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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2006 01 13 50

AFFIDAVIT OF SURVIVORSHIP

I, Mary Ann Ahlborn, being duly sworn, state as follows:

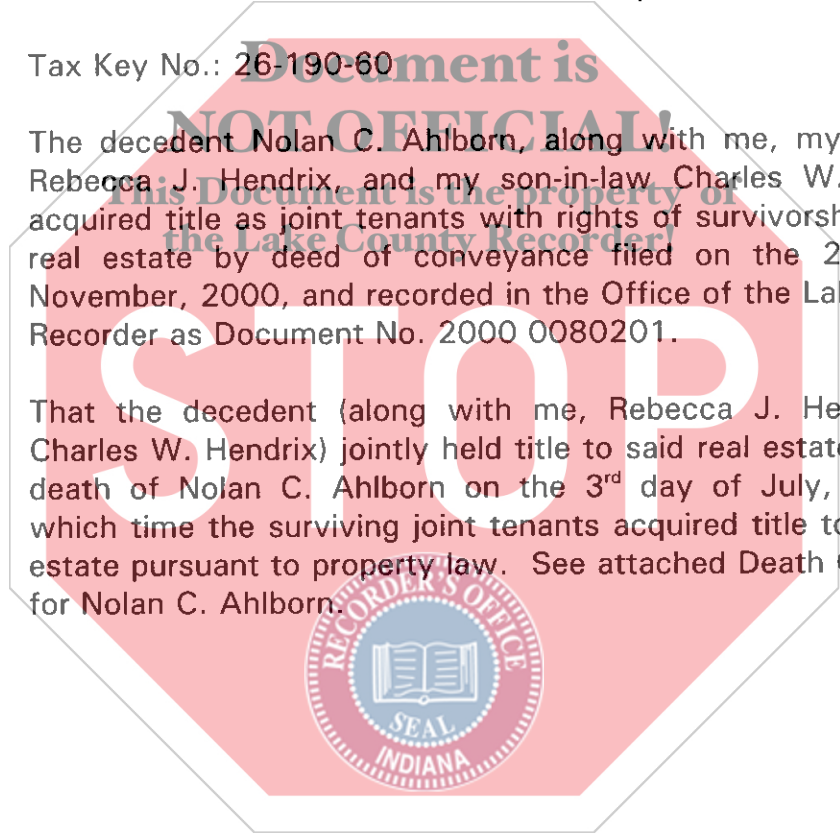
1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
2. I am one of three (3) surviving owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 60 in Park Manor Addition to Griffith, as per plat thereof, recorded in Plat Book 27, page 92, in the Office of the Recorder of Lake County, Indiana.

Tax Key No.: 26-190-60

3. The decedent Nolan C. Ahlborn, along with me, my daughter Rebecca J. Hendrix, and my son-in-law Charles W. Hendrix, acquired title as joint tenants with rights of survivorship to said real estate by deed of conveyance filed on the 2nd day of November, 2000, and recorded in the Office of the Lake County Recorder as Document No. 2000 0080201.
4. That the decedent (along with me, Rebecca J. Hendrix and Charles W. Hendrix) jointly held title to said real estate until the death of Nolan C. Ahlborn on the 3rd day of July, 2005, at which time the surviving joint tenants acquired title to said real estate pursuant to property law. See attached Death Certificate for Nolan C. Ahlborn.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 FEB 13 AM 10:13
MICHAEL A. BROWN
RECORDER



FILED

FEB 13 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

003079 # 16-3332 SS

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

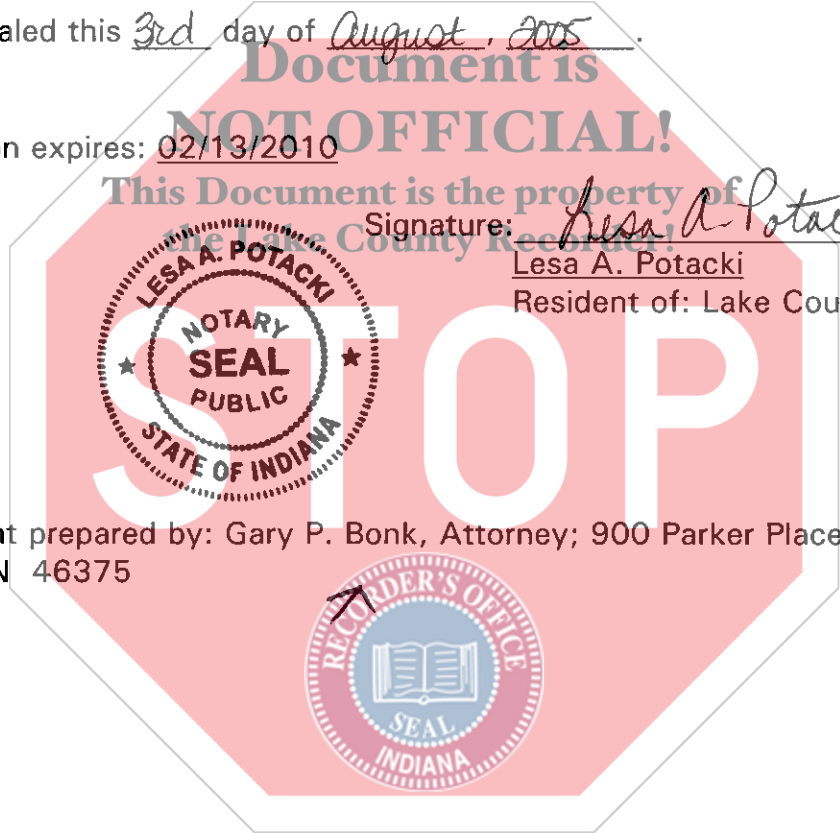
Mary Ann Ahlborn
Mary Ann Ahlborn, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Mary Ann Ahlborn, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 3rd day of August, 2005.

My commission expires: 02/13/2010



Signature: *Lesa A. Potacki*
Lesa A. Potacki
Resident of: Lake County, Indiana

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No. _____

Local No. 1827-05

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

Form with sections: DECEASED, DECEDENT, PARENTS, INFORMANT, DISPOSITION, CAUSE OF DEATH, CERTIFIER, HEALTH OFFICER. Includes fields for name, sex, date of death, social security number, age, date of birth, place of death, marital status, occupation, residence, and cause of death.

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

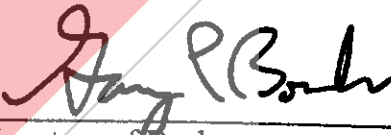
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

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 number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.




Signature of Declarant

Gary P. Bonk
Printed Name of Declarant