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LAKE COUNTY  
FILED FOR RECORD

2004 APR 22 11:14

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# Chicago Title Insurance Company

## SURVIVORSHIP AFFIDAVIT

On this APR 19 2004 before me personally appeared Lula M. Snell  
(insert date)

to me personally known, who being duly sworn on oath did say that:

CHICAGO TITLE INSURANCE COMPANY

- Affiant resides at the address given below affiant's signature;
- Affiant is Owner  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by  
Harrison O. Snell and Lula M. Snell
- Said Harrison O. Snell  
(fill in name of co-tenant who died)  
died on May 5, 1995  
leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:

Lot 38 in Harding-Meyers Subdivision, in the Town of Lowell, as per plat thereof, recorded in Plat Book 28 page 63, in the Office of the Recorder of Lake County, Indiana.

**FILED**

APR 22 2004

**STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR**

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said

decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid.

001846

13.00  
KPM  
CT

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

(If answer is "Yes," identify the divorce proceedings:

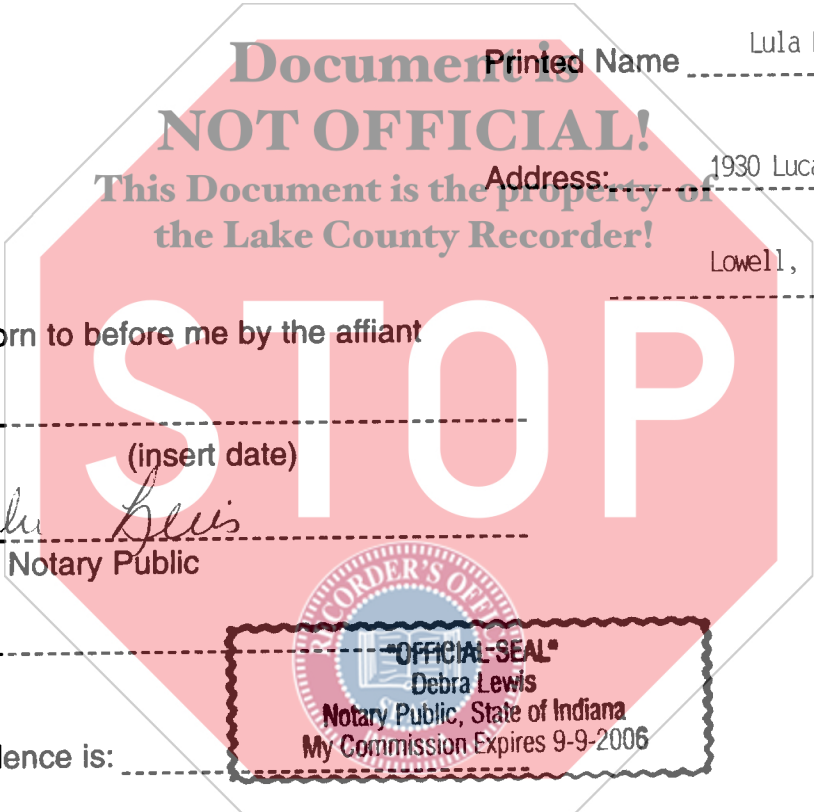
8. Affiant's relationship to the deceased was Wife

Signature: Lula M. Snell

Printed Name Lula M. Snell

Address: 1930 Lucas Parkway

Lowell, IN 46356



Document is NOT OFFICIAL!  
This Document is the property of the Lake County Recorder!

Subscribed and sworn to before me by the affiant

this April 19, 2004

(insert date)

Debra Lewis  
Notary Public

Printed Name \_\_\_\_\_

My County of Residence is: \_\_\_\_\_

In the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

This instrument prepared by Lula M. Snell

ATTENTION ESTATE: Disclosure of the need to pursue our responsibilities voluntarily and there will be no penalty for sal.\*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

1056-95

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

PE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>Harrison O. Snell</b>		2 SEX <b>Male</b>		3a. TIME OF DEATH <b>11:59P</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>May 5, 1995</b>	
4. *SOCIAL SECURITY NUMBER <b>314-14-8358</b>		5a. AGE—Last Birthday (Years) <b>71</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) <b>Aug 31, 1923</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Caneyville, KY</b>					
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1948</b>		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>501 W. Commercial</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Lowell</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Lula Collins</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Owner</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Retail Auto Dealership</b>	
13a. RESIDENCE—STATE <b>IN</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Lowell</b>		13d. STREET AND NUMBER <b>501 W. Commercial</b>	
13e. ZIP CODE <b>46356</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>					
18. FATHER'S NAME (First, Middle, Last) <b>Homer Snell</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ada E. Whitehead</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Lula Snell</b>		20b. MAILING ADDRESS (Number or Rural Route Number, City or Town, State, Zip Code) <b>501 W. Commercial Lowell, IN 46356</b>				20c. Relationship <b>Wife</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>May 8, 1995 West Creek Cemetery</b>				21c. LOCATION—City or Town, State <b>Lowell, IN</b>	
22a. EMBALMER'S NAME <b>Kenneth P. Sheets</b>		22b. EMBALMER'S LICENSE NO. <b>FD08900045</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ken Sheets</i>		24b. LICENSE NUMBER (of Licensee) <b>FD08900045</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Sheets Funeral Home, FD83004277 604 E. Commercial Ave. Lowell, IN</b>			
26. PART I Enter the diseases, injuries, or complications 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. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>unilateral metastatic carcinoma</i> DUE TO (OR AS A CONSEQUENCE OF)							
b. _____ DUE TO (OR AS A CONSEQUENCE OF)							
c. _____ DUE TO (OR AS A CONSEQUENCE OF)							
d. _____ DUE TO (OR AS A CONSEQUENCE OF)							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I							
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/>		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>Randall Hile</i>		29c. MEDICAL LICENSE NO. <b>50003501</b>		29d. DATE SIGNED (Month, Day, Year) <b>5-8-95</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Randall Hile MD, 1020 E. Commercial Ave., Lowell, IN 46356</b>							
31. HEALTH OFFICER'S SIGNATURE <i>Randall Hile MD</i>							
32. DATE FILED (Month, Day, Year) <b>APR 22 2004</b>		33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide					
34a. 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 (City and Number, if applicable, of Street, 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.					

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