



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

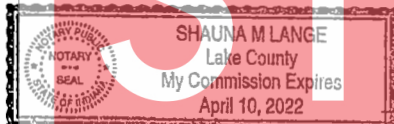
*Beverly J. Manship*  
Beverly J. Manship

STATE OF INDIANA)  
COUNTY OF LAKE )

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

Before me a Notary Public in and for said County and State, personally appeared Beverly J. Manship and who acknowledged the execution of the forgoing Beneficiary Affidavit.

Subscribed and sworn to before me this 31 day of January, 2017.



My Commission Expires: 4/10/22

*Shauna M. Lange*  
Shauna M. Lange, Notary  
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.

*Shauna M. Lange*  
Shauna M. Lange



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



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

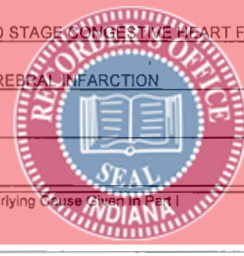
Tracking No. 97053

Local No 002679

EDR No 00000527724

State No 039157

Form containing fields for decedent information (Bill Stafford), social security number, date of birth (07/02/1929), place of death (Lake Station, IN), cause of death (End Stage Congestive Heart Failure), and certifier information (Arjun Kumar Gupta).



AUG 23 2016

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS