

A

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 062829

2015 SEP 14 AM 11:22

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On the 14 day of September, 2015, before me personally appeared JAMES W. SNYDER to me personally known, who being duly sworn upon oath, did say that:

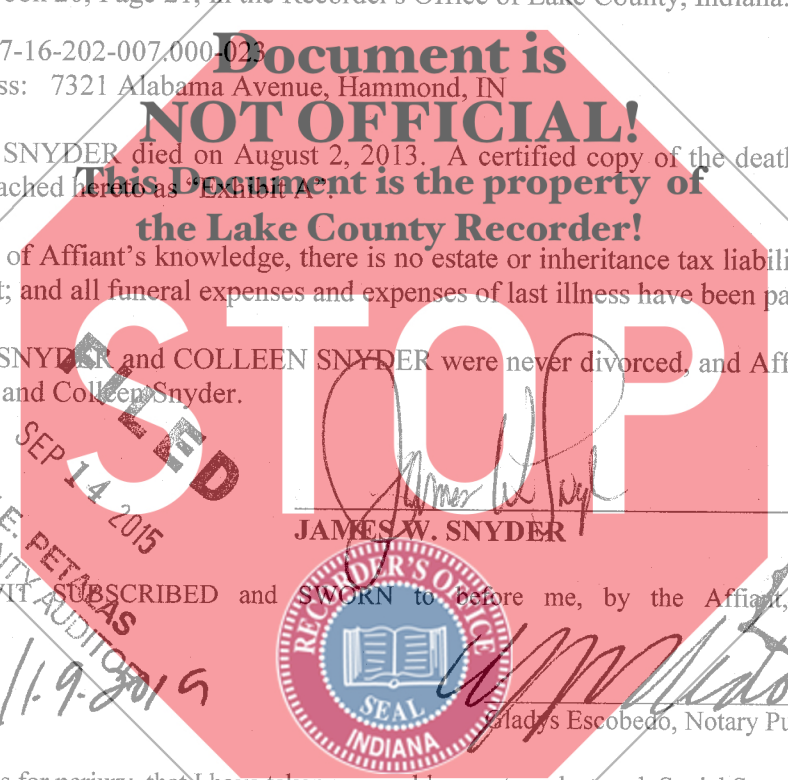
1. Affiant resides at 3193 Rock Fence Drive, Columbus, Ohio 43221.
2. JOHN A. SNYDER and COLLEEN SNYDER are the owners of the following described property:

The South 12 1/2 feet of Lot 13, all of Lots 14 and 15, and the North 12 1/2 feet of Lot 16 in Block 4 in J.R. Brant's Parkview Addition to the City of Hammond, Lake County, Indiana, as shown in Plat Book 20, Page 21, in the Recorder's Office of Lake County, Indiana.

Key No.: 45-07-16-202-007.000.023

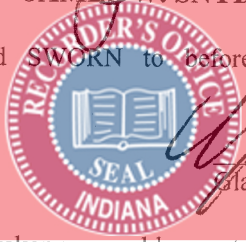
Property Address: 7321 Alabama Avenue, Hammond, IN

3. That JOHN A. SNYDER died on August 2, 2013. A certified copy of the death certificate of JOHN A. SNYDER is attached hereto as Exhibit A.
5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.
6. That JOHN A. SNYDER and COLLEEN SNYDER were never divorced, and Affiant is a surviving son of John A. Snyder and Colleen Snyder.



FILED
SEP 14 2015
JOHNE. PETABAS
LAKE COUNTY AUDITOR

[Signature]
JAMES W. SNYDER



September, 2015.
My Commission Expires: *11-9-2019*
Resident of LAKE County

14 day of
GLADYS ESCOBEDO
Notary Public- Seal
State of Indiana
My Commission Expires Nov 9, 2019

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. Thomas L. Kirsch

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, 131 Ridge Road, Munster, IN 46321, 219-836-1384

