STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

STATE OF INDIANA

COUNTY OF LAKE

2006 010764

2006 FEB - 9 PM 3: 45

MICHAEL A. BROWN RECORDER

AFFIDAVIT OF SURVIVORSHIP

Earlene Bolling, being first duly sworn upon her oath, states:

That, she is the surviving spouse of the late Samuel Bolling, who died intestate on November 7, 1996, that at the time of his death, he was a resident of the City of Clinton, Lake County, Indiana; that at the time of his death, they were husband and wife and were the owners, as tenants by the entireties, of the following described real estate, in the State of Indiana:

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN LAKE COUNTY, STATE OF INDIANA, TO-WIT:

LOTS FIFTEEN (15) AND SIXTEEN (16), BLOCK TEN (10), IVANHOE ADDITION IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK 2, PAGE 56, IN LAKE COUNTY, INDIANA.

ADDRESS: 748 CLINTON; GARY, IN 46406 ent 15 TAX ID OR PARCEL ID NO.: 25-45-0119-0004

This document is to induce the County Auditor to transfer the title to Earlene Bolling.

Affiant further states that this Affiant and the deceased were continuously husband and wife from the date they acquired title to this property until the date of death as aforesaid, and that the total value of the estate, including proceeds of life insurance and any interest in jointly owned property was not large enough to be subject to Federal Estate Tax.

Further affiant saith not.

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 7th day of February, 2006.

My Commission Expires:

1/20/08

Prepared by: LYNNEHE M. LANNON

AMERICAN GENERAL FIN SERVICES

2414 INTERSTATE PLZ DR PERSOND IN 46324-8361

FFB 0 9 2006

PEGGY HULHINA KATONA LANE COUNTY AUDITOR

Prescribed by the State Board of Accounts (2005)

County Form # 170

DECLARATION

This form is to be signed by the preparer of a document, and recorded with EACH document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm, under the penalties of perjury;

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers; This Document is the property of the Lake County Recorder!
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.
- I, the undersigned, affirm, under the penalties of perjury, that the foregoing declarations are true.

Signature or Declarant

Printed Name of Declarant