

AFFIDAVIT OF SURVIVING SPOUSE OR JOINT SURVIVOR (5302.17 O.R.C)

24285333

State of Indiana
County of Lake

Sharon Beam being first duly sworn, deposes and says as follows:

That Sharon Beam and Charles Beam are joint owners of real estate under a duly recorded survivorship deed. The original survivorship deed is recorded in the records of the Lake County Recorder.

That Charles Beam died on 2/24/2008.

That by the death of Charles Beam, the following survivor, Sharon Beam is the fee simple owner of the described real estate (LEGAL DESCRIPTION ATTACHED), and requests that this fact be so indicated on the land and tax records of Lake County.

2016 002166

Return To:
Southwest Financial Services, LTD.
PO Box 300
Cincinnati, OH 45215-8000
DF663769

Document is NOT OFFICIAL!
This Document is the property of Sharon Beam
the Lake County Recorder!

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
2016 JAN 14 AM 9:20
MICHAEL B. DROWN
RECORDER

Before me personally appeared Sharon Beam and subscribed in my presence this day of November, 2015.



JESSICA GORMAN, Notary Public
Lake County, State of Indiana
My Commission Expires September 5, 2020



Jessica Gorman
(Notary Public)

This instrument prepared by:

FILED
JAN 11 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR
Prepared by: Dawn Buerkle
FIRST FINANCIAL BANK
300 HIGH ST
HAMILTON, OHIO

010226

NON-COM
\$18.00
E #0000847543
M-e

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.

DAWN BUECKLE



EXHIBIT "A" LEGAL DESCRIPTION

Page: 1 of 1

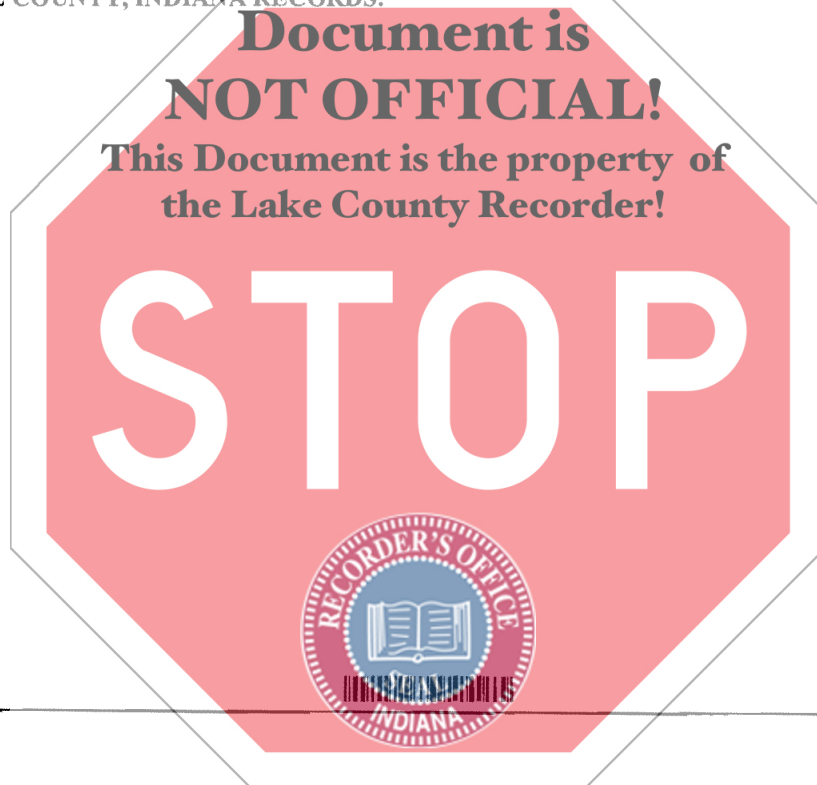
Account #: 24285333
Order Date : 11/05/2015
Reference : 1300116837
Name : SHARON K. BEAM
Deed Ref : 2000-054176

Index #:
Registered Land:
Parcel #: 450716353025000026

SITUATED IN LAKE COUNTY, INDIANA: LOT 16, BLOCK 3, WICKER PARK MANOR, TOWN AS HIGHLAND, AS SHOWN IN PLAT BOOK 25, PAGE 12, LAKE COUNTY, INDIANA.

SUBJECT TO ALL EASEMENTS, COVENANTS, CONDITIONS, RESERVATIONS, LEASES AND RESTRICTIONS OF RECORD, ALL LEGAL HIGHWAYS, ALL RIGHTS OF WAY, ALL ZONING, BUILDING AND OTHER LAWS, ORDINANCES AND REGULATIONS, ALL RIGHTS OF TENANTS IN POSSESSION, AND ALL REAL ESTATE TAXES AND ASSESSMENTS NOT YET DUE AND PAYABLE.

BEING THE SAME PROPERTY CONVEYED BY DEED RECORDED IN DOCUMENT NO. 2000-054176, OF THE LAKE COUNTY, INDIANA RECORDS.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

RESUBMIT

Local No. 1129-08

State No.

1. Decedent's Legal Name (First, Middle, Last) Charles G. Beam				1a. Maiden Last Name (If Female)		2. Sex Male	3. Time Of Death 3:40 PM	4. Date Of Death (Month/Day/Year) February 24, 2008	
5. Social Security Number		6a. Age - Yrs 55	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) June 14, 1952		8. Birthplace (City And State Or Foreign Country) Knoxville, TN
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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input checked="" type="checkbox"/> Other (Specify) Decedent's Home				
11. Facility Name (If Not Institution, Give Street And Number) 2447 81st Street									
12. City Or Town, State, And Zip Code Highland, Indiana 46322					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 Sharon Beam			15a. (If Wife) Give Maiden Last Name Primm		16. Decedent's Usual Occupation Lineman		17. Kind Of Business/Industry IBEW		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Highland					
18c. Street And Number 2447 81st Street					18d. Apt. No. -	18e. Zip Code 46322		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9-12th grade, no diploma			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) William Beam				23. Mother's Name (First, Middle, Last) Florence Beam			23a. Mother's Maiden Last Name Queen		
24. Informant's Name Sharon Beam			24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 4546 Woodbridge St., Cary, Indiana 46408				
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, Indiana				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility White Funeral Home & Cremation Service, 921 W. 45th Ave, Griffith, IN					27a. Funeral Home License Number: FH10600026		
27b. Signature Of Indiana Funeral Service Licensee: <i>Raymond Swartz</i>					27c. License Number (Of Licensee): FD08700086				
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 On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Cardiac arrhythmias with drug and alcohol abuse Due To (Or As A Consequence Of): B. Cardiomyopathy Due To (Or As A Consequence Of): C. Severe emphysema of the lungs Due To (Or As A Consequence Of): D. Approximate Interval: Onset To Death Unknown									
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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				
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: <i>Jeffrey R. Wells</i>				
42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer Chief Deputy					44. License Number N/A		45. Date Certified March 31, 2008		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Ave., Crown Point, IN 46307					47. *Akas:				
46. Additional Funeral Service Provider:					49. For Registrar Only - Date Filed (Month/Day/Year): April 4, 2008				
48. Signature of Local Health Officer: <i>Susan J Best D.O.</i>									

