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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 028684

2011 MAY 24 PM 1:25

**AFFIDAVIT OF SURVIVORSHIP**

MICHAEL J. CASMAN  
RECORDER

Comes now Tina M. Costas, being duly sworn upon her oath and states as follows:

That Tina M. Costas is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

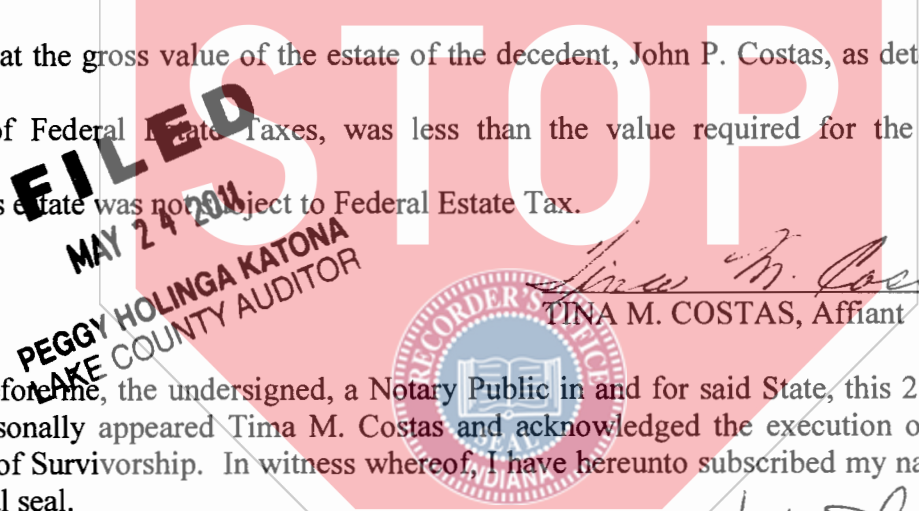
LOT 3 IN HOMESTEAD HEIGHTS ADDITION TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED APRIL 14, 1988 IN PLAT BOOK 63 PAGE 63, AND AMENDED BY CERTIFICATE OF CORRECTION RECORDED MAY 5, 1988 AS DOCUMENT NO. 975803, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 10089 Olcott Avenue, St. John, Indiana 46373.

That the decedent, John P. Costas and Tina M. Costas acquired title, as husband and wife, to said real estate.

That John P. Costas died on the 18<sup>th</sup> day of June, 2010, at which time this affiant acquired title to the real estate.

That the gross value of the estate of the decedent, John P. Costas, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.



*Tina M. Costas*  
TINA M. COSTAS, Affiant

Before me, the undersigned, a Notary Public in and for said State, this 20<sup>th</sup> day of May, 2011, personally appeared Tina M. Costas and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: April 13, 2018

*Richard E. Vawter*  
Richard E. Vawter, Notary Public  
Resident of Lake County

026339

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.

NAME: *Richard E. Vawter*  
Richard E. Vawter

13<sup>th</sup>  
7769  
Rd



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1924-10

State No.

Form containing fields for decedent's name (JOHN P. COSTAS), date of death (JUNE 18, 2010), social security number (385-30-3543), birth date (OCTOBER 6, 1933), cause of death (Multiple recurrent cerebral infarctions and embolisms), and certifying physician (Spencer J. Markowitz).