

SURVIVORSHIP AFFIDAVIT

STATE OF: Indiana)
) SS:

COUNTY OF: Lake
On this 26, July 2000 Before me personally appeared Lonnie Sanders

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 owner
(state interest of affiant in the above premises as owner)
- 3. Said premises described as follows: 103 W. 19th Ave
GARY, IN. 46407-2054

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- 4. Said premises were formerly owned as joint tenants or as tenants by entireties by Lonnie & Evelyn Sanders and
- 5. Said Evelyn Sanders
(fill in name of co-tenant who died)
died on 02/07/98
leaving no will;
(insert "a" or "no" if a will has been left, attach a copy)

- 6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ _____ and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent:
- 7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced?
(If answer is YES, identify the dissolution proceedings.)

8. Affiant's relationship to the deceased was Husband
Signature: Lonnie Sanders
Address: 639 Johnson St.
GARY, IN. 46402

State of Indiana)
)
County of Porter)

FILED
OCT 3 2000

Before me, the undersigned, a Notary Public in and for the County of Porter and State of Indiana, this July 26, 2000 personally appeared Lonnie Sanders

and acknowledged the execution of the foregoing Affidavit.

Thomas Hunter
Notary Public
Resident of Lake County
My Commission expires: 6/11/2008

Prepared by: Jeffer Meade Snak 56 Washington St Valpo 46383 **00137**
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