

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 070932

2017 OCT 20 AM 9:15

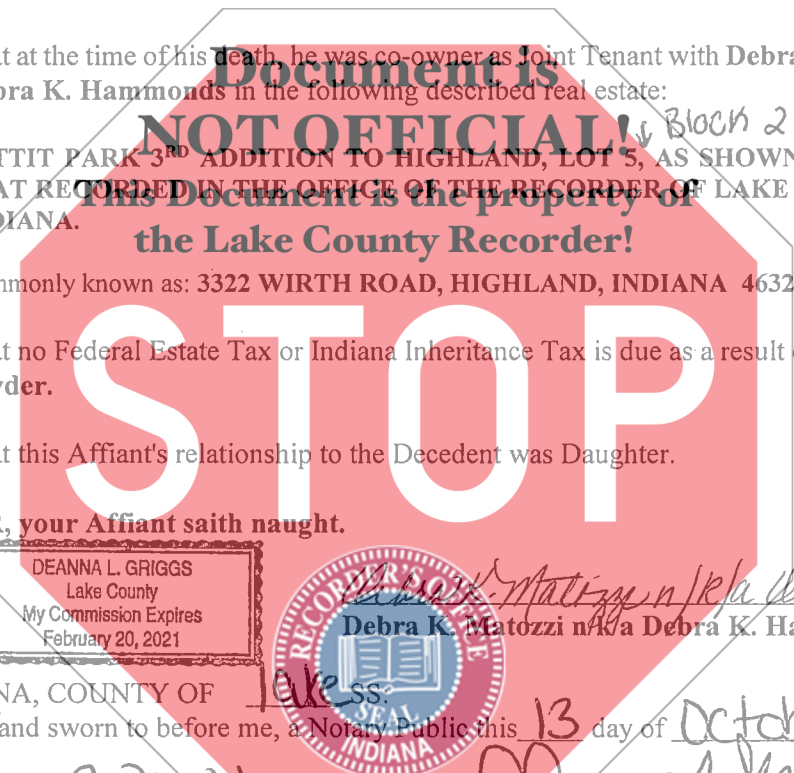
MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

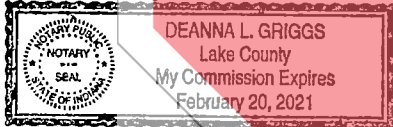
Tax: I.D. NO. 45-15-21-254-006.000-014

Debra K. Matozzi n/k/a Debra K. Hammonds, being first duly sworn upon oath, deposes and says:

1. That **Ben Snyder**, died on the 12th day of May, 2017 at Michigan City, LaPorte County, Indiana.
2. That at the time of his death, he was co-owner as Joint Tenant with **Debra K. Matozzi n/k/a Debra K. Hammonds** in the following described real estate: *512*
PETTIT PARK 3RD ADDITION TO HIGHLAND, LOT 5, AS SHOWN ON THE PLAT RECORDED IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. *Block 2*
Commonly known as: 3322 WIRTH ROAD, HIGHLAND, INDIANA 46322
3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of **Ben Snyder**.
4. That this Affiant's relationship to the Decedent was Daughter.



FURTHER, your Affiant saith naught.



Debra K. Matozzi n/k/a Debra K. Hammonds
Debra K. Matozzi n/k/a Debra K. Hammonds

STATE OF INDIANA, COUNTY OF LaPorte
 Subscribed and sworn to before me, a Notary Public this 13 day of October, 2017.

My Commission Expires: 2 20 21 Signature *Deanna Griggs*
 County of Residence: LaPorte Printed DEANNA GRIGGS, Notary Public

This instrument prepared by **MATTHEW W. DEULLEY**, Attorney-at-Law, ID No. 27813-45
 No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Matthew W. Deulley **LED** *Deanna L. Griggs*
 Signature of Preparer Printed Name of Preparer

OCT 18 2017

JOHN E. PETALAS 005604
 LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
 FILE NO 1712861

*25-
cm
am*



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TRUE COPY OF RECORD ON
REGISTRATION CAN FILE AT
LA PORTE COUNTY HEALTH
DEPARTMENT

Local No 000463

EDR No 000000577372

State No

1. Decedent's Legal Name (First, Middle, Last) BEN SNYDER			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 09:35 AM	4. Date Of Death (Month/Day/Year) 05/12/2017	
5. Social Security Number [REDACTED]	6a. Age - Yrs 90	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 07/30/1926		8. Birthplace (City and State or Foreign Country) BICKNELL, IN
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEMORIAL HEALTH CENTERS								
12. City Or Town, State, And Zip Code MICHIGAN CITY, IN, 46360				13. County Of Death LAPORTE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation FOREMAN		17. Kind Of Business/Industry STEEL MANUFACTURING	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND				
18c. Street And Number 3322 WIRTH ROAD			18d. Apt. No.		18e. Zip Code 46322		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) BEN SNYDER			23. Parent's Name (First, Middle, Last) GERMAINE SNYDER		23a. Parent's Last Name Before First Marriage RIGOT			
24. Informant's Name DEBRA K HAMMONDS			24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 3322 WIRTH ROAD, MICHIGAN CITY, IN 46350			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematorium, Other Place) CALUMET PARK CEMETERY		25c. Location (City, Town, And State) MERRILLVILLE, IN			
28. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322					27a. Funeral Home License Number: FH10300021	
27b. Signature Of Indiana Funeral Service Licensee: DAVID R. PETERSON, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee): FD08601585					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. COLON CANCER Due to (Or As A Consequence Of) Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. PROTEIN CALORIE MALNUTRITION Due to (Or As A Consequence Of) C. ATRIAL FIBRILLATION Due to (Or As A Consequence Of) D. DEHYDRATION Due to (Or As A Consequence Of)								Approximate Interval: Onset To Death
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 42 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within Two Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. Signature Of Person Certifying Cause Of Death: NIRMALA MURUGAVEL, BY ELECTRONIC SIGNATURE					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: NIRMALA MURUGAVEL, 425 SAND CREEK DRIVE, CHESTERTON, IN 46304					44. License Number 01041303A		45. Date Certified 05/16/2017	
46. Additional Funeral Service Provider:					47. *Akas:			
48. Signature of Local Health Officer: SANDRA DEAUSY, VIA ELECTRONIC SIGNATURE					49. For Registrar Only - Date Filed (Month/Day/Year): MAY 17 2017			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)