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SULKAN N. DARTEK RECORDER

STATE OF INDIANA)) SS
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

DELILAH. HENRY, being first duly sworn upon her oath, deposes and states as follows:

- 1. That your affiant's husband, namely, WAYNE I. HENRY, died on the 15th day of August, 2002.
- 2. That your affiant and her deceased husband were legally married at the time they acquired title, as husband and wife, to the following described real estate:

The South 60 feet West 160 feet of that part of the Northwest 1/4 of the Southeast 1/4 of Section 8, Township 34 North, Range 8 West of the Second Principal Meridian, described as commencing in the center line of East Street, at a point 459 feet South of the center of South Street and running thence East 355 feet; thence South 514.9 feet; thence West 355 feet to the center of East Street; thence North 514.9 feet to the point of beginning, in the City of Crown Point, Lake County, Indiana.

Key No. 9-356-27 (23)

Property Address: 472 South East Street, Crown Point, IN 46307

- 3. That the marital relationship which existed between your affiant and her deceased husband at the time they acquired title to the real estate described hereinabove, remained in effect and unbroken until the date of Wayne I. Henry's death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all property in which the decedent had an interest, either real, personal, tangible and mixed, was owned jointly with your affiant with rights of survivorship. That as a result of the marital relationship

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PETER BENJAMIN LAKE COUNTY AUDITOR 13-1 717 between your affiant and her deceased husband, neither federal estate taxes nor state inheritance taxes would be due and owing.

Further affiant saith not.

DELĬLAH. HENRY

STATE OF INDIANA, COUNTY OF LAKE, SS:

Subscribed and sworn to before me, a Notary Public in and for said County and State this 5th day of November, 2002.

Notary Public, Corina Castel Ramos

My Commission Expires:

County of Residence of Notary Public:

This instrument prepared by: John R. Sorbello, attorney at law.

STOP

ATTENTION ESTATE: Discignare of the if we need to pursue our responsibilities voluntary and there will be no penalty for usal.* 1915-02

cal No.

71'-5,0. 922-6393

August 15, 2002

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

900662

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WILL	HENRY						GRACE		, INSI		Garriante	-,		
	IT'S NAME (Type/Pr	int)			20b. MAILING	ADDRESS (Str				umber, City or Tov	vn, State, Zip C	ode)	20c. Relat	tionship
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