STATE OF MINAWA LAKE COUNTY FILED FOR RECORD

		FILED FOR MECORD		
2016	055941	2016 AUG 18 AM 9: 04		
STATE OF INDIANA COUNTY OF LAKE))SS:)	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, Sacquired the following property as Husband and Wife during the term of their marriage to wit:

Lot 4 in Block 15 in Charles Decisive Subdivision, as per plat thereof, recorded in Plat Book 22 page Thin 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

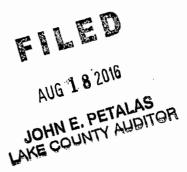
- 3. That Bill Stafford and Virginia F. Stafford remained married until the death of Virginia F. Stafford on the 14th day of April, 2008.
- 4. That Bill Stafford became the the Striple owner of the above described property upon the death of Virginia F. Stafford.

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

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

AMOUNT \$_	15-
CASHCI	HARGE
CHECK#	13668
OVERAGE_	
COPY	
NON-CONF_	
DEPUTY	ax

004634



STATE OF INDIANA))SS: COUNTY OF LAKE) Shauna M. Lange, Notary Public My Commission Expires: 4-10-22 Resident of Lake County I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

> This Instrument Prepared by: Law Offices of Patricia A. Rees 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.. 4. Date Of Death (Month/Day/Year) 15 P.M. April 14, LOOS

8. Birthplace (City And State Or Foreign Country) ILLOWIA 10:15 P.m. 6a. Age - Yrs 6d Under 1 Day 6e. MNUARY 14, 1936 72 ENOX, TENNESSEE 10. If Death Occurred In A Hospital ☐ Yes KNo Unknown ☐ ☐ Hospice Facility Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify) ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival VEW 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death ☐ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown ☐ 17. Kind Of Business/Industry AKE STATION VOME MAKER DWN Nome NdIANA STATION 18e. Zip Code Yes 🗆 No NIA 's Name (First, Middle, Last) SEORGE ematory, Othe Burial Cremation Donation Entom Removal From State Other (Specify): 26. Was Coroner Contacted ☐ Yes No Place Control on And Examples) IRTHEIS THE ABOVE IS A TRUE AND PRINTING TO BEST TO DESCRIPTION OF PEATH ON FINITY AT TO DESCRIPTION OF PEATH ON FINITY AT TO DESCRIPTION OF PEATH ON FINITY AT TO DESCRIPTION OF PEATH ON THE PEATH OF PEATH ON THE PEATH OF PEATH Enter The Chain Of Events-Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without St A Line. Add Additional Lines If Necessary. ate. Enter Only One Cause O Immediate Cause (Final Disease Or Condition Resulting in Death APR 2 2 2008 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 29. Was An Autopsy Performed Tyes No
30. Were Autopsy Findings Available To Complete The Cause Of Death? Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Manner Of Death Yes Probably No Unknown □ Not Pregnant Within Past Year □ Pregnant At Time Of Death □ Not Pregnant, But Pregnant Within 42 Days Of Death □ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death □ Unknown If Pregnant Within The Past Year Natural Homicide Accident Pending Investigation Suicide Could Not Be Determined

Site, Restaurant, Wooded Area) 37. Inj 36. Place Of Injury (E.G., Decedent's Home, Constructi 37. Injury At Work? 34. Date Of Injury (Month/Day/Year) ☐ Yes ☐ No 38. Location Of Injury - State 38a, City Or Town 38b. Street & Number 38c. Apt. No. 40. If Transportation Injury, Specify: 39 Describe How Injury Occurred ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 42. Certifier (Check Only One) Certifying Physician 🔲 Coroner 🔲 Health Officer Velparaiso IN 46383 01062237,

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3 7-1-10

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory resp