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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 068057

2015 OCT -5 AM 9:02

MICHAEL B. BROWN  
RECORDER  
**SURVIVORSHIP AFFIDAVIT**

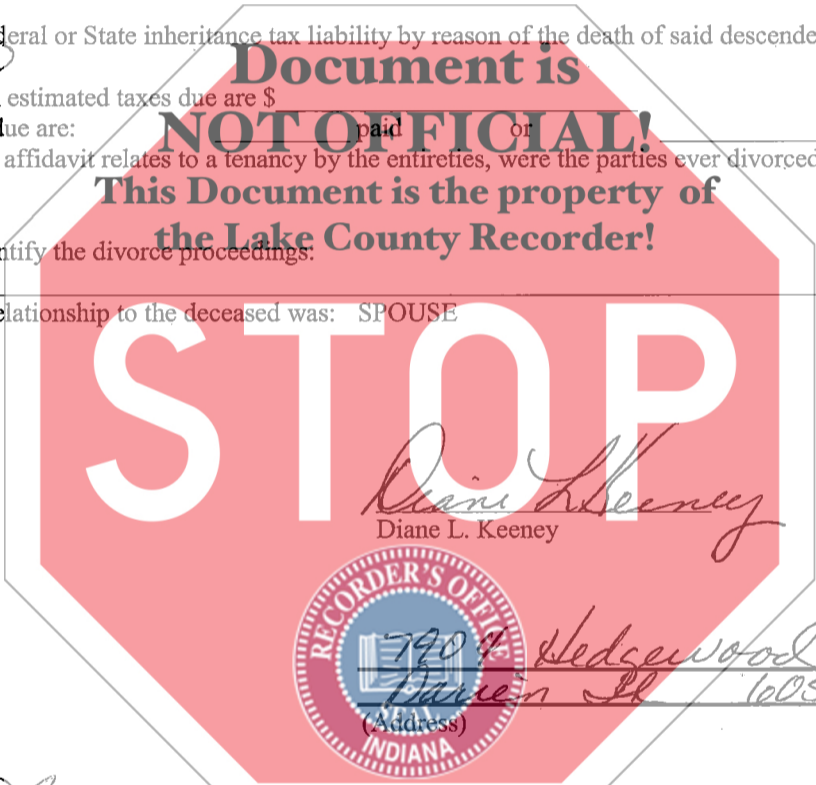
On this 28<sup>th</sup> day of September, 2015, before me, personally appeared Diane L. Keeney to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. Affiant is Diane L. Keeney
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Christopher C. Keeney and Diane L. Keeney;
4. Said Christopher C. Keeney Died on 10/08/2009 leaving a will (no will);
5. The legal description of the premises in question is:

Lot 427 in Lakes of the Four Seasons Unit No. 2, as per plat thereof, recorded in Plat Book 37 page 76, in the Office of the Recorder of Lake County, Indiana.

Property Address: 4205 Glen Oaks Drive, Crown Point, IN 46307  
Tax ID #: 45-17-09-157-011.000-044

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  
Yes  No   
If yes, then estimated taxes due are \$ \_\_\_\_\_ paid or \_\_\_\_\_ unpaid  
The taxes due are: \_\_\_\_\_
7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
Yes  No   
(If yes, identify the divorce proceedings. \_\_\_\_\_)
8. Affiant's relationship to the deceased was: SPOUSE \_\_\_\_\_



*Diane L. Keeney*  
Diane L. Keeney



Subscribed and sworn to before me, a Notary Public, in and for said county and state this 28<sup>th</sup> day of September, 2015.

*Cynthia L. Reed*  
Cynthia L. Reed  
My Commission Expires: 6/8/18  
Residing in Porter County, IN.



I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Diane L. Keeney

Prepared by: Diane L. Keeney  
Return to: Liberty Title & Escrow Co., Inc.  
File: T8V15001095

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LT  
AM

**FILED**

22090

OCT 05 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

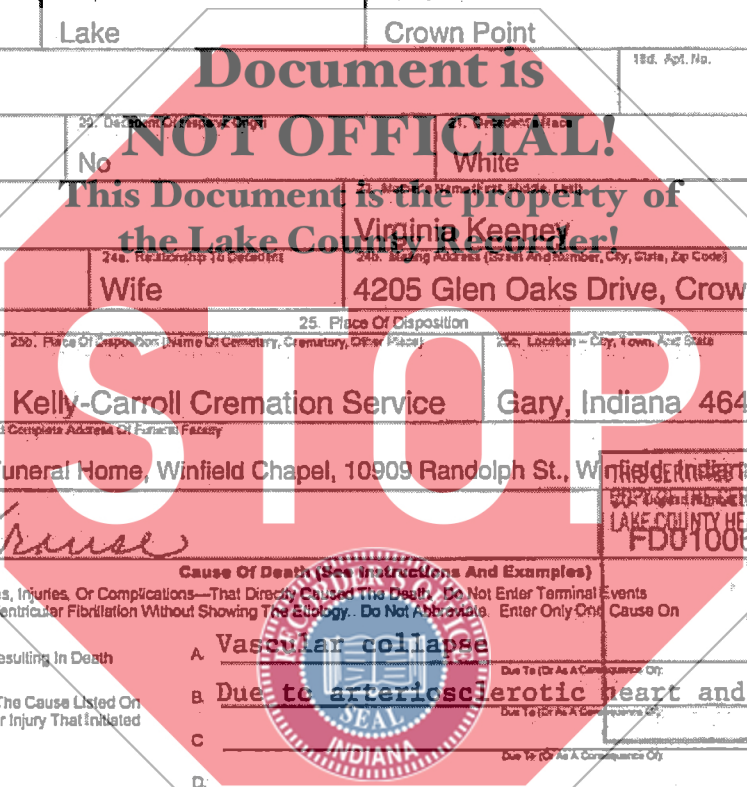


INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3497-09

State No.

Form containing personal and medical information for Christopher C. Keeney, including date of death (October 8, 2009), cause of death (Vascular collapse), and certifying physician (Donna Melyon).



DO NOT COMPLETE THIS DOCUMENT. COPY AND RETURN TO THE OFFICE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. FDO1006463

OCT 13 2009

Approximate Interval: Onset To Death Unknown