

2

LAKE COUNTY  
CLERK FOR RECORD

2010 017709

2010 MAR 29 AM 9:26

**Survivorship Affidavit**

MICHELE J. JONES  
RECORDER

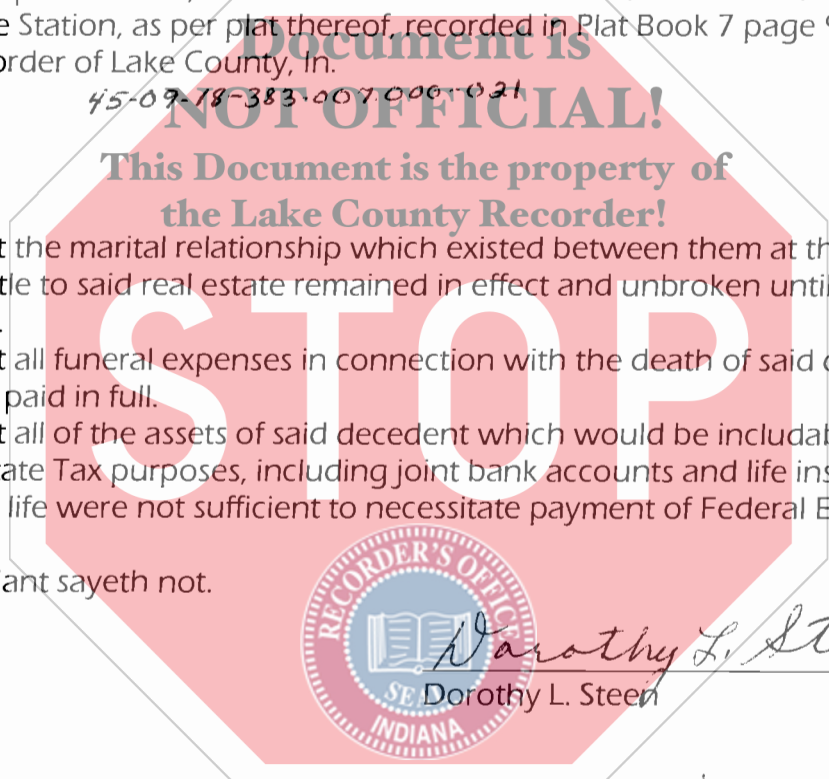
State of Tennessee )  
SS:  
County of CUMBERLAND

Dorothy L. Steen being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse Max M. Steen died (without leaving a will) X on FEB. 28, 2009 at CROSSVILLE, TN.
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Legal description: Lots 1, 2 & 3 in Block 14 in First Subdivision of East Gary, in the City of Lake Station, as per plat thereof, recorded in Plat Book 7 page 9 in the Office of the Recorder of Lake County, In.

45-09-78-383-007-000-021



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 His death.
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.



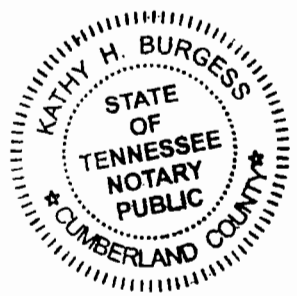
Dorothy L. Steen  
Dorothy L. Steen

Subscribed and sworn to before me, a Notary Public, this 4<sup>th</sup> day of March 2010

Kathy H Burgess

My Commission expires:  
2-08-2014

County of Residence:  
Cumberland



920100818  
REC'D

#13  
TI  
CA

This Instrument prepared by: Dorothy L. Steen

**FILED**

MAR 19 2010

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

920074532

051586

92-1-0818

**STATE OF TENNESSEE  
Office of Vital Records**



**TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

STATE FILE NUMBER

PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

DISPOSITION

REGISTRAR

CERTIFIER

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

1 DECEDENT'S NAME (First, Middle, Last) <b>Maxie Morrison Steen</b>		2 SEX <b>Male</b>	3 DATE OF DEATH (Month, Day, Year) <b>February 28, 2009</b>
4 SOCIAL SECURITY NUMBER (of Decedent) <b>311-10-6066</b>	5a AGE - LAST BIRTHDAY (Years) <b>90</b>	5b UNDER 1 YEAR MO: <b>00</b> DAYS: <b>00</b> HOURS: <b>00</b> MIN: <b>00</b>	5c UNDER 1 DAY HOURS: <b>00</b> MIN: <b>00</b> SEC: <b>00</b>
6 DATE OF BIRTH (Month, Day, Year) <b>June 12, 1918</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			
9a PLACE OF DEATH (Check only one) HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DCA OTHER: 4 <input checked="" type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) <b>Life Care of Crossville</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Crossville</b>	9d COUNTY OF DEATH <b>Cumberland</b>
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Dorothy Louise Kentopp</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Electrical Supervisor</b>	12b KIND OF BUSINESS/INDUSTRY <b>U.S. Steel</b>
13a RESIDENCE-STATE <b>Tennessee</b>	13b COUNTY <b>Cumberland</b>	13c CITY, TOWN OR LOCATION <b>Fairfield Glade</b>	13d STREET AND NUMBER OR RURAL LOCATION <b>24 Wilshire Heights Dr.</b>
13e INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	13f ZIP CODE <b>38558</b>	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15 RACE—American Indian, Black, White, etc (Specify) <b>White</b>
16 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (0-12) College (1-4 or 5+)</b>		17 DECEDENT'S EDUCATION <b>12 2</b>	
17 FATHER'S NAME (First, Middle, Last) <b>Horace Maxie Steen</b>		18 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Annie Morrison</b>	
19a INFORMANT'S NAME (Type/Print) <b>Dorothy Louise Steen</b>		19b RELATIONSHIP TO DECEASED <b>Wife</b>	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>24 Wilshire Heights Dr. Fairfield Glade, TN 38558</b>
20a METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Crossville Memorial Crematory</b>	20c LOCATION—City or Town, State <b>Crossville, Tennessee</b>
21a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		21b LICENSE NUMBER OF FUNERAL DIRECTOR <b>3554</b>	21c SIGNATURE OF EMBALMER <i>[Signature]</i>
21d LICENSE NUMBER OF EMBALMER		22a NAME AND ADDRESS OF FUNERAL HOME <b>Bilbrey Funeral Home, Inc. P.O. Box 665, Crossville, Tennessee 38557-</b>	
22b LICENSE NUMBER OF FUNERAL HOME <b>657</b>		23 REGISTRAR'S SIGNATURE <i>[Signature]</i> DR.	
24 DATE FILED (Month, Day, Year) <b>March 10, 2009</b>		25a PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated	
1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		25b LICENSE NUMBER <b>MD 11763</b>	25c DATE SIGNED (Month, Day, Year) <b>3/9/09</b>
26a MEDICAL EXAMINER — 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		26b LICENSE NUMBER	
2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26c DATE SIGNED (Month, Day, Year)	
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Dwight Willett, M.D. Life Care of Crossville, 80 Justice St., Crossville, TN 38555</b>			
28 PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Immediate Cause (Final disease or condition resulting in death):</b> a <b>Cardiovascular</b> b <b>Cerebral artery disease</b> c d			Approximate Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			
29a WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
30 MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a DATE OF INJURY (Month, Day, Year)	31b TIME OF INJURY
31c INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d DESCRIBE HOW INJURY OCCURRED	
31e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		31f LOCATION (Street and Number or Rural Route Number, City or Town, State)	

PH-1659 (REV. 6/99)

BIRTH NO \_\_\_\_\_ RDA 1399

3546639

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.  
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

*[Signature]*  
Sharon M. Leinbach  
STATE REGISTRAR

*[Signature]*  
A. Michelle Hall, Deputy Registrar  
Cumberland County

MAR 03 2010  
Date Issued

**CERTIFICATION OF VITAL RECORD**

