07 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25-  
1152  
RM

Local No 003877      EDR No 000011635742      State No 2023-057619

1. Decedent's Legal Name (First, Middle, Last) **James Daniel Ruf**      2. Gender **Male**      3. Time Of Death **03:04 PM**      4. Date Of Death (Month/Day/Year) **11/06/2023**

5. Social Security Number **[REDACTED]**      6a. Age - Yrs **76**      6b. Under 1 Year      6c. Under 1 Month      6d. Under 1 Day      6e. Under 1 Hour      7. Date of Birth (Month/Day/Year) **04/01/1947**      8. Birthplace (City and State or Foreign Country) **Chicago, Illinois**

9. Ever in U.S. Armed Forces?  Yes  No  Unknown      10. If Death Occurred In A Hospital:  Inpatient  Emergency Department Outpatient  Dead on Arrival      10a. If Death Occurred Somewhere Other Than A Hospital:  Hospice Facility  Decedent's Home  Nursing Home/Long-term Care Facility

11. Facility Name (If Not Institution, Give Street and Number) **Franciscan Health Dyer**      12. City Or Town, State, And Zip Code **Dyer, Indiana 46311**      13. County Of Death **Lake**      14. Marital Status At Time Of Death:  Married  Married, But Separated  Widowed  Never Married  Divorced

15. Surviving Spouse's Name **Barbara Ann Ruf**      15a. Last Name Before First Marriage **Bugajski**      16. Decedent's Usual Occupation **Teacher**      17. Kind Of Business/Industry **Public School Corp**

18. Residence - State **IN**      18a. County **Lake**      18b. City Or Town **Schererville**      18c. Apt. No.      18d. Zip Code **46375**      18e. Inside City  Yes  No

19. Street And Number **519 Pinehurst Lane**      20. Decedent Of Hispanic Origin **Not Spanish/Hispanic/Latino**      21. Decedent's Race **White**

22. Parent's Name (First, Middle, Last) **Daniel John Ruf**      23. Parent's Name (First, Middle, Last) **Ann Dolores Ruf**      23a. Parent's Last Name Before First Marriage **Novacky**

24. Informant's Name **Barbara Ann Ruf**      24a. Relationship To Decedent **Wife**      24b. Mailing Address (Street And Number, City, State, Zip Code) **519 Pinehurst Lane, Schererville, IN, 46375**

25a. Method Of Disposition:  Burial  Cremation  Donation  Entombment  Removal From State  Other (Specify)      25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **Hillside Funeral Home & Cremation Center (Crematory)**      25c. Location - City, Town, And State **Highland, IN**

26. Was Coroner Contacted?  Yes  No      27. Name And Complete Address Of Funeral Facility **Hillside Funeral Home & Cremation Center 8941 Kleinman Road, Highland, Indiana, 46322**      27a. Funeral Home License Number **FH11700003**

27b. Signature Of Indiana Funeral Service Licensee: **Sherry L Pressley**      27c. License Number Of Licensee: **FD20700074**

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.      Cause Of Death (See Instructions And Examples) **Electronically Signed**      29. License Number (Of Licensee): **FD20700074**

Immediate Cause (Final Disease Or Condition Resulting In Death) **A. Cardiopulmonary arrest**      B. **unknown**      C.      D.      THIS IS A TRUE COPY OF THE ORIGINAL ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT      APPROXIMATE INTERVAL TO DEATH: **unknown**

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      **NOV 09 2023**

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I **unknown**      32. Was An Autopsy Performed?  Yes  No      33. Were Autopsy Results Available To Complete The Cause Of Death?  Yes  No

31. Did Tobacco Use Contribute To Death?  Yes  Probably  No  Unknown      32. If Female:  Not Pregnant Within Past Year  Pregnant At Time Of Death  Not Pregnant, But Pregnant Within 12 Months Prior To Time Of Death  Unknown If Pregnant Within Past Year      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?  Yes  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?  Yes  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:  Driver/Operator  Passenger  Pedestrian  Other (Specify)      **NOT VALID UNLESS**

41. Signature Of Person Certifying Cause Of Death: **Anthony D. Wilko**      42. Certifier (Check Only One):  Certifying Physician  Medical Examiner  Coroner  Other (Specify)      43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **Anthony D. Wilko 701 Superior Avenue, Munster, IN 46321**

44. Additional Funeral Service Provider:      45. Signature Of Local Health Officer: **Chandana Vardola**      46. For Registrar Only: State (Month/Day/Year)      47. Registrar's Signature:      48. Registrar's Title:      49. Registrar's License Number:      50. Registrar's Address:      51. Registrar's Phone Number:      52. Registrar's Fax Number:      53. Registrar's Email Address:      54. Registrar's Website:      55. Registrar's Social Media:      56. Registrar's Other Information:      57. Registrar's Signature:      58. Registrar's Title:      59. Registrar's License Number:      60. Registrar's Address:      61. Registrar's Phone Number:      62. Registrar's Fax Number:      63. Registrar's Email Address:      64. Registrar's Website:      65. Registrar's Other Information:

**EXHIBIT**

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