

2016 056370

2016 AUG 19 AM 9: 52

## MICHAEL B. BROWN RECORDER AFFIDAVIT of SURVIVORSHIP

TAX: 1.D. NO. 45-07-29-354-012.000-027

Bonnie L. Suter, being first duly sworn upon oath, deposes and says:

- That Affiant's spouse, Lawrence C. Suter, died on March 11, 2015, at Munster, Lake County, Indiana.
- 2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 32, FAIRMEADOW EIGHTH ADDITION, BLOCK 4, TO THE TOWN OF MUNSTER, AS SHOWN IN PLAT BOOK 43, PAGE 103, IN LAKE COUNTY, INDIANA.

Commonly known as: 1657 CARDINAL DRIVE, MUNSTER, IN 46321

	-	minority mic viii uc. 1007 cititati ii 12 2111 (2) 1:101 (2) 1:101 (2)	
3.	. Tha	at the marital relationship which existed between them at the time they acquired title to said	
	rea	al estate remained in effect and unbroken until the date of his death.	
4.		at all funeral expenses in connection with the death of said decedent have been paid in full.	
5.		at all of the assets of said decedent which would be included for Federal Estate Tax	
		rposes, including joint bank accounts and life insurance on decedent's life were not	
	suf	fficient to necessitate payment of Federal Estate Tax.	
F	URTHE	R you This Donument is the property of	
_	/	the Lake County Recorded Lile	
		BONNIE L. SUTER	
STATE OF	F INDIAN	A, COUNTY OF Lagrantian SS:	
		1715	
1 B	efore me, t	the undersigned, a Notary Public in and for said county and state this day of	
Thys) , 2	20 <u>/ <del>6</del>,</u> pe	ersonally appeared BONNIE L. SUTER, and acknowledged the execution of the foregoing	
Affidavit. I	n witness	whereof, I have hereunto subscribed my name and affixed my official seal.	
			er at reference
My Comm	ission Eve	DARLEEN S. BIRO	245
County of l		1 ale County	
County of 1	Kesidelice	11:41 mm 11 Way Collinicators and	xpires 7
This instru	ment prepa	ared by MATTHEW V. DEUELEY Aporney-at-Law, JD No.278134-45	industry sections
	propo	No legal or nion given or rendered. All information used in preparation	
		of document was supplied by tale company.	
		WOLANA CUE	
l a	affirm, und	der the penalties for perjury, that I have taken reasonable care to redact each Social Security	
nι	ımber in th	his document, unless required by law.	1
<		- 1/1 // S Biggs MAN	(
		// / / / / / / / / / / / / / / / / / /	

Signature of Preparer

COMMUNITY TITLE COMPANY

Printed Name of Preparet NIA 3 NHO

BIOS TI DUA

FINAL ACCEPTANCE FOR TRANSFER DULY ENTERED FOR TAXATION SUBJECT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 47527

Loc	al No 000	0876		EDR No 000	00043766	57		State N	l∘ 0126	16			
1 Decedent's Legal Name (	First, Middle, Last	1		1a. Maiden Na		_	2. Sex	3. Tim	e Of Death	4. Date	Of Death (Month/Day/Year)		
LAWRENCE C SU	TCD						MAL	_	3:32 PM		03/11/2015		
5 Social Security Number		6b. Under 1 Ye	ear 6c. Under 1	Month 6d, Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Man			y and State	or Foreign Country)		
							•						
72 Months Days Hours Minutes 05/08/1942 EAST CHICAGO, IN													
9. Ever in U.S. Armed Force	is? 10. If Dea	th Occurred In A	Hospital:		10a If Death Occurr  Hospice Facility		where Other ecedent's Hor		; Home/Long-ten	n Care Fac	ititu		
☐ Yes ☒ No ☐ Unkn	own 🗵 Inpatie	nt 🔲 Emergen	cy Department Outp	patient 🔲 Dead on Arriva		<u> </u>	ecedent 3 130	the Cladistry	4 Hollies Long-ten	n Cale i ac	·····y		
11. Facility Name (If Not Ins	shtution, Give Stre	et and Number)											
COMMUNITY HOS		ar ario reariber,											
12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death													
					Married Married, But Separated								
MUNSTER, IN, 460				45a (ISTASSA)Ciua Maria	LAKE		16 Decede	nt's Usual Occup	☐ Widowed ☐ Never Married ☐ Unknown  17. Kind Of Business/Industry				
15. Surviving Spouse's Nam	10			15a. (If Wife)Give Maid	ien Last Name		ID. Decede	nts usuai Occup	ation	17. Kinc	Of Business/Industry		
BONNIE SUTER				DUNLAP		ŀ	SUPERV	/ISOR		ו וכוואו	STRIAL		
18. Residence - State		1	Ba. County	DOTECTS	18b. City Or Town	1		<del></del>					
	, .		and the second of the second o		110	167	:: Home		711.77	may 14	awa ay		
INDIANA	- Commercial Commercia		AKE		MUNSTER		·						
18c. Street And Number							Ì	18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?		
1657 CARDINAL D	RIVE									46321 ⊠ Yes □ N			
19. Decedent's Education		. 244.45	20. Decedent Of	21. De	cedent's	Race		<u>  40</u>	321				
									200				
BACHELOR'S DEC		AB, BS)	NOT HISPA	NIC	White								
22. Father's Name (First, Mid	Idle, Last)				23. Mother's Name (F	irst, Midd	te, Last)		23a.	Mother's Ma	siden Last Name		
ALDEDT CUTED					TI ODINDA CI	ITCD			CIAL	INTERIT			
ALBERT SUTER  24. Informant's Name	<del> </del>	<del> </del>	24a Relation	ship To Decedent	FLORINDA SU 24b. Mailing Address		and Number (	City State Zin Cr		NINI			
				iship to become		•	•	•	*				
BONNIE SUTER			WIFE		1657 CARDIN	AL DR	RIVE, MU	NSTER, IN	46321				
25a. Method Of Disposition		1 265	Place Of Dienocitie	25. Pl on (Name Of Cemetery, C	ace Of Disposition	250 10	ocation - City	Town, And State					
Burial Cremation	Donation   Er		. Flace Of Dispositi	of traine of Centerery, C	iomatory, other riace,	250. 20	Joanon - City,	TOWN, AND State					
Removal From State	_		,	/		`							
Other (Specify):		CH	IAPEL LAWN	MEMORIAL GA	RDENS 111	SCH	ERERVII	LLE, IN					
26 Was Coroner Contacted	27.	Name And Com	plate Address Of Fu	ineral Facility						27a. Fu	neral Home License Number:		
☐ Yes ☒ No			/NT			. A.	T.L						
			FUNERAL	HOME INC-MUN	STER, 8415 CAL	LUME		IONSTER, c. Liceose Numb		[FH830	004968		
27b. Signature Of Indiana Fi BRIAN T. BURNS	BY ELECT	RONIC SK	MATURE -		• 41		- Let	08601763	or (Or Licentade).				
I.				Odust broadings	e Instructions And E	kamples	· ,				Approximate		
28. Part I. Enter The Cha Such As Cardiac Arrest,	in Of Events - [	Diseases, Injurie	s, Or Complication	ns - That Directly Cause	d The Death. Do Not E	nter Terr	ninal Events	. 0-			Interval: Onset		
A Line. Add Additinal Lin	nes If Necessary.	si, Or venincula	ar Piorination with	on prowing the gualon	X DO NOT ADDISORDED				A mindapone comment of the hard and the way	ZYMTADUSYNY, 17 Paper Saglangia	To Death		
Immediate Cause (Final	Disease Or Cond	dition Resulting	In Death)	A. ACUTE CARDIAC	ARREST	100	THI	S S A TRUE	E COST OF		CORNARY A		
www.aciere earner in man	0.00000		,,,				s A Consequenting		: 7/1"H	THE			
Sequentially List Condition	ons If Anv. Lead	ing To The Cau	se Listed On	B. CORONARY ART	ERY DISEASE			KIYHEAL	COSTAR	MENT			
Line A. Enter The Under	lying Cause (Dis	ease Or Injury 1	That initiated			Duetto (Or A	s,A Consequence	Office of State House and State Out of	Mires Manager				
The Events Resulting In	Death) Last			C		Questa (Qr A	• А Сопаедненсе	MAR 17	2015		<u> </u>		
			A second		A Commence of the			rateur I	4013	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Part II. Enter Other Significan	t Conditions Cont	ibuting to Death I	But Not Resulting In	The Underlying Cause G	ivin In Rad I	20 1//20	An Autopsy I	DedormedQ -	and the same of the same of				
Tartii. Enter Outer <u>organicar</u>	it constitutions conti	IOMAN CO LOCALIT	Dut 1900 1900 and 19	Tito Graditying Guase G	-	8	The Same of	ding Available fo	Z ZYes	⊠ No	ALC		
						Sty. VVBII	e Adiopsy nii		1 '		Yes No		
31 Did Tobacoo Use Contri		32. If F		Prognant At Time Of Beath	Not Pregnand, But Pregnan	nt (valena 1421)	Daysror-Death*****		Death:OFFIC		Pending Investigation		
Yes Probably N	to 🔲 Unknown			Days To 1 year Sefore Death	The state of the s				Could Not Se D		<u></u>		
34. Date Of Injury (Month/Da	ay/Year)	1148	me Of Injury		ace Of Injury (E.G., Dece						7. Injury At Work?		
				\$0X							☐ Yes ☐ No		
38. Location Of Injury - State	<del></del>	38a Ci	ity Or Town	38b.	Street & Number				38c. Apt. 1	lo. 3	8d. Zip Code		
				4									
				E i W							<u>.</u>		
39. Describe How Injury Occ	curred			E 🐧	SEAL 3		-/	40. If Transpo	rtation Injury, Sp	ecity: ≉olestran □/	Oliber (Specify)		
44 80000		<b>^</b>		City 1	VOIANA VIII		/_/_	-		V/AL	D UNLESS		
41. Signature, Of Person Co			SIGNATIN	RF W				ifier (Check Only lifying Physician <sup>i</sup>	©ne) Corone	777	Heath Officer		
43. Name, Address And Zip				_			1 12 001		ase Number		5. Date Certified		
								i, î	·				
RONALD P FELDN		<u>IACARTHU</u>	JR BOULEVA	ARD, SUITE 11, I	MUNSTER, IN 4	6321		01019			03/16/2015		
46 Additional Funeral Service	ce Provider:							47. *A	as:	in de la company	Sept March Carl		
48. Signature of Local Health	n Officer:		<del></del>			1	49. For Re	gistrar Only - Da	ate Filed (Month	Day/Year)	eren digi ki ki ili di kecamatan di selata di		
SUSAN W. BEST,					MAR 16								
							i						
			AMEN	DMENT TO CERTIFICA	ATE OF DEATH (ENTR	YORO	RIGINAL)	1		arekor (	- B		
			AMEN	DMENT TO CERTIFICA	ATE OF DEATH (ENTR	Y OR O	RIGINAL)	1 <u> </u>		artikori) 3 km/ori v 1 a av			
			AMEN	DMENT TO CERTIFICA	ATE OF DEATH (ENTF	Y OR O	RIGINAL)	1 (5)		STANDER OF			