

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 055941

2016 AUG 18 AM 9:04

STATE OF INDIANA )  
)SS:  
COUNTY OF LAKE )

Send Tax Bills to 2922 New York St.  
MICHAEL B. BROWN  
RECORDER Lake Station, IN 46405

**AFFIDAVIT OF SURVIVORSHIP**

Comes now Bill Stafford, and upon being duly sworn does attest and say:

1. That the affiant is the surviving spouse of Virginia F. Stafford, deceased.
2. That Bill Stafford and Virginia F. Stafford, acquired the following property as Husband and Wife during the term of their marriage to wit:

Lot 4 in Block 19 in Dwyde Deerpier Subdivision, as per plat thereof, recorded in Plat Book 22, page 71 in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2922 New York St., Lake Station, Indiana 46405

Parcel No.: 45-08-24-203-014.000-020

3. That Bill Stafford and Virginia F. Stafford remained married until the death of Virginia F. Stafford on the 14th day of April, 2008.
4. That Bill Stafford became the fee simple owner of the above described property upon the death of Virginia F. Stafford.

I affirm under the penalties for perjury that the foregoing statements are true.

*Bill Stafford by Beverly J. Manship POA*  
Bill Stafford by Beverly J. Manship, POA

AMOUNT \$ 15-  
CASH      CHARGE       
CHECK# 13668  
OVERAGE       
COPY       
NON-CONF       
DEPUTY AK

004634

**FILED**

AUG 18 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 1528-08

State No.

1. Decedent's Legal Name (First, Middle, Last) <i>Virginia F. Stafford</i>				1a. Maiden Last Name (If Female) <i>N/A</i>		2. Sex <i>FEMALE</i>	3. Time Of Death <i>10:15 P.M.</i>	4. Date Of Death (Month/Day/Year) <i>April 14, 2008</i>		
5. Social Security Number <i>304-66-5180</i>		6a. Age - Yrs <i>72</i>	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) <i>JANUARY 14, 1936</i>		8. Birthplace (City And State Or Foreign Country) <i>LENOX, TENNESSEE</i>	
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) <i>2922 New York Street</i>										
12. City Or Town, State, And Zip Code <i>LAKE STATION</i>					13. County Of Death <i>LAKE</i>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" 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 <i>Bill Stafford</i>			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <i>HOME MAKER</i>		17. Kind Of Business/Industry <i>OWN HOME</i>			
18. Residence - State <i>INDIANA</i>			18a. County <i>LAKE</i>		18b. City Or Town <i>LAKE STATION</i>					
18c. Street And Number <i>2922 New York</i>					18d. Apt. No. <i>N/A</i>	18e. Zip Code <i>4640</i>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <i>8th Grade</i>			20. Decedent Of Hispanic Origin		21. Decedent's Race <i>WHITE</i>					
22. Father's Name (First, Middle, Last) <i>GEORGE Childress</i>			23. Mother's Name (First, Middle, Last) <i>Mary E Childress</i>			23a. Mother's Maiden Last Name <i>Kolwyck</i>				
24. Informant's Name <i>Beverly Manship</i>			24a. Relationship To Decedent <i>DAUGHTER</i>		24b. Informant's Street Address, City, State, Zip Code <i>2901 STATE STREET, LAKE STATION, IN 46405</i>					
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) <i>Ridgeland Cemetery</i>			25c. Location - City, Town, And State <i>GARY, INDIANA</i>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <i>Ridgeland Funeral Home, 4201 West Ridge Road Gary, IN 46408</i>					27a. Funeral Home License Number: <i>FH 1020007</i>			
27b. Signature Of Indiana Funeral Service Licensee <i>Leida Jones</i>					27c. License Number (Of Licensee): <i>FD 29411049</i>					
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. <i>Cancer</i> Due To (Or As A Consequence Of): B. <i>Aspiration</i> Due To (Or As A Consequence Of): C. <i>Aspiration</i> Due To (Or As A Consequence Of): 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										
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 checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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					
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>A. Shively M.D.</i>					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: <i>2000 Roosevelt Rd, Valparaiso, IN 46383</i>						44. License Number <i>01062237A</i>		45. Date Certified <i>4/17/08</i>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>Susan W. But. D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <i>April 20, 2008</i>				



THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.  
APR 22 2008