

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 028228

2007 APR - 5 AM 10: 52

MICHAEL A. BROWN RECORDER

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )

)SS:

COUNTY OF LAKE

On this 27<sup>TH</sup> day of MARCH, 2007, before me personally appeared SHELLEY K. BALLANTINE who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

LOT 16, BLOCK 7, HYDE PARK ADDITION IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 12 PAGE 3 IN LAKE COUNTY, INDIANA.

- 2. That said premises were formerly owned as tenants by the entireties by MICHAEL L. BALLANTINE and SHELLEY K. BALLANTINE, husband and wife.
- 3. That said MICHAEL L. BALLANTINE died on DECEMBER 28, 2006, a resident of Lake County, Indiana, leaving no Will. This Document is the property of
- 4. That by reason of the death of MICHAEL L. BALLANTINE, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.
- 5. That on the date of the death of MICHAEL L. BALLANTINE, said parties, namely, MICHAEL L. BALLANTINE and SHELLEY K. BALLANTINE, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

STATE OF INDIANA

SS:

**COUNTY OF LAKE** 

Shelley K. Ballantine

Before me, the undersigned, a Notary Public in and for said County and State, this 27<sup>TH</sup> day of MARCH, 2007, personally appeared SHELLEY K. BALLANTINE 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:

County of Residence:

COLETTE G. WILSON
Lake County
My Commission Expires
November 19, 2010

Notary Public

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law 162 Washington Street, Lowell IN 46356 FILE NO. 07-16032

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS REQUIRED BY LAW.

APR - 4 2007

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR  $(\mathcal{F})$ 

**004468**A

## This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

## PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY
HEALTH DEPARTMENT
155 Indiana Ave Suite 104
Valparaiso IN 46383

2006-1388

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