2014 050696

STATE OF INDIA FILED FOR RECORD

This is to certify that this is a true and 2014 AUG 22 example 2014 The original instrument. CHICAGO TITLE INSURANCE CO. MICHAEL B. BROW Indiana Division

RECORDER

STATE OF INDIANA

) SS:

COUNTY OF LAKE

SURVIVORSHIP AFFIDAVIT (Husband and wife)

Robert Adamczyk, being first duly sworn upon oath, deposes and says:

That Steven L. Schnurlein died on March 2, 2006, in the County of Lake, State of Indiana.

**AND MCISTIN L. Smith-Schnurlein died on 3/28/2013 in the County of
That Steven L. Schnurlein and Kristin L. Smith-Schnurlein were duly and legally married at the time they acquired title Lake

as husband and wife to the following described real estate: State of JUDIANA

> SEE ATTACHED LEGAL DESCRIPTION Tax ID: 45-12-33-155-001.000-029

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 Steven L. Schnurlein's death on March 2, 2006.

That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance in decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

the Lake County Robert Adamczyk

STATE OF INDIANA

COUNTY OF

188:

Subscribed and sworn to before me, a Notary Public, this

My Commission Expires:

4-30-19

Notary Public

Printed Name:

Resident of

"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, Daniel C. Blaney."

This instrument was prepared by: Daniel C. Blaney, Atty No. 2772-98, Blaney & Walton, P.O. Box Morocco, IN 47963; Phone (219) 285-2008

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1305147

CHICAGO TITLE INSURANCE COMPANY

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Taken reasonable care to redact each Social Security

and pare manager in this document, unless required by law.

SDH06-004 State Form 10110 (R5/1-99)

33. MANNER OF DEATH

Natural D Personal Investors

En + 100.

NJURY

Son PLACE OF INJURY......Al harm, larm, street incomy, orlice building, on. (Supply)

JAL DATE OF NAMEY

(Martin, Day, Year)

TH ER

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

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1. Decedent's Lega					1a, Maiden Nam	e (Iffemale)		2. Sex	3, Tim	e Of Death	4. Date 0	Of Death (Month/Day/Year)
KRISTIN L S	MITH-SCI	-INLIRLE	-IN		PAPER			FEM/	ALE 0	1:26 PM		03/28/2013
5. Social Security I			6b, Under 1	Year 6c. Under 1		5e. Under 1 Hour	7. Date of	Birth (Mor	ih/Day/Year)	8. Birthplace (Cit	y and State	or Foreign Country)
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☐ Yes ⊠ No	Unknown	☐ Impatie	int 🛭 Emerge	ency Department Out	patient Dead on Arrival	Other (Specify)						
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12. City Or Town,	State And Zin (Y HEAL	THEARE	CENTERS-D	YER	13. County O	r Death			14. Marital Str	ilus At Time	Of Death
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DYER, IN, 46	6311					LAKE				☑ Widowed	∐ New	ar Married 🛄 Unknown
15. Surviving Spou					15a. (if Wife)Give Malder	n Last Name		16. Deced	ant's Usual Occup	pátion	17. Kind	Of Business/Industry
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18. Residence - St	Into			18a. County	<u> </u>	18b, City Or Tow		OMEM	AKER		HOME	
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18c. Street And No	umber							ľ	18d, Apt. No.	18 e . Zip	Code	18f. Inside City Limits?
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ROBERT TH	IOMAS PA	PER				JANICE LEE	PAPER			TOR	PHY	
24. Informant's Nar	me			24a. Relation	nship To Decedent	24b. Mailing Address			City, State, Zip C			
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Other (Specify)			k	FLLEY-CARE	OLL CREMATION	SERVICE	GARY	C. IN				
28. Was Coroner C		27.	Name And Co	mplete Address Of F	uneral Facility						27a. Fur	neral Home License Number
⊠ Yes □ No	1		. <u> </u>							15.1 400.00		00445
27b. Signature Of		BU	IRNS FU	NERAL HOME	(CROWN POINT), 10101 BROA	ADWAY	CROV	VN POINT	IN 46307	TH830	002445
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EXHIBIT "C"

EXHIBIT A

LOT NUMBERED 65, AS SHOWN ON THE RECORDED PLAT OF FOUNTAIN RIDGE 2ND ADDITION UNIT 4 RECORDED IN PLAT BOOK 44 PAGE 37 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

