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STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

2010 053145

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 SEP 14 PM 2:40

MICHELLE R. FAJMAN  
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Roseanne Sopher, after being duly sworn upon her oath, now states as follows:

1. That she is the daughter of Blima Schloss and knew her for over forty years.
2. That on September 17, 1985, Blima Schloss and Roseanne Sopher, acquired certain real estate as joint tenants with rights of survivorship located in the Town of Munster, Lake County, Indiana which is legally described as follows:

Petso. Sub. Pt. Lot 1 Harrison Heights Condominium Apt #111 & Garage 111

Parcel No. 45-06-24-452-011.000-027

More commonly known as: 8750 Harrison Avenue, Apt. #111, Munster, IN

4. On June 26, 2009, said Blima Schloss died. A copy of the Death Certificate is attached hereto as Exhibit "A".
5. This Affidavit is brought for the purpose of transferring title to the above-described real estate into the name of Roseanne Sopher, and for no other reason.

*Roseanne Sopher*  
Roseanne Sopher

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**FILED**

SEP 14 2010

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

004071

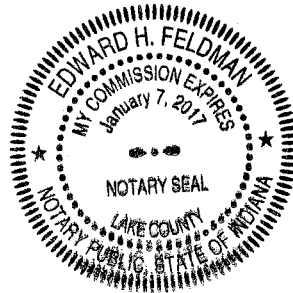
STATE OF INDIANA        )  
                                  )SS:  
COUNTY OF LAKE        )

Before me, the undersigned, a Notary Public in and for said county and state, this 25<sup>th</sup> day of August, 2010 personally appeared Roseanne Sopher, and acknowledged the execution of this foregoing Affidavit of Survivorship. It witness whereof, I have hereunto subscribed my name and affixed by official seal.

Edward H. Feldman  
Notary Public, Edward H. Feldman

My Commission Expires: 1-7-2010

County of Residence: Lake



*This Affidavit was prepared by Edward H. Feldman, Attorney at Law,  
2833 Lincoln Street, Suite B, Highland, IN 46322 (219) 838-8200*

*↗*

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.

Edward H. Feldman  
Edward H. Feldman



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2323-09

State No.

Main form containing fields for decedent's name (Blima Schloss), sex (Female), date of death (June 26, 2009), social security number (310-32-2864), date of birth (October 15, 1925), birthplace (Poland), education (9-12th grade), cause of death (Severe Aortic Stenosis and Severe Chronic Obstructive Pulmonary Disease), and certifying physician (Dr. A. Gandhi).