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2006 MAR - 7 AM 11: 29

STATE OF INDIANA

MICHAEL A BROWN RECORDER

COUNTY OF LAKE

) ss:

HEIRSHIP AFFIDAVIT

Hattie Lomax, being first duly sworn upon her oath, deposes

- That Hattie Lomax is 60 years old and the daughter of Martha Lee Chambers and makes this affidavit based upon her own personal knowledge.
- 2. That by Survivorship Affidavit recorded January 9, 1991 as Document No. 91001679 in the office of the Recorder of Lake County, Indiana, Martha Lee Chambers acquired title to the following described real estate located in Lake County, Indiana, to-wit: The East Forty-one (41) feet of Lot Seven (7), Block Twenty-eight (28) Original Town of Tolleston, now in the City of Gary, Lake County, Indiana, together with all improvements thereon and thereto belonging.
- 3. That Martha Lee Chambers died intestate on the 19th day of March, 2005, at which time a resident of Lake County, Indiana, and left surviving her heir Hattie Lomax, leaving no other child or children or descendants of a deceased child or children surviving.
- 4. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: the allowance, if any, provided by IC 29-1-4-1, the costs and expenses of administration, and reasonable funeral expenses.
- 5. At the death of Martha Lee Chambers, pursuant to the laws of the State of Indiana the title to the above-described real estate vested in Hattie Lomax as the sole surviving heir of Martha
- The purpose of this affidavit is to induce Indiana Title Network Company to provide title insurance for the above-described real estate, and to induce the Lake County Auditor to show the transfer on his records. DULY ENTERED FOR TAXATION SUBJECT TO

AFFIANT FURTHER SAYETH NOT.

MAR - 7 2006 Háttie Lomax

FINAL ACCEPTANCE FOR TRANSFER

Subscribed and sworn to before me, a Notary Public AKE CADDITOR personally appeared Hattie Language day of March, 2006, AUDITOR

personally appeared Hattie Lomax and acknowledged the execution of the foregoing Affidavit. IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 1-21-07

> Notary Pub Resident of

County, IN

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF Attorney at Law 325 N. Main St., Crown Point, IN 46307, (219) 662-8200 Our File No. 2634799-01

Official Seal DOUGLAS R. KVACHKOFF Resident of Lake County, IN SEAL My commission expires January 21, 2007

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Bellin To INDIANA TITLE NETWORK COMPANY 325 NORTH MAIN CROWN POINT, IN 46307

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:
 - I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
 - 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.

This Document is the property of the Lake County Made Signature of Declarant

Finted Name of Declarant