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CHICAGO TITLE INSURANCE COMPANY



# Chicago Title Insurance Company

120085220

## SURVIVORSHIP AFFIDAVIT

2008 079532

On this 11/10/08 before me personally appeared \_\_\_\_\_  
(insert date) Mary A. St. Hilaire

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 Mark D. St. Hilaire and Mary A. St. Hilaire

4. Said Mark D. St. Hilaire  
died on 8/20/08  
(fill in name of co-tenant who died)

leaving \_\_\_\_\_ will;  
(insert "a" or "no"; if will left, attach a copy)

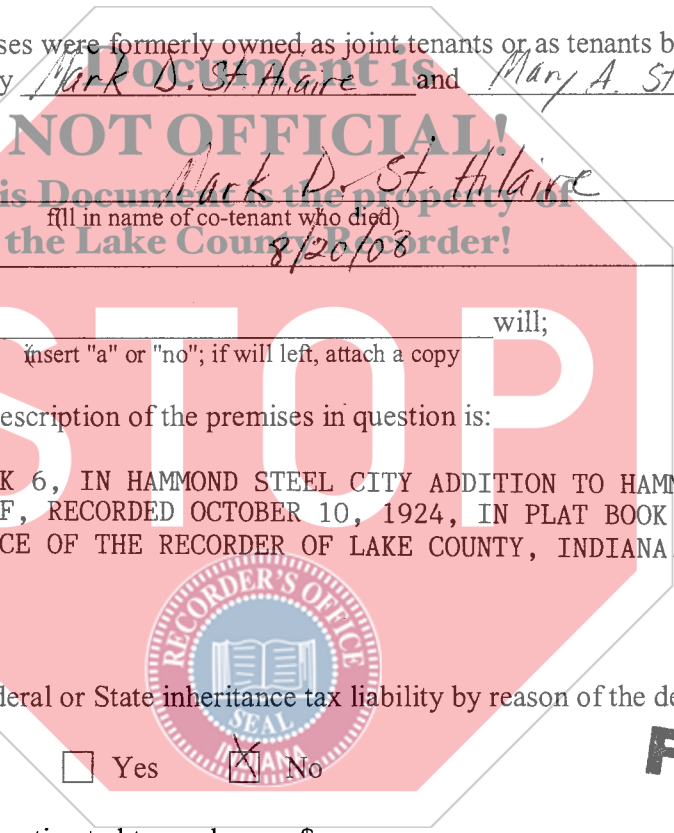
5. The legal description of the premises in question is:

LOT 15, IN BLOCK 6, IN HAMMOND STEEL CITY ADDITION TO HAMMOND, AS  
PER PLAT THEREOF, RECORDED OCTOBER 10, 1924, IN PLAT BOOK 17 PAGE  
18, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

6. Is there Federal 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..



2008 NOV 11 AM 9:16  
RECORDER  
LAKE COUNTY  
FILED FOR RECORD

**FILED**

NOV 20 2008

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

16-  
LP  
CT

017989

(1)

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 Wife

Signature: Mary A. St. Hilaire

Printed Name Mary A. St. Hilaire

Address: 4026 S. Henry Ave.

Hammond, IN 46327

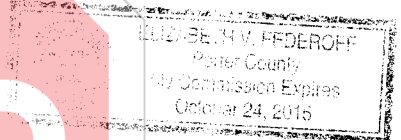
Subscribed and sworn to before me by the affiant

This

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

10/10/08  
(insert date)

Elizabeth V. Federoff  
Notary Public



Printed Name

Elizabeth V. Federoff

My County of Residence is:

Porter

In the State of

Indiana

My Commission Expires

10/24/08

This instrument prepared by

Mary A. St. Hilaire

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. Vaun Federoff



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2096-08

State No. ....

Form containing fields for decedent information (Mark D. St. Hilaire), birth details (Oct. 18, 1955), residence (Hammond, IN), cause of death (Cardiovascular Disease, Diabetes Mellitus, Hypertension, Morbid Obesity), and certifier information (Geri C. Drowning MD).