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AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Mildred M. Scartozzi, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Robert A. Scartozzi died (~~with~~) (~~XXXXXX~~) (~~XXXXXX~~) (~~XXXXXX~~) (~~XXXXXX~~) (leaving a will) on December 11, 1987 at St. Margaret's Hospital, Hammond, Indiana

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Key 34-46-7
The South 1/2 of Lot 5 in Block 5 in Hartmans Gardens Addition to Hessville, in the City of Hammond as per plat thereof, recorded in Plat Book 14 page 22, in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (~~her~~) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Mildred M. Scartozzi
Mildred M. Scartozzi

Subscribed and sworn to before me, a Notary Public, this 31st day of August, 1988.

Linda J. McBride
Linda J. McBride Notary Public

My Commission expires:
1-26-91

County of Residence:
Lake

This Instrument prepared by Mildred M. Scartozzi

TICOR TITLE INSURANCE
Crown Point, Indiana
H.O.

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY,
CROWN POINT, INDIANA 46307
STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD

SEP 14 8 55 AM '88

FILED

SEP 09 1988

Anna M. Anton
AUDITOR LAKE COUNTY

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