STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 012104

2017 FEB 28 AM 10: 16

MICHAEL B. BROWN RECORDER

7

Case # 920170009

SURVIVORSHIP AFFIDAVIT

Comes now Margaret D. Steele, who being duly sworn upon her oath, deposes and says:

That, Margaret D. Steele is the surviving spouse of Porter R. Steele, deceased who died domiciled in Lake County, Indiana, on May 3, 2011.

That Margaret D. Steele and Porter R. Steele acquired title to certain real estate as tenants by the entireties, said real estate being described as follows: Lot 171 in Doubletree Lake Estates West, Phase Six, as per plat thereof, recorded in Plat Book 99 page 40 in the office of the Recorder of Lake County, Indiana.

Affiant states that Margaret D. Steele and Porter R. Steele continued to live and cohabit together as husband and wife continuously trom the date the cook title to the above-described real estate, until the date of Porter R. Steele's death OT OFFICIAL.

Affiant states that the total assets of said estate including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Margaret D. Steele.

Executed: February 16, 2017

Signature Margaret B. Steele

STATE OF

INDIANA

COUNTY OF

JASPER

Subscribed and sworn to before me, a Notary Public in and for said county and state this 16th day of February, 2017.

Notary Public Renee J. Wells

Resident of Jasper County

My Commission expires: 7/8/2017

RENEE J. WELLS

Notary Public, State of Indiana

Jasper County

My Commission Expires July 8, 2017

Prepared by: Timothy R. Kuiper

Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Timothy R. Kuiper.

Return to:

