

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

2011 04 14 26

On this 27<sup>th</sup> day of JULY, 2011, before me personally appeared KATHRYN PENDOSKI, 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 Indiana, more particularly described as follows:

LOTS 6 AND 7, IN THE NORTH HALF OF BLOCK 25, DALECARLIA, AS SHOWN IN PLAT BOOK 28 PAGE 9 IN LAKE COUNTY, INDIANA.

2. That said premises were formerly owned as tenants by the entireties by MARTIN JOHN PLESE and BETTY M. PLESE, husband and wife.

3. That said MARTIN JOHN PLESE died on JANUARY 5, 2002, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of MARTIN JOHN PLESE, 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 MARTIN JOHN PLESE, said parties, namely, MARTIN JOHN PLESE and BETTY M. PLESE, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