015399

13-08
M-e
#1641



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

ph# 219-844-5545

Local No 002616

EDR No 00000336630

State No 036049

1. Decedent's Legal Name (First, Middle, Last) JOHN ARNOLD SNYDER				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 11:25 AM	4. Date Of Death (Month/Day/Year) 08/02/2013		
5. Social Security Number [REDACTED]		6a. Age - Yrs 84	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 02/13/1929		8. Birthplace (City and State or Foreign Country) VINCENNES, IN	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) MED INN										
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name COLLEEN SNYDER			15a. (If Wife) Give Maiden Last Name STARKS			16. Decedent's Usual Occupation MINISTER		17. Kind Of Business/Industry CHURCH OF HESSVILLE		
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town HAMMOND			18d. Apt. No.	18e. Zip Code 46323	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 7321 ALABAMA AVENUE										
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ARNOLD SNYDER				23. Mother's Name (First, Middle, Last) ETHEL SNYDER			23a. Mother's Maiden Last Name MCGUIRE			
24. Informant's Name COLLEEN SNYDER		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 7321 ALABAMA AVENUE, HAMMOND, IN 46323						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BOCKEN FUNERAL HOME INC., 7042 KENNEDY AVENUE, HAMMOND, IN 46323					27a. Funeral Home License Number: FH10600033			
27b. Signature Of Indiana Funeral Service Licensee: JOSE G. CORONA, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08601373				
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death On Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>ADVANCED PARKINSONS DISEASE</u> Due to (Or As A Consequence Of): B. <u>CONGESTIVE HEART FAILURE</u> Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Due to (Or As A Consequence Of): Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last								Approximate Interval: Onset To Death		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I								29. Was An Autopsy Performed? LAKE COUNTY HEALTH DEPARTMENT		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code			
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: WASSIM ATASSI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WASSIM ATASSI, 7400 COLUMBIA AVE, HAMMOND, IN 46324						44. License Number 01058603A		45. Date Certified 08/26/2013		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): AUG 26 2013				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										
281-Cause A: METASTATIC PROSTATE CANCER 45: 8/6/2013 12:00:00 AM 49: 08/07/2013 281-Cause B:										

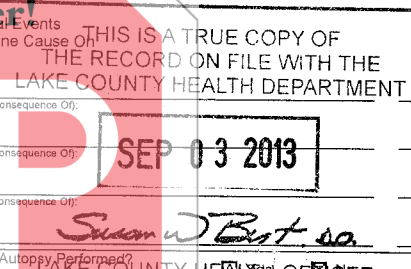
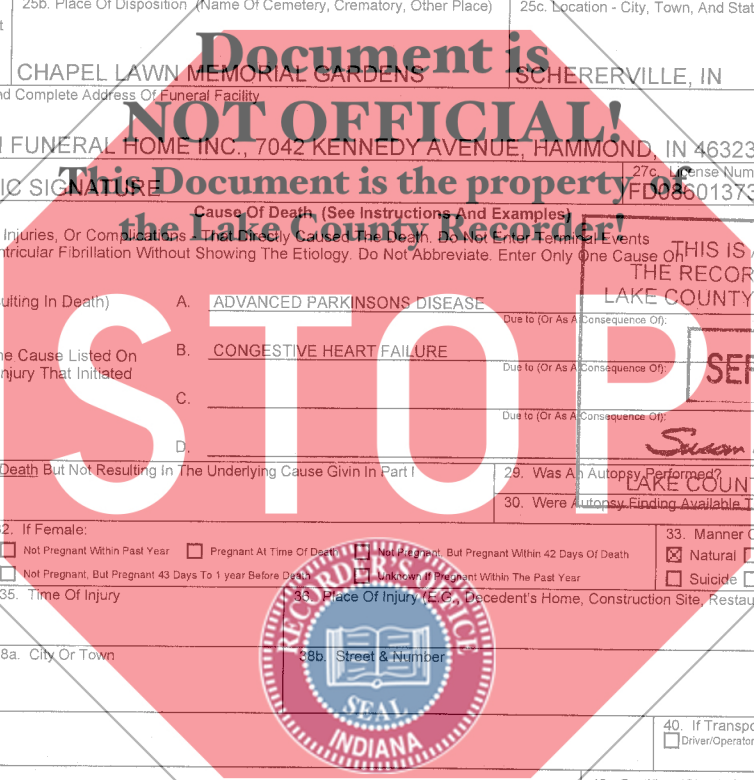


EXHIBIT A