SURVIVORSHIP AFFIDAVIT

STATE, OF

} s. s.

| to n | ne pe | ersonally known, who being duly sworn on oath did say that: |
|------|-------|--|
| | 1. | Affiant resides at the address given below affiant's signature; |
| | 2. | Affiant is Owner |
| | 3. | Said premises were formerly owned as joint tenants or as tenants by the entireties by |
| | | Mykole Wozniak and Stefania Wozniak |
| | 4. | Mykole Wozniak Said |
| | -24 | (fill in name of co-tenant who died) |
| | | died on MAKCA Pocusiaent is |
| | | leaving will of will be will be the property of |
| | 5., | The legal description of the premises in question is: rder! |
| | | |
| | | The East 50 feet of the West Half of Lot 17, Birdview Addition to the City of Hammond, as shown in Plat Book 20, page 267; in |
| | • | Lake County, Indiana. |
| | 6. | To the best of affiant's knowledge there is no Federal or State estate or inheritance tax Habit |
| | | THE RESIDENCE OF THE PARTY OF T |
| | | ity by reason of the death of said decedent: |
| | 7. | Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? |
| | | NO MOIAN PARTY OF THE PARTY OF |
| | | (If answer is "Yes," identify the divorce proceedings: |
| | 7 | < |
| | 8. | Affiant's relationship to the deceased was |
| | | |
| · | | Signature: Stefania Wozniak |
| | Ž. | Signature: Stefania Wozniak Address: 435 170 4 P(|
| Gub | crib | Hand sworn to before me by the affiant APR 27 1990 |
| | | APR 27 1990 (Insert date) |

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