



# TICOR TITLE INSURANCE

INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98 JUN 23 AM 9:27

MORRIS W. CARTER  
RECORDER

98046047

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

KATHLEEN JEAN KORTH, being first duly sworn upon oath, deposes and says:

1. That CHARLOTTE B. SNYDER died on February 7, 1998 at Hammond, Indiana.
2. That N/A and  were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 87 IN BEVERLY FIFTH ADDITION IN THE CITY OF HAMMOND, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 29 PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

*This document is the property of the Lake County Recorder!*

~~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 the death of said decedent~~

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

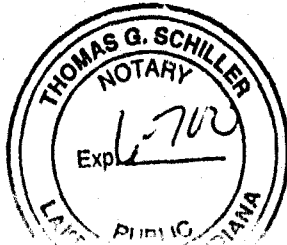
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

SAMUELSON  
UNITOR LAKE COUNTY

Kathleen Jean Korth  
KATHLEEN JEAN KORTH

Subscribed and sworn to before me, a Notary Public, this 17TH day of JUNE, 1998.



Thomas G. Schiller  
Notary Public  
THOMAS G. SCHILLER

My Commission expires:  
6-7-00

County of Residence:  
LAKE

This Instrument prepared by KATHLEEN JEAN KORTH

11.00  
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001585

2  
219192  
#/b  
Morrison

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CLB 11, 1998 Date Issued

Hammond Health Commission

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 119

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19.3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

H/O 2/19/98 MORRISON

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1 DECEASED-NAME (Charlotte B. Snyder), 2 SEX (F), 3a TIME OF DEATH (8:55A), 3b DATE OF DEATH (February 7, 1998), 4 SOCIAL SECURITY NUMBER (306/10/4697), 5a AGE (81), 6 DATE OF BIRTH (Jan. 4, 1917), 7 BIRTHPLACE (Chicago, Ill.), 8a WAS DECEDENT A US VETERAN? (No), 8b YEAR LAST SERVED IN US ARMED FORCES? (None), 9a PLACE OF DEATH (Residence), 9b FACILITY NAME (7913 Birch Drive), 9c CITY TOWN OR LOCATION OF DEATH (Hammond), 9d COUNTY OF DEATH (Lake), 10 MARITAL STATUS (Widowed), 11 SURVIVING SPOUSE (None), 12a DECEDENT'S USUAL OCCUPATION (Housewife), 12b KIND OF BUSINESS/INDUSTRY (Home), 13a RESIDENCE-STATE (Ind.), 13b COUNTY (Lake), 13c CITY TOWN OR LOCATION (Hammond), 13d STREET AND NUMBER (7913 Birch Drive), 13e ZIP CODE (46324), 13f INSIDE CITY LIMITS (Yes), 14 CITIZEN OF WHAT COUNTRY? (U.S.A.), 15 WAS DECEDENT OF HISPANIC ORIGIN? (No), 16 RACE (White), 17 DECEDENT'S EDUCATION (N/A), 18 FATHER'S NAME (Charles F. Barnebee), 19 MOTHER'S NAME (Belle Hendricks), 20a INFORMANT'S NAME (Lathleen Korth), 20b MAILING ADDRESS (914-177th St Hammond, Ind 46324), 20c Relationship (Daughter), 21a METHOD OF DISPOSITION (Burial), 21b DATE AND PLACE OF DISPOSITION (February 2/10/98 Chapel Lawn), 21c LOCATION (Schererville, Ind.), 22a EMBALMER'S NAME (C. Wm. McCoy), 22b EMBALMER'S LICENSE NO (1013612), 23 WAS DEATH REPORTED TO CORONER? (No), 24 SIGNATURE OF FUNERAL DIRECTOR (C. Wm. McCoy), 24b LICENSE NUMBER (1013612), 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (McCoy Funeral Chapel 5713 Hohman Ave Hammond, Ind. 46320), 26 PART I IMMEDIATE CAUSE (Respiratory Failure), 26 PART II Other significant conditions, 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a WAS AN AUTOPSY PERFORMED? (No), 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (None), 29a CERTIFIER (Certifying Physician), 29b SIGNATURE AND TITLE OF CERTIFIER, 29c MEDICAL LICENSE NO (01032690), 29d DATE SIGNED (2/10/98), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Sami Ahmadzai 6924 169th At. Hammond, Ind), 31 HEALTH OFFICER'S SIGNATURE (Franklin G. Remuda M.D.), 32 DATE FILED (February 11, 1998), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK?, 34d DESCRIBE HOW INJURY OCCURRED, 34e PLACE OF INJURY, 34f LOCATION, 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT? (No), 001586



FILED

JUN 22 1998

SAM ORLICH  
CLERK LAKELAND COUNTY