7425 E. 103rd Ave, Crown Point, IN 46307

FIDELITY NATIONAL TITLE COMPANY 9201-0009

FILED

FEB **2 4** 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

021423



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

	Local No 001391				EDR No 000000197569			State No 019748				
Decedent's Legal Name (First, I	Middle, Last)		1a. Maide	n Name (II female)		2, Sex	3. Time C	of Death	4. Date Of	Death (Month/Day/Year)		
PORTER R STEELE						MALE	09:4	5 AM		5/03/2011		
5. Social Security Number 6a. A	Age - Yrs 6b. Unde	er 1 Year 6c. Under 1	Month 6d. Under 1	Day 6e. Under 1 Ho	ur 7. Date	of Birth (Month/Da	y/Year) 8. E	Arthplace (Ci	ty and State or	Foreign Country)		
	77 Months	Days	Hours	Minutes		05/19/1933	D	ALTON, I	MA			
9. Ever in U.S. Armed Forces? 10. If Death Occurred in A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital Decedent's Home Nursing Home/Long-term Care Facility												
☑ Yes ☐ No ☐ Unknown	☑ Inpatient ☐ Em	ergency Department Out	patient 🔲 Dead on A	Arrival Dither (Speci	. –	EUGUCIA A FIORID	C Harting I	OHES CONG-181	in Cale Facility			
11. Facility Name (If Not Institution		ber)										
ST MARY MEDICAL CENTER INC 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death												
HODART IN 10010							Married Married, But Separated Divorce					
HOBART, IN, 46342 15. Surviving Spouse's Name			LAKE 15a. (If Wile)Give Malden Last Name			16. Decedent's Usual Occupation		☐ Widowed ☐ Never Married ☐ Unknown 17. Kind Ol Business/Industry				
			,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	AUTO	,		
MARGARET STEELE 18. Residence - State		18a, County	MENDOZA	18b. City Or		SECURITY S	SUPERVI	SOR	MANUFA	CTURING		
		roa. County		ind. City Of	IOWII							
INDIANA 18c. Street And Number		LAKE		CROWN F	POINT	104	Apt. No.	18e. Zip	Code	18f. Inside City Limits?		
		./			_	,,,,,	rps to.	100. 24	0005	☐ Yes ☒ No		
7425 EAST 103RD AVE	ENUE	1 00 0 1 10	Docu	ment	15			46	307			
19. Decedent's Education 20. Decedent Of Hispenic Origin 24. Decedent's Race												
BACHELOR'S DEGREE (BA, AB, BS) 22. Father's Name (First, Middle, Last) 23a. Mother's Maiden Last Name												
ZZ. Fallier & Nathe (First, Michie, LX	S()	111		Zs. Mouter s Nam	a (Fusi, Midu	E, 12251)			Mouner & Madde	n Last Name		
EARL LYNWOOD STEE	ELE	This Do	cument	t iodhothm:	STEPLE	rty of		BEN	JAMIN			
EARL LYNWOOD STEELE This Document is ORDEHM STEELE TV of BENJAMIN 24a. Relationship To Decedent 24b. Malting Address (Street And Number, City, State, Zip Code) MARGARET STEELE MARGARET STEELE BENJAMIN 24a. Relationship To Decedent 24b. Malting Address (Street And Number, City, State, Zip Code) WHEE Lake Could be a street and Number, City, State, Zip Code)												
MARGARET STEELE		WIFE			103RD7	WENUE, CF	ROWN PO	INT, IN 4	16307			
25a. Method Of Disposition		25b. Place Of Disposition		. Place Of Disposition y, Crematory, Other Place	e) 25c. Lo	cation - City, Town,	And State					
☐ Burial ☑ Cremation ☐ Donal ☐ Removal From State	tion											
Other (Specify):		GEISEN CREM	ATION CENT	RE	CRO	WN POINT,	N					
26. Was Coroner Contacted?	27. Name And	Complete Address Of Fu	neral Facility			Mark III OF			27a. Funera	Home License Number:		
☐ Yes ⊠ No	46307	UNEHAL HOME	E, CHOWN PO	INT, 606 EAST	1131H A	VENUE, CH	OWN PO	NI, IN	FH19900	0060		
27b. Signature Of Indiana Funeral Service Licensee):												
Cause Of Deeth (See Instructions And Examples) Approximate												
28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respin	vents - Diseases, In	juries, Or Complication	is - That Directly Cau	sed The Death. Do No	t Enter Tem	ninal Events v One Cause On				Interval: Onset To Death		
A Line. Add Additinal Lines If Necessary.												
Immediate Cause (Final Disease Or Condition Resulting In Death) A. VENTRICULAR TAX: YCAROLS Dive to (Or As A Consequence Of):												
Sequentially List Conditions, If	Any, Leading To The	Cause Listed On	B. CARDIOMYOP	ATHY						5YEARS		
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last C. CORDNARY ARTERY DISEASE												
. The Events Freedom in County			C. CORDNARY A	TIERY DISEASE	Due to (Or As	A Consequence Of;						
			D	SEAL S								
Part II, Enter Other Significant Condi	tions Contributing to De	ath But Not Resulting In	The Underlying Cause	VDIANA LULIU		An Autopsy Perform		☐ Yes	⊠ No			
MYELODYSPLASTIC SYNDROM 31. Did Tobacco Use Contribute To	E,RENAL INSUFFICE	ENCY If Female:	- V	VOIANA	30. Were	Autopsy Finding A	Manner Of De		ause Or Deam	Yes No		
☐ Yes ☐ Probably ☒ No ☐ U	Intercen	Not Progress Within Past Year	Prognant At Time Of De	eth	Over LABIN 15 D	ejii Qi Deeth []]	Natural 🔲 Ho	milcide 🔲 A	Accident 🛮 F	ending Investigation		
34. Date Of Injury (Month/Day/Year)	35	Not Pregnant, But Prognant 43 Time Of Injury	Days To 1 year Selote De (0)	Place Of Infury (E.G., De	west The Period	ne. Construction Sit	Siècide D Co le. Restaurant	uld Not Be De Wooded Area	termined	ijury At Work?		
Dis 200 21 11/21 (11011111111111111111111111111111111			73.K_ }	Place Of Infuny (E.G., De	(2) Parker	;-, · · · · ·			, c	Yes No		
38. Location Of Injury - State	38a	. City Or Town	385	. Street & Number	Se is in	256	- } -	38c. Apt. N	o. 38d.	Zip Code		
			ţ	- MM	09.2	511						
39. Describe How Injury Occurred				- 4		. 40.	Il Transportatio	n Injury, Spe	cify:	Soucity		
44 Classics Of S	On the Old Brown			<u> </u>	. Com			_				
41. Signature, Of Person Certifying HARISH AMBALAL SHA	(H , BY ELECT		URE		·	42. Certifier (C	Physician	Coroner		alh Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:							-44: "License I	Number	45. D	ate Certified		
HARISH AMBALAL SHAH , 200 EAST 86TH PLACE, MERRILLVILLE, IN 46410					., ⁵	01035471A 05/04/2011			05/04/2011			
46. Additional Funeral Service Provide	Ser.						47. *Akas:					
48. Signature of Local Health Officer:						49. For Registrar Only - Date Filed (Month/Day/Year):						
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (E						MAY 09 2011						
18c-Building: 6425												
45: 5/4/2011 12:00:00 AM 49: 05-MAY-11												
24b-Building: 6425												
State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.												
State Form 53395 ATTENTION E	STATE: The Social S	security # is being requ	ested by this state at	gency in order to pursu	e responsib	ility. Disclosure Is	voluntary and	there will b	e no penalty fo	or refusal.		