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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 077119
Chicago Title Insurance Company

2008 NOV 13 AM 9:26
MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 11-6-08 before me personally appeared _____
(insert date)

Nora Brown

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner _____;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Charles Gallo and Josephine Gallo _____;
4. Said Charles Gallo _____
(fill in name of co-tenant who died)
died on June 18, 2007 _____
leaving NO _____ will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
Lot 35 Indian Ridge Add. Unit 4, Block 2, in the City of Crown Point, as per plat thereof recorded in Plat Book 67 page 45, in the Office of the recorder of Lake County, Indiana.

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

① 620084987

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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PB

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Chicago Title Insurance Company

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

(If answer is "Yes," identify the divorce proceedings:

-----);

8. Affiant's relationship to the deceased was my father daughter

Signature: Nora Brown

Printed Name Nora Brown

Address: 2456 Medera Pt

Valpo. IN. 46385

Subscribed and sworn to before me by the affiant

this 11-6-08
(insert date)

Julie Metzger
Notary Public

Printed Name -----

My County of Residence is: -----

In the State of -----

My Commission Expires -----

This instrument prepared by Nora Brown

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 Julie Metzger

