

STATE OF INDIANA ) Send tax bills to: 248 N. Connecticut St., Hobart, IN 46342  
)SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF SURVIVORSHIP**

THIS DOCUMENT IS BEING RERECORDED FOR SCRIVERNORS ERROR

Comes now Margaret M. Salisbury, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Steven L. Salisbury aka Steven Lee Salisbury, deceased.
2. That Margaret M. Salisbury and Steven L. Salisbury aka Steven Lee Salisbury, acquired the following property as Husband and Wife during the term of their marriage.

LOT FIFTY-ONE (51), H. & S. ADDITION IN THE CITY OF HOBART, AS SHOWN IN PLAT BOOK 13, PAGE 12, IN LAKE COUNTY, INDIANA.

Commonly known as: 248 N. Connecticut St., Hobart, IN 46342  
Parcel No.: 45-09-30-404-016.000-018

3. That Margaret M. Salisbury and Steven L. Salisbury aka Steven Lee Salisbury, remained married until the death of Steven L. Salisbury aka Steven Lee Salisbury on the 2<sup>nd</sup> day of September, 2015.
4. That Margaret M. Salisbury became the fee simple owner of the property at the death of Steven L. Salisbury aka Steven Lee Salisbury.

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

*Margaret M. Salisbury*  
Margaret M. Salisbury

EXECUTED AND DELIVERED IN MY PRESENCE:

*Mullis* Witness Signature  
*Maranda Criss* Witness Printed

STATE OF INDIANA )  
)SS:  
COUNTY OF PORTER )



Before me, a notary public in fore said county and state this 3<sup>rd</sup> day of May, 2022, Margaret M. Salisbury acknowledged the execution of the foregoing or attached Affidavit of Survivorship as her voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 3<sup>rd</sup> day of May, 2022.

*[Signature]* Notary Signature

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.

*[Signature]*  
Shauna M. Lange



This Instrument prepared by:  
Shauna M. Lange, ESQ  
REES AND LANGE, P.C.  
301 Main Street, Hobart, IN 46342  
(219) 947-1692

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GINA PIMENTEL RECORDER 2022-019058  
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 8:38 AM 2022 Jun 13



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 64337  
CERTIFICATE OF DEATH

Local No 002966

EDR No 00000467051

State No 042249

1. Decedent's Legal Name (Print, Middle, Last) <b>STEVEN LEE SALISBURY</b>		1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>01:40 PM</b>		4. Date Of Death (Month/Day/Year) <b>09/20/2015</b>	
5. Social Security Number <b>85</b>		6a. Under 1 Year Months		6b. Under 1 Month Days		6c. Under 1 Day Hours		6d. Under 1 Day Minutes	
7. Date of Birth (Month/Day/Year) <b>09/23/1960</b>		8. Residence (City and State and Foreign Country) <b>SIoux CITY, IA</b>		9. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. 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. Place Where Death Occurred In A Hospital	
12. Facility Name (If Not Institution, Give Street and Number) <b>248 NORTH CONNECTICUT STREET</b>		13. City Or Town, State, and Zip Code <b>HOBART, IN 46342</b>		14. County Of Death <b>LAKE</b>		15. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		16. Burial Status/Disposition <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Buried, But Separated <input type="checkbox"/> Cremated <input type="checkbox"/> Other (Specify)	
17. Name (Print, Middle, Last) <b>MARGARET SALISBURY</b>		18. Relationship To Decedent <b>SCOTT</b>		19. Decedent's Usual Occupation <b>TRUCK DRIVER</b>		20. Kind Of Business/Industry <b>TRANSPORTATION</b>		21. Cause Of Death (See Instructions And Examples) <b>CAUSE ON THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT MONTHS</b>	
22. Residence - State <b>INDIANA</b>		23. County <b>LAKE</b>		24. City Or Town <b>HOBART</b>		25. Zip Code <b>46342</b>		26. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27. Street And Number <b>248 NORTH CONNECTICUT STREET</b>		28. Decedent's Hispanic Origin <b>NOT HISPANIC</b>		29. Decedent's Race <b>White</b>		30. Mother's Name (Print, Middle, Last) <b>SHIRLEY E SALISBURY</b>		31. Mother's Maiden Last Name <b>BAKER</b>	
32. Father's Name (Print, Middle, Last) <b>GLENN SALISBURY</b>		33. Relationship To Decedent <b>SPOUSE</b>		34. Mailing Address (Street And Number, City, State, Zip Code) <b>248 NORTH CONNECTICUT STREET, HOBART, IN 46342</b>		35. Signature of Person Certifying Cause Of Death <b>ERIC FREDERICK SCHULTE, BY ELECTRONIC SIGNATURE</b>		36. License Number (Of Licensee) <b>FD01008483</b>	
37. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify)		38. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>KELLY GARROLL CREMATION SERVICES</b>		39. Location - City, Town, And State <b>GARY, IN</b>		40. Signature of Person Certifying Cause Of Death <b>ERIC FREDERICK SCHULTE, BY ELECTRONIC SIGNATURE</b>		41. License Number (Of Licensee) <b>FD01008483</b>	
42. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME, HOBART CHAPEL, 800 W OLD RIDGE RD, HOBART, IN 46342</b>		44. Funeral Home License Number <b>FH83003069</b>		45. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Cause On This IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT MONTHS <b>1. MURKIN PROSTATE CANCER</b>		46. Appropriate Interval (From Death To Death) <b>18 YEARS</b>	
47. Part II. Enter Other Significant Conditions (Such As Injuries) That Resulted In The Underlying Cause (Death) In Part I <b>NONE</b>		48. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Work Autopsy Facility Available To Complete The Death Of Decedent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		50. Hospital Of Death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Assisted <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown <input type="checkbox"/> Could Not Be Determined		51. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
52. Date Of Injury (Month/Day/Year)		53. Time Of Injury		54. Place Of Injury (E.G., Decedent's Home, Convalescent Home, Restaurant, Wooded Area)		55. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		56. Location Of Injury - State	
57. City Or Town		58. Street & Number		59. Apt. No.		60. Zip Code		61. Describe How Injury Occurred	
62. Signature Of Person Certifying Cause Of Death <b>ERIC FREDERICK SCHULTE, BY ELECTRONIC SIGNATURE</b>		63. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>ERIC FREDERICK SCHULTE, 7863 BROADWAY #140, MERRILLVILLE, IN 46410</b>		64. Additional Funeral Service Provider		65. Certificate (Check One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		66. License Number (Of Licensee) <b>01034244</b>	
67. Signature of Local Health Officer <b>SUBAN W. BEST, VIA ELECTRONIC SIGNATURE</b>		68. For Registrar Only - Date Filed (Month/Day/Year) <b>SEP 20 2015</b>		69. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		70. Date Of Death (Month/Day/Year) <b>09/20/2015</b>		71. Time Of Death (Hour/Minute) <b>01:40</b>	

State Form 53308 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary. RAISED SEAL APPLIED