

2015 068811

2015 OCT -7 AM 10:13

MICHAEL B. BROWN
RECORDER

Case # 920152374

SURVIVORSHIP AFFIDAVIT

Comes now Rex L. Cunningham, who being duly sworn upon his oath, deposes and says:

That, Rex L. Cunningham is the surviving spouse of Pamela J. Cunningham, deceased who died domiciled in Lake County, Indiana, on February 1, 2008.

That Rex L. Cunningham and Pamela J. Cunningham acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Lot 52 in Southwood Subdivision, as per plat thereof, recorded in Plat Book 49 Page 49, in the Office of the Recorder of Lake County, Indiana. Tax ID No.: 45-16-21-301-015.000-041

Affiant states that Rex L. Cunningham and Pamela J. Cunningham continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Pamela J. Cunningham's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Rex L. Cunningham.

Executed: 9-28-15

Signature

Rex L. Cunningham



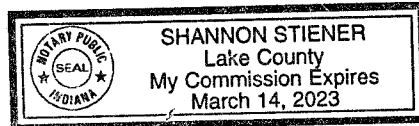
STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 28th day of September, 2015, personally appeared Rex L. Cunningham and he acknowledged the execution of this Affidavit

Shannon Stienner

Notary Public: Shannon Stienner
County of Residence: Lake
My Commission expires: 3/14/2023



Prepared by: Timothy R. Kuiper, Attorney at law
Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

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 Shannon Stienner.

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FIDELITY NATIONAL
TITLE COMPANY

92015-2374

FILED 22056

OCT 02 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 338-08

1. Decedent's Legal Name (First, Middle, Last) Pamela J. Cunningham				1a. Maiden Last Name (If Female) Niemeyer		2. Sex Female		3. Time Of Death 11:25 AM		4. Date Of Death (Month/Day/Year) February 1, 2008	
5. Social Security Number 54		6a. Age - Yrs 54		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)		
11. Facility Name (If Not Institution, Give Street And Number) 12968 Pierce Ct.											
12. City Or Town, State, And Zip Code Crown Point						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 Rex L. Cunningham				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation School Teacher		17. Kind Of Business/Industry School System	
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Crown Point			18c. Apt. No.		18d. Zip Code 46307
18e. Street And Number 12968 Pierce Ct.			18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			19. Decedent's Education Bachelor's Degree		20. Decedent Of Hispanic Origin No		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) Ernest Niemeyer				23. Mother's Name (First, Middle, Last) Norma				23a. Mother's Maiden Last Name Trueblood			
24. Informant's Name Rex L. Cunningham				24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 12968 Pierce Ct., Crown Point, IN 46307					
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) West Creek Cemetery			25c. Location - City, Town, And State Lowell IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Sheets Funeral Home 604 E. Commercial Ave., Lowell, IN 46356						27a. Funeral Home License Number FH83004277			
27b. Signature Of Indiana Funeral Service Licensee Ken Sheets						27c. License Number Of Licensee FD08900045					
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-Or A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A: Glioblastoma IV B: _____ C: _____ D: _____ 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.											
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.											
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 43 Days To 1 Year Before Death			33. Manner Of Death: <input 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			34. Date Of Injury (Month/Day/Year)		
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 checked="" 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:											
41. Signature, Of Person Certifying Cause Of Death: Rex L. Cunningham						42. Coroner (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: Dr. Randall Hile MD 1020 E. Commercial Ave., Lowell, IN 46356						44. License Number 01030234		45. Date Certified 2/4/08			
46. Additional Funeral Service Provider:						47. *Aka:					
48. Signature of Local Health Officer: Susan W. Best, DO						49. For Registrar Only - Date Filed (Month/Day/Year) February 4, 2008					

