E01616

TICOR TITLE INSURANCE IN ENDIANA LAKE COUNTY FILED FOR RECORD

9804608147

98 JUN 23 AM 9: 27

MORRIS V. COTALITY

STATE OF INDIANA)
COUNTY OF LAKE)
SS:

1. That CHARLOTTE B. SNYDER died on John Commission expires: 1. That CHARLOTTE B. SNYDER died on John Commission expires: 1. That CHARLOTTE B. SNYDER died on John Commission expires: 1. That CHARLOTTE B. SNYDER died on John Commission expires: 1. That CHARLOTTE B. SNYDER died on John Commission expires: 1. That CHARLOTTE B. SNYDER died on John Commission expires: 1. That CHARLOTTE B. SNYDER died on John Commission expires: 1. That CHARLOTTE B. SNYDER died on John Commission expires: 1. That CHARLOTTE B. SNYDER died on John Charlotte died on John Commission expires: 1. That CHARLOTTE B. SNYDER died on John Charlotte died on Joh	KATHLEEN JEAN KORTH	, being first duly			
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, INDIANATHIS 3-CAMEENT the property of the Lake County Recorder! 3. That vivid hadvivi intraviational state in the property of the Lake County Recorder! 3. 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. Subscribed and sworn to before me, a Notary Public, this 17TH day of JUNE 19 98. My Commission expires: 6-7-00 County of Residence:	sworn upon oath, deposes and says:				
N/A and were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Document is LOT 87 IN BEVERLY FIRTH 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, INDIANAPhis 3-2-1/2-1/2 the property of the Lake County Recorder! 3. This vivid hid vivi / vivid relative vivid hid		died on ,			
were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Document is 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, INDIANAThis 3-24/4/4/1/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4	Jebruary 7 , 1998 a	Hammond, Indiana.			
Document is LOT 87 IN BEVERLY FIRTH 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, INDIANAThis 32 CARRY to the property of the Lake County Recorder! 3. Vida / v					
LOT 87 IN BEVERLY FITTH 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, INDIANAThis 32 CARRY State Property of the Lake County Recorder! 3. This you will be a seed to see the property of the Lake County Recorder! 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 recessive payment of Federal Estate Tax. Further affiant sayeth not. Subscribed and sworn to before me, a Notary Public, this 17TH day of JUNE My Commission expires: 6-7-00 County of Residence:		y acquired title as husband and			
RECORDED IN PLAT BOOK 29 PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA Phis 3 2019 11 5 the property of the Lake County Recorder! 3. That I was it is a connection with the death of said decedent have been paid in full. 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. Subscribed and sworn to before me, a Notary Public, this 1/TH day of JUNE 100 98. My Commission expires: 6-7-00 County of Residence:	Document				
3. That I may real real real real real real real real	RECORDED IN PLAT BOOK 29 PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE				
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. Subscribed and sworn to before me, a Notary Public, this 1/TH day of JUNE 19 98. My Commission expires: 6-7-00 County of Residence: 11.00 C.7	the Lake County Rec	order!			
Subscribed and sworn to before me, a Notary Public, this 1/TH day of JUNE My Commission expires: 6-7-00 County of Residence: The 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. Subscribed and sworn to before me, a Notary Public, this 1/TH day of JUNE THOMAS G. SCHILLER Notary Public THOMAS G. SCHILLER 11.00 CM CM County of Residence:	addurved / title / to / sard / rear / estate / remained / i				
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. Subscribed and sworn to before me, a Notary Public, this 17TH day of JUNE 19 98. My Commission expires: 6-7-00 County of Residence:		ith the death of said decedent			
Subscribed and sworn to before me, a Notary Public, this 17TH day of JUNE 14 May Of THOMAS G. SCHILLER My Commission expires: 6-7-00 County of Residence:	Federal Estate Tax purposes, including joint on decedent's life were not sufficient to nece	pank accounts and life insurance			
Subscribed and sworn to before me, a Notary Public, this 17TH day of JUNE 19 98. My Commission expires: 6-7-00 County of Residence:	Further affiant sayeth not.	1998			
Subscribed and sworn to before me, a Notary Public, this 17TH day of JUNE , 19 98. My Commission expires: 6-7-00 County of Residence:	UNITOR LAK	Kathlien Han Korla			
My Commission expires: THOMAS G. SCHILLER Notary Public THOMAS G. SCHILLER 1.00 CM County of Residence:					
My Commission expires: THOMAS G. SCHILLER Notary Public THOMAS G. SCHILLER 1.00 CM County of Residence:					
My Commission expires: THOMAS G. SCHILLER Notary Public THOMAS G. SCHILLER 1.00 CM County of Residence:	AS G. SCAN				
My Commission expires:	LEON NOTARY (E)	1			
My Commission expires:	((Evn 5/00)	Notary Public			
County of Residence:	My Commission expires:	THOMAS G. SCHILLER			
County of Residence:		11.00			
		CM			
	LAKE				

This Instrument prepared by KATHLEEN JEAN KORTH

* 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.

INDIANA STATE DEPARTMENT OF HEALTH HAMMOND HEALTH DEPARTMENT.

THIS CERTIFIES THE FOLLOWING IS A TRUE AT COMPLETE COPY OF DEATH ON FILE WITH T

CER	TIFICA	ATE OF	DEATH
CEN			DEAT

ELB 11.1793

Andrew Colorador

Local No. Hammond Health Commissions Date Issued THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-1-19-3 1 DECEASED-NAME (First Middle Leat) 2 SEX 30 TIME OF DEATH 30 DATE OF DEATH (March Day Yr) TYPE/PRINT February 7, 1998 8:55A M IN В. Charlotte Snyder 4. *SOCIAL SECURITY NUMBER 56 UNDER LYEAR Sc UNDER I DAY . 6 DATE OF BIRTH (Me Day Yr) 7 BIRTHPLACE (Cey and State or Former) **PERMANENT** Day Jan. 4, 1917 **BLACK INK** 81 Chicago, III. 306/10/4697 . WAS DECEDENT 86 YEAR LAST SERVED IN US ARMED FORCES! 98 PLACE OF DEATH (Check only one See instructions) ☐ Inpetient HOSPITAL OTHER | Nursing Home | Qther (Specify) No None M Residence ER/Outpetient DOA 9b FACILITY NAME (# not institution give street and number) SE CITY TOWN OR LOCATION OF DEATH M COUNTY OF DEATH DECEDENT 7913 Birch Drive <u>Hammond</u> Lake 10 MARITAL STATUS 11 SURVIVING SPOUSE (If wife give meiden nem 12s DECEDENT S USUAL OCCUPATION (Give hind of work done during most of working life De not use retired) 126 KIND OF BUSINESS/HIDUSTRY Widowed None Housewife llome 134 RESIDENCE-STATE 136 COUNTY 13c CITY TOWN OR LOCATION 13d STREET AND NUMBER Ind. Lake 7913 Birch Drive Hammond 13 INSIDE CITY LIMITS 14 CITIZEN OF UNAT COU 13. ZIP CODE WAS DECEDENT OF HISPANIC ORIGIN? 17 DECEDENT & EDUCATION WHAT COUNTRY ☐ No ☐ Yes (If yes specify Cuber (Specify only highest grade complete Mexican Puerto Rican etc.) (Specify) 13g ON A FARM? Elementary/Secondary (0.12) College (1-4 av 5 + 1 16324 CX No CI Yes U.S.A White 18 FATHERS NAME (First Middle Last) 19 MOTHERS NAME (First Middle Maiden Surname) **PARENTS** Charles F. Barnebee Belle Hendricks 20s INFORMANT S NAME (Type, Print) 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town State Zip Code) **INFORMANT** This Documental 177th St. Planmondy Int. 46324 Lathleen Korth Daughter 216 DATE AND PLACE OF DISPOSITION (Name of cometery cre-21s METHOD OF DISPOSITION ☐ Entombment pther place) Removal from State 2/10/98 Chapel Lawn Donation Other (Specify) Schererville, Ind. 27. EMBALMERS NAME 275 EMBALMERS LICENSE NO 23 WAS DEATH REPORTED TO CORONER? DISPOSITION D No U Yes C. Wm. McCoy 1013612 246 SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 83002877 McCoy Funeral Chapel 1013612 5713 Hohman -Hammond, Ind. 46320 emplications that caused the death. Do not enter nonspecific terms, such as community Approximate List only one cause on each line Interval Betwee Onset and Death RESPIRETON GREATER IMMEDIATE CAUSE (Fine disease or cond resulting in death) CAUSE OF DUE TO IOR AS A CONSEQUENCE OF Conditions if any which gave rice to the immediate cause 001 SAM ORLICH stating the underlying DUE TO ION AS A CONSEQUENCE OF UDITOR LAKE COLINT PART 8. Other significant conditions. Conditions contributing to death but not previously stored in Part I WAS DECEDENT 28a WAS AN AUTOPSY 286 WERE AUTOPSY FINDINGS PREGNANT OR 90 DAYS AVAILABLE PRIOR TO PERFORMED! (Yee or no) OF DEATH? (Yes or no) None No No CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the (Check only HEALTH OFFICER On the basis of examination and/or CORONER On the basis of east 29c MEDICAL LICENSE NO 29d DATE SIGNED (Month Day Year) 296 SIGNATURE AND TITLE OF CERTIFIER CERTIFIER 01032690 2/10/98 (February) 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH LITEM 281 (Type/Print) 169th. At. Hammond, Ahmadzai 6924 32 DATE FILED (Month Day Year) 31 HEALTH FFICERS SIGNATURE HEALTH February 11, 1998 OFFICER 34c INJURY AT WORKS 346 DESCRIBE HOW INJURY OCCURRED TATE OF INJURY 346 TIME OF 33 MANNER OF DEATH INJURY (Month Day: Year) Pending Matural Natural Accident 34! LOCATION (Street and Number or Rural Route Number City or Town State) 34n PLACE OF INJURY -- Al home farm street factory office ng atc (Specify) Suicide Could not be Homicide 001586 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrien etc 34g DATE PRONOUNCED DEAD (Month Day Year)