2008 065754

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2008 SEP 19 AM 9:20
MICHAEL A. BROWN
RECORDER

TICOR TITLE INSURANCE

SURVIVORSHIP AFFIDAVIT

STATE OF: Indiana)
) SS:
COUNTY OF: Lake)

On this September 5, 2008 Before me personally appeared Betty Jane Snearley by Kathleen Snearley, Atty in Fact
to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner
(state interest of affiant in the above premises as owner)
3. Said premises described as follows: Lot 97 in Liberty Park Highlands, as per plat thereof, recorded in Plat Book 25, page 8, in the Office of the Recorder of Lake County, Indiana.
45-16-05-130-003.000-041
Commonly Known As: 1213 Sycamore St., Crown Point, IN 46307
4. Said premises were formerly owned as joint tenants or as tenants by entireties by Stanford L. Snearley and Betty Jane Snearley
5. Said Stanford L. Snearley
(fill in name of co-tenant who died)
died on 12-10-94
leaving no will;
(insert "a" or "no" if a will has been left, attach a copy)
6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of $ 1,000,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said descendent:
7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? no
(If answer is YES, identify the dissolution proceedings.) 2008-065753
8. Affiant's relationship to the deceased was wife

Signature: Betty Jane Snearley
Address: By Kathleen R. Snearley

Betty Jane Snearley by Kathleen Snearley, POA. pursuant to the recorded Power of Attorney as Document No. 2008-065753

State of Indiana)
)
County of Lake)

Before me, the undersigned, a Notary Public in and for said County and State, this September 5, 2008 personally appeared Betty Jane Snearley by Kathleen Snearley, Atty-in-Fact

and acknowledged the execution of the foregoing Affidavit.

NOTARY PUBLIC SEAL INDIANA
PHILIP J. IGNARSKI
Lake County
My Commission Expires
July 5, 2014

Philip J. Ignarski
Notary Public
Resident of Lake County
My Commission expires: 7-5-14

Prepared by: Kathleen Snearley

TICOR CP 2008 1909
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
SEP 17 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

"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." Chris Burk

015714

14 PB

6 + 2.

"ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal."

Local No. 3134-94.........

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Stanford L. Snearley
2. SEX: Male
3a. TIME OF DEATH: 12:35P.M.
3b. DATE OF DEATH (Month, Day, Yr): December 10, 1994
4. *SOCIAL SECURITY NUMBER: [redacted]
5a. AGE—Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): SEP 9, 1918
7. BIRTHPLACE (City and State or Foreign Country): Oblong, Il.
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): Methodist Hosp.SouthlakeCampus
9c. CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Betty Mayfield
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Operator
12b. KIND OF BUSINESS/INDUSTRY: LTV Steel
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Crown Point
13d. STREET AND NUMBER: 1213 Sycamore St.
13e. ZIP CODE: 46307
13f. INSIDE CITY LIMITS: ☒ No ☐ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Leo Snearley
19. MOTHER'S NAME (First, Middle, Maiden Surname): Esther Baker XBaxxxxx

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Betty Snearley
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1213 Sycamore St., Crown Point, In 46307
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): DEC 14, 1994 White Oak Cemetery
21c. LOCATION—City or Town, State: Oblong, IL
22a. EMBALMER'S NAME: Marty Andersen
22b. EMBALMER'S LICENSE NO.: FD01005205
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD01000328
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FH03001253 Geisen Funeral Home, Inc. 109 N East St, Crown Point, IN46307

CAUSE OF DEATH

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. Cardiac arrest 2° to multisystem
DUE TO (OR AS A CONSEQUENCE OF):
b. failure : Renal failure cardiac failure
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature] MD
29c. MEDICAL LICENSE NO.: 01027333
29d. DATE SIGNED (Month, Day, Year): 12-12-94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): M.U. Pargaonker M.D., 7895 Broadway, Merrillville, IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander D. Williams MD
32. DATE FILED (Month, Day, Year): December 12 1994

33. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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 (Street and Number or Rural Route Number, 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.