99092247

99 NOV -8 PI 2: 1:0

SURVIVORSHIP AFFIDAVIT

ENCORDER On this 29th day of October, 1999, before me personally appeared Henry Ludwig, to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant states that he is the surviving joint tenant of Sylvester N. Ludwig.
- 3. Affiant states that Sylvester N. Ludwig died September 15, 1999, as evidenced by her death certificate attached hereto and to be recorded along with this affidavit.
- 4. Said premises of the Affiant are described as follows:

The North 230 feet of the following described parcel of real estate, to-wit: Commencing at a point 2195 feet East of the Northwest corner of the North 1/2 of the Northeast 1/4 of Section 5, Township 35 North, Range 7. West, thence South 1401 feet to the South line of said North 1/2, thence East 219.5 feet, thence North 1401 feet to the North line of said North! 1/2, thence West 219.5 feet to the point of beginning in the City of Hobart, Lake County, Indiana. LESS AND EXCEPTING THEREFROM, the South 5.00 feet of the North 25.00 feet thereof taken for road purposes.

Commonly known as: 1551 E. 10th St., Hobart, IN 46342

- 5. Said premises were formerly owned as joint tenants with rights of survivorship.
- 6. Affiant represents and warrants to the best of affiant's knowledge there is no estate tax or state inheritance tax and/or funeral expense liability by reason of the death of said decedent.
- 7. Affiant makes this affidavit to induce the Auditor's Office to transfer title into Affiant's name.

1551 E. 10th St. Hobart, IN 46342

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

NOV 08 1525

PETER BENJAMIN LAKE COUNTY AUDITOR

STATE OF INDIANA

COUNTY OF PORTER

BEFORE ME, the undersighed, a Notary Public in and for said County and State, personally appeared Henry Ludwig, and acknowledged the execution of the foregoing instrument and being first duly sworn by me upon his oath, said that the facts alleged under the pains and penalty of perjury are true.

Signed and scaled this 29th day of October, 1999.

NOTARY PUBLIC STATE OF INDIANA

My Commission Expires: A RESIDENT OF PORTER COUNTY MY COMMISSION EXP. FFB. 18, 2007

otary Public

This instrument prepared by Daniel, A. Ecker, Attorney at Law.

HOLD FOR: THE TITLE SEARCH CO. J#18380

000598

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

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294		CERTIFYING PHYSICIAN TO	o the best of my knowledge, de	ith occurred at the time, date, an	d place, and due to the cause(s) as st	lated.
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30	96. SIGNATURE AND TITLE OF	CORONER On the basis of ex	xemination and/or investigation.	in my opinion, death occurred at	the time, date, and place, and due to 29c. MEDICAL LICENSE	
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