



8. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Donna Stewart is the sole owner of said real estate and to place of record with the Lake County Recorder's Office evidence that Donna Stewart is the sole owner of said real estate.

Further Affiant saith not.

Signature: Donna Stewart  
Donna Stewart

Subscribed and sworn to before me, the undersigned Notary Public in and for said

County and State, on this

16 day of December, 2017

**Document is NOT OFFICIAL!**

**This Document is the property of the Lake County Recorder!**

BRENDA SOHOVICH  
Notary Public - Seal  
State of Indiana  
Porter County  
My Commission Expires Nov 5, 2022

Notary's Printed Name: Brenda Sohovich

Notary's County of Residence: Porter

Notary's Commission Expires: 11/5/2022

**After recording return to:** Donna Stewart  
C/O Greater Indiana Title Company  
8700 Broadway, Suite 5  
Merrillville, IN 46410

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86<sup>th</sup> Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366); referencing Greater Indiana Title Company commitment no. IN00771.

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. Chris Fox



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

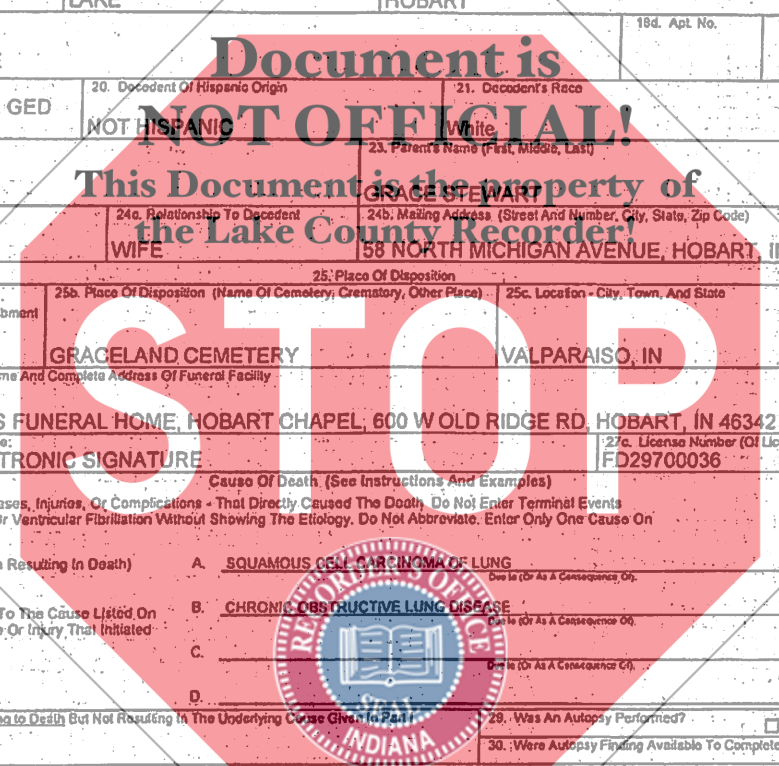
Tracking No. 134330

Local No 003034

EDR No 00000596137

State No

1. Decedent's Legal Name (First, Middle, Last) <b>WILLIAM R STEWART</b>				1a. Maiden Name (If Female)		2. Sex <b>MALE</b>		3. Time Of Death <b>10:24 AM</b>		4. Date Of Death (Month/Day/Year) <b>08/30/2017</b>		
5. Social Security Number		6a. Age - Yrs <b>76</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		
7. Date of Birth (Month/Day/Year) <b>02/09/1941</b>		8. Birthplace (City and State or Foreign Country) <b>MORTONS GAP, KY</b>										
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input 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 checked="" 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) <b>58 NORTH MICHIGAN AVENUE</b>												
12. City Or Town, State, And Zip Code <b>HOBERT, IN, 46342</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>DONNA STEWART</b>				15a. Last Name Before First Marriage <b>CASEY</b>				16. Decedent's Usual Occupation <b>WELDER</b>		17. Kind Of Business/Industry <b>STEEL</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HOBERT</b>			18c. Street And Number <b>58 NORTH MICHIGAN AVENUE</b>		18d. Apt. No.	
18e. Zip Code <b>46342</b>			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>						
22. Parent's Name (First, Middle, Last) <b>WILLIAM K STEWART</b>				23. Parent's Name (First, Middle, Last) <b>GRACE STEWART</b>				23a. Parent's Last Name Before First Marriage <b>RICKARD</b>				
24. Informant's Name <b>DONNA STEWART</b>				24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>58 NORTH MICHIGAN AVENUE, HOBERT, IN 46342</b>						
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, Crematory, Other Place) <b>GRACELAND CEMETERY</b>			25c. Location - City, Town, And State <b>VALPARAISO, IN</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME, HOBERT CHAPEL, 600 W OLD RIDGE RD, HOBERT, IN 46342</b>						27a. Funeral Home License Number: <b>FH83003069</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>JOSHUA R. KRAUSE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD29700036</b>						
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. <b>SQUAMOUS CELL CARCINOMA OF LUNG</b> B. <b>CHRONIC OBSTRUCTIVE LUNG DISEASE</b> C. D. 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												
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given To Part I.												
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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 Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The 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 And 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"/> Other						
41. Signature, Of Person Certifying Cause Of Death: <b>JOHN E. CARTER, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Medical Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>JOHN E. CARTER, 164 BRACKEN PKWY, HOBERT, IN 46342</b>						44. License Number <b>01039463A</b>		45. Date Certified <b>09/04/2017</b>				
46. Additional Funeral Service Provider: <b>LAKE COUNTY HEALTH OFFICER</b>						47. *Akas						
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						48b. For Registrar Only - Date Filed (Month/Day/Year) <b>SEP 05 2017</b>						



THIS IS A TRUE COPY OF  
THE RECORD ON FILE WITH THE  
LAKE COUNTY HEALTH DEPARTMENT  
SEP 05 2017

RAISED SEAL AFFIXED