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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 15 in Clays Deposit Township, 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# 1366B
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY AN

004634

FILED
AUG 18 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

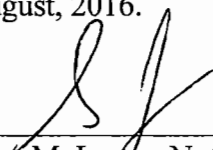
STATE OF INDIANA)

)SS:

COUNTY OF LAKE)

Subscribed and sworn to before me this 17 day of August, 2016.

My Commission
Expires: 4-10-22



Shauna M. Lange, Notary Public
Resident of Lake County

Document is NOT OFFICIAL!
SHAUNA M. LANGE
Lake County
My Commission Expires
April 10, 2022
This Document is the property of the Lake County Recorder!

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.





Shauna M. Lange

*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. 1588-08

State No.

Form with fields for Decedent's Name (Virginia F. Stafford), Social Security Number, Date of Birth (January 14, 1936), Place of Birth (Lenox, Tennessee), Date of Death (April 14, 2008), Cause of Death (Cancer), and Signatures.



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

APR 22 2008