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2015 022209

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 APR 15 PM 3:00

~~2015 022209~~  
SURVIVORSHIP AFFIDAVIT

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

→ Sharon Louise Dix, being first duly sworn upon oath, deposes and says:

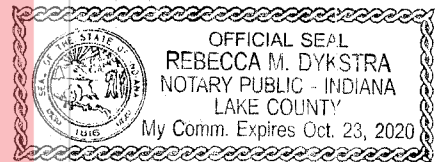
1. That Stewart Douglas Dix died on 07-15-2013 at Crown Point, IN 46307  
(City/State)
2. That Stewart T. Douglas Dix and Sharon Louise Dix were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  
→ 412 W. 117<sup>th</sup> Place, Crown Point, IN 46307  
45-16-16-202-008, 000-042  
Lot 5, Eastland Heights as shown on Plat of Correction Recorded  
April 20, 1963, in Miscellaneous Record, Page 160, in Lake County  
Indiana 46307
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) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all 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.

Sharon Louise Dix  
Sharon Louise Dix (Affiant Signature)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**FILED**  
**STOP**  
APR 15 2015  
ACKNOWLEDGEMENT  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR



Before me, a Notary Public in and for said County and State, personally appeared Sharon Louise Dix who acknowledged the execution of the foregoing instrument, and who, having being duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 15<sup>th</sup> day of April, 20 15.

Resident of Lake County, Indiana Signature Rebecca M. Dykstra  
My Commission Expires: 10-23-2020 Printed Rebecca M. Dykstra

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. X

(Name)  
This Instrument prepared by Sharon L. Dix

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RMS  
**011515**



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002389

EDR No 000000333783

State No

Form containing fields for decedent's name (STEWART DOUGLAS DIX), sex (MALE), date of death (07/15/2013), social security number, age (73), date of birth (06/12/1940), birthplace (GARY, IN), facility name (412 WEST 117TH PLACE), county (LAKE), marital status (Married), surviving spouse (SHARON L DIX), education (HIGH SCHOOL GRADUATE OR GED COMPLETED), race (White), father's name (FERM DONOVAN DIX), mother's name (HAZEL DIX), informant's name (SHARON L DIX), place of disposition (GEISEN CREMATION CENTRE), cause of death (CONGESTIVE HEART FAILURE, CHRONIC RENAL INSUFFICIENCY), manner of death (Natural), and certifier (EDUARDO FLETES).