

2017 009228

2017 FEB 10 PM 2:52

MICHAEL B. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA )  
 )  
COUNTY OF LAKE ) SS:

→ TALMAGE F. DARNELL JR. [insert name of person making affidavit],  
being first duly sworn upon oath deposes and says:

1. That ALICE S DARNELL [insert name of deceased person]  
(the "Decedent") died on the 29th day of AUGUST, 2014

→ at 1705 AUSTIN AVE SCHERERVILLE IN 40375 [and insert location of death.]

2. That the Decedent and TALMAGE F. DARNELL JR. [insert  
name of Decedent's spouse] were duly and legally married at the time they acquired title as husband-  
and-wife to the following described real estate:

Legal Description: PARK MANOR L. 2 N. 25 FT. & L. 3 BL. 3 N. 25 FT. L. 3 BL. 3

T.D. PARK MANOR LOT 2 & N. 20 FT OF LOT 3 BLOCK 3

Parcel # 45-11-15-128-002-000-036

- 3. That the marital relationship which existed between them at the time they acquire title to said real estate remained in effect and unbroken until the date of the decedent's death.
- 4. That all funeral expenses in connection with the death of the Decedent have been paid in full.
- 5. That all of the assets of the Decedent which would be includable for Federal State Tax purposes, including joint bank accounts and life insurance on the Decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Talmage F. Darnell Jr.  
Signature of Affiant

TALMAGE F. DARNELL JR.  
Type or Print Name

**FILED**

FEB 10 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

AMOUNT \$ 16  
 CASH  CHARGE \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-COM \_\_\_\_\_  
 CLERK rw

**010914**

STATE OF INDIANA )  
 )  
COUNTY OF Lake )

SS: ACKNOWLEDGMENT

Before me, a Notary Public in and for said County and State, personally appeared Talmege F. Darvell Jr. who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 9 day of February, 2017.

Resident of Lake County, Indiana

Signature

Kanya Meloy

My Commission Expires: 7/6/23

Printed

Kanya Meloy

Document is  
NOT OFFICIAL!

This Document is the property of  
the Lake County Recorder



KANYA MELOY Notary Public  
Lake County, State of Indiana  
My Commission Expires July 6, 2023

STOP

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS REQUIRED BY LAW."  
PREPARED BY: Talmege F. Darvell Jr.



PREPARED BY TALMEGE F. DARVELL JR.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

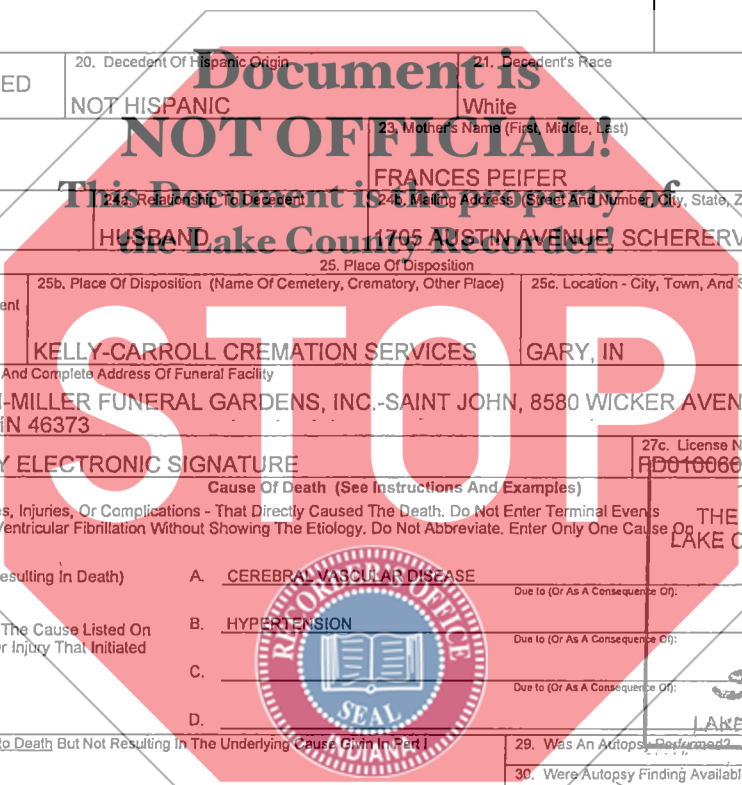
Tracking No. 27767

Local No 002727

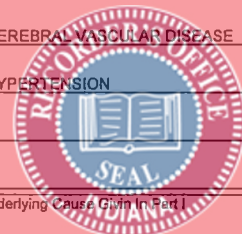
EDR No 00000402256

State No

Form with fields for decedent information (Alice Sue Darnell), date of death (8/29/2014), cause of death (Cerebral Vascular Disease), and certifier information (Fadi Issa Alzeidan).



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 03 2014



LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS