

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 063488

2000 AUG 31 AM 9:50

MORRIS W. CARTER
RECORDER

 **Chicago Title Insurance Company**

C62-3085 LD

SURVIVORSHIP AFFIDAVIT

On this 8-25-00 before me personally appeared _____
(Insert date)

Charlene L. Lawson

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 is daughter of owner;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entreties by
husband and wife;
4. Said Lester Lawson
(fill in name of co-tenant who died)
died on Sept 17, 1999
leaving no will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
 Parcel 1: The East 65 feet of the North 200 feet of the West 5 acres of the East 1/3 of the Northwest Quarter of the Southeast Quarter of Section 28, Township 34 North, Range 7 West of the Second Principal Meridian, in Lake County, Indiana.
 Parcel 2: The East 1 acre of the West 6 acres of the East 1/3 of the Northwest Quarter of the Southeast Quarter of Section 28, Township 34 North, Range 7 West of the Second Principal Meridian, in Lake County, Indiana.

6. Is there Federal Estate or State Inheritance tax liability by reason of the death of said decedent? Yes No

FILED

If yes, then estimated taxes due are \$ _____ AUG 30 2000

The taxes due are paid or unpaid.

PETER BENJAMIN
LAKE COUNTY AUDITOR

02382

1100
E.P.
CT

Chicago Title Insurance Company

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

no.

(If answer is "Yes," identify the divorce proceedings:

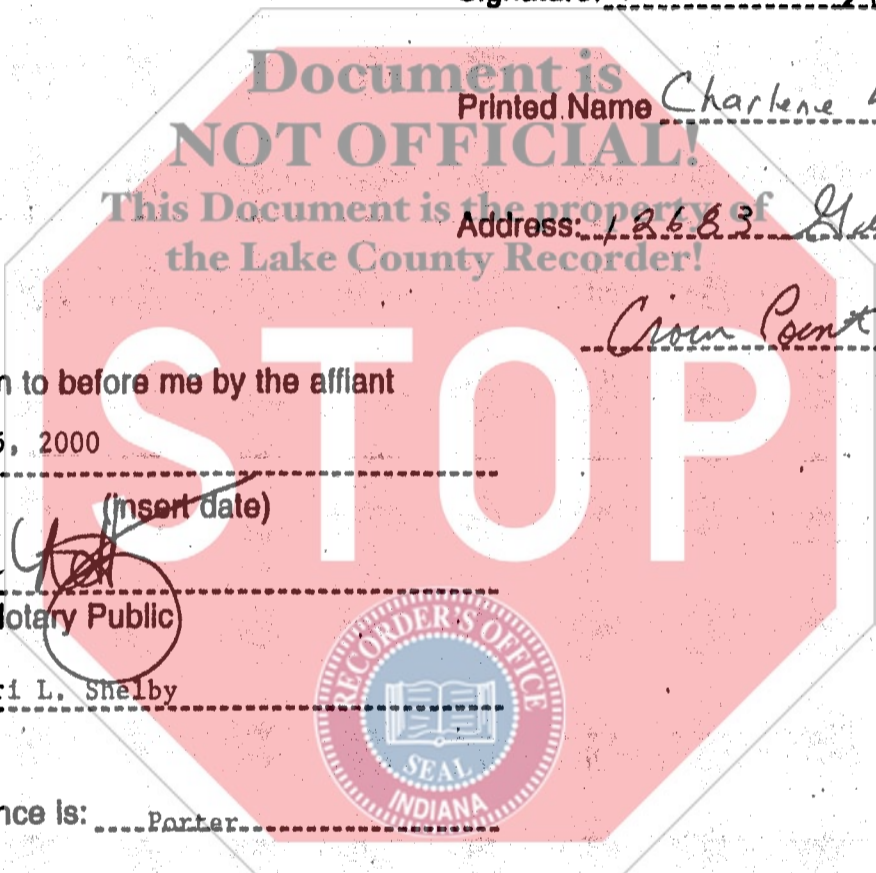
8. Affiant's relationship to the deceased was daughter

Signature: *Charlene L. Lawson*

Printed Name *Charlene L. Lawson*

Address: *12683 Gibson St*

Crown Point In 46307



Subscribed and sworn to before me by the affiant

this August 25, 2000

(insert date)

Lori L. Shelby

Notary Public

Printed Name *Lori L. Shelby*

My County of Residence is: *Porter*

In the State of _____

My Commission Expires _____

LORI L. SHELBY
Notary Public, State of Indiana
County of Porter
My Commission Expires Nov. 11, 2007

This Instrument prepared by *Charlene L. Lawson*
Successor Trustee