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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2013 JUL -2 AM 10: 31

SURVIVORSHIP AFFIDAVIT - JOINT TENANCY

AT 1300 437

2013 048181

MICHAEL B. BROWN RECORDER

COMMITMENT/POLICY. 1300437 ## 45-11-02-328-008. 000-006 STATE OF INDIANA)
) SS: COUNTY OF LAKE)
RICHARD P. NELLEMAN, being first duly sworn upon oath, deposes and says:
1. That Affiant's co-tenant, <u>JOYCE M. NELLEMAN</u> died
(without leaving a will) (leaving a will) on
20 at
2. That the deceased and the affiant acquired title as joint tenants to the following described real estate:
LOTS 11 TO 13, BOTH INCLUSIVE, BLOCK 3, F.R. MOTT'S SUBDIVISION TO GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2, PAGE 85, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. 3. That all of the assets of said decedent which would be included for Indiana Inheritance Tax purposes were not sufficient to necessitate payment of Inheritance taxes. 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 included 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 244d day of 2013
Subscribed and sworn to before me, a Notary Public, this 24th
day of
My Commission Expires: KAREN CRAIG Lake County
County of Residence: Wy Commission Expires November 4, 2014

This Instrument prepared by Richard P. Nelleman, 523 S. Rensselaer Avenue, Griffith, Indiana 46319.

I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number in this document, unless required by law. R.Nellen A ν ν

003945



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

45-11-02-328-008,000-006

EDR No 00000283936

Decedent's Legal Name (First, Middle, JOYCE MAE NELLEMAN				EDR No UUU					0450			
JOYCE MAE NELLEMAN	Lasij			1a. Maiden Na	me (If female)		2. Sex	3. Time	Of Death	4. Date	Of Death (Month/Day/Year	
JOYCE MAE NELLEMAN				SNITCHLE			FEM		35 AM		10/10/2012	
5. Social Security Number 6a. Age - Yr	6b. Under	1 Year 60	. Under 1 M	Month 6d. Under 1 Day	6e. Under 1 Ho	our 7. Date	of Birth (Mo	nth/Day/Year) 8.	Birthplace (Cit	y and State	or Foreign Country)	
\$4000000000 72	Months							06/26/1940 PORTAGE, IN				
9. Ever in U.S. Armed Forces? 10. If	10. If Death Occurred In A Hospital:					10a. If Death Occurred Somewhere Other Than A Hospital						
☐ Yes ☒ No ☐ Unknown ☐ Ir	☐ Hospice Facility											
11. Facility Name (If Not Institution, Give		er)										
1745 CENTENNIAL COURT 12. City Or Town, State, And Zip Code	<u> </u>				13 Cour	nty Of Death		r	14. Marital Sta	tus At Time	Of Death	
12. Only Or FURTH, Claire, And Ely Code					15. Cods	ny Or Death					But Separated Divorce	
DYER, IN, 46311					LAKE				☐ Widowed	d Never Married Unknown		
15. Surviving Spouse's Name				15a. (If Wife)Give Maid	en Last Name		16. Deced	ent's Usual Occupa	ion	17. Kind	Of Business/Industry	
RICHARD NELLEMAN							CASHIE	R		GROC	FRV	
18. Residence - State		18a. Cou	nty		18b. City Or	Town	ONOTHE			CINCO		
INDIANA		LAKE			DYER							
18c. Street And Number		LAKE			IDIEK			18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?	
47.45 OENTENBUAL OOUS:	_										⊠ Yes □ No	
1745 CENTENNIAL COUR	<u></u>	-							46	311		
19. Decedent's Education		20. De	cedent Of H	lispanic Origin	2	Decedent's	s Race					
9TH - 12TH GRADE; NO DI	IPLOMA	NOT	HISPA	NIC	l w	hite						
22. Father's Name (First, Middle, Last)					23. Mother's Nar	ne (First, Mid	dle, Last)		23a. I	Mother's Ma	iden Last Name	
JAMES SNITCHLER					UAZEL BO	CEIATA	BOL A		DICH	(C		
24. Informant's Name		24	a. Relations	hip To Decedent	HAZEL RO 24b. Mailing Add			City, State, Zip Cod		(3		
RICHARD NELLEMAN HUS				D	1745 CENT	ΓΕΝΙΝΙΔΙ	COURT	, DYER, IN 4	6311			
TOTATO NELLEWAY		1111	OODAN		ace Of Disposition	LININIAL	COUNT	, DTEN, 114 4	0311			
25a. Method Of Disposition		25b. Place C	f Disposition	(Name Of Cemetery, C		ce) 25c. L	ocation - City	, Town, And State				
☐ Burial ☒ Cremation ☐ Donation ☐ ☐ Removal From State	_ Entombment	VIORTHI	MESTA	VDIANA CREMA	tion e1	nt is	5					
Other (Specify):		SERVIC		VIDIANA ORLINA			OWN PO	NT, IN				
26. Was Coroner Contacted?	27. Name And C									27a. Fu	neral Home License Numbe	
				GARDENS, IN	CHIGHLAN	D, 2828	HIGHWA	Y AVENUE,		EHOS	003035	
27b. Signature Of Indiana Funeral Service	HIGHLAND Licensee:	1, IIV 403	his	Documer	nt is the	e pro	nerta	7c. License Numbe	(Of Licensee):	<u> </u>	003033	
RICHARD ALAN MILLER,	BY ELECT	RONIC S	IGNAT	URE Cause Of Death (Se				D20400,030	\			
28. Part I. Enter The <u>Chain Of Events</u> Such As Cardiac Arrest, Respiratory A Line. Add Additinal Lines If Neces	Arrest, Or Ventri	uries, Or Co cular Fibrilla	omplication ation Withou	s - That Directly Caused	The Death. Do N	ot Enter Te	rminal Event	se On			Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or	•	ng In Death	1)	A. METASTASIS LUI	NG CANCER							
						Due to (Or	As A Consequence	On:				
Sequentially List Conditions, If Any,	Leading To The	Cause Liste	0 011	В		Due to (Or	As A Consequence	■ Ōħ:				
Line A. Enter The Underlying Cause The Events Resulting In Death) Last	(Disease Or Inju	iry i nat miti		c								
						Due to (Or	As A Consequence	e Oi):				
				D		Tan III						
Part II. Enter Other Significant Conditions (Contributing to De	ath But Not	Resulting In	The Underlying Cause Gi	VIN IN Paπ I		s An Autopsy	nding Available To (☐ Yes	⊠ No	-11-0	
31. Did Tobacoo Use Contribute To Death	2 32	if Female:				30. 996	- Autopsy Fi	33. Manner Of		ause Or De	Yes No	
☐ Yes ☐ Probably ☐ No ☒ Unkno	lln		thin Past Year	Pregnant At Time Of Death	Not Pregnant, But I	Pregnant Within 42	2 Days Of Death	Natural □	Homi cide		Pending Investigation	
34. Date Of Injury (Month/Day/Year)	1	Not Pregnant, B		Days To 1 year Before Death	AND THE PARTY OF THE PARTY OF	The second state	A STATE OF THE REAL PROPERTY.	Suicide Staura			7. Injury At Work?	
54. Sale of mary (Menassey) (acr)	33.	Timo Of in	ury	19250	THE CORTIFICATION OF	E OF DEAT	HON EUR L	ction-Site, Restaura	n., 1100000 7110	" "	Yes No	
38. Location Of Injury - State	38a	City Or To	wn	386.	INTY HEALTH DE Street & Number	PARTMENT	1, 80 intra	VIII III	38c. Apt.	lo. 3	8d. Zip Code	
• •				E 1	إلكبكا						•	
				E.	ner	1 b 91	119	40. If Transport	ation Injury. So	ecify:		
39. Describe How Injury Occurred				Yan	MOIANA	13 ZU	14	Driver/Operator	Passenger P	edestrian 🔲	Other (Specify)	
39. Describe How Injury Occurred					religional to all pa			rtifier (Check Only	One)			
41. Signature, Of Person Certifying Caus		FOTOG		A1A TUID =		٠	⊠ Ce	rtifying Physician	☐ Corone	, .		
41. Signature, Of Person Certifying Caus SHELDON RODERICK LEV	VIS , BY EL			NATURE				44 Licens			Heath Officer 5. Date Certified	
41. Signature, Of Person Certifying Caus SHELDON RODERICK LEV 43. Name, Address And Zip Code Of Pers	VIS , BY EL son Certifying Cau	se Of Death:		0.000					e Number		5. Date Certified	
41. Signature, Of Person Certifying Caus SHELDON RODERICK LEV 43. Name, Address And Zip Code Of Pers	VIS , BY EL son Certifying Cau	se Of Death:		0.000				010496	e Number			
41. Signature, Of Person Certifying Caus SHELDON RODERICK LEV 43. Name, Address And Zip Code Of Pers SHELDON RODERICK LEV 46. Additional Funeral Service Provider	VIS , BY EL son Certifying Cau	se Of Death:		0.000				010496 47. Aka	68A	4	5. Date Certified	
39. Describe How Injury Occurred 41. Signature, Of Person Certifying Caus SHELDON RODERICK LEV 43. Name, Address And Zip Code Of Pers SHELDON RODERICK LEV 46. Additional Funeral Service Provider: 48. Signature of Local Health Officer.	VIS , BY EL ion Certifying Cau VIS , 3641	se Of Death: RIDGE I	ROAD, I	0.000			49. For Ri	010496	68A s: e Filed (Month)	Day/Year):	5. Date Certified	
41. Signature, Of Person Certifying Caus SHELDON RODERICK LEV 43. Name, Address And Zip Code Of Pers SHELDON RODERICK LEV 46. Additional Funeral Service Provider	VIS , BY EL ion Certifying Cau VIS , 3641	se Of Death: RIDGE I	ROAD, I	0.000	6322	NTRY OR	l	010496 47. Aka	68A	Day/Year):	5. Date Certified	

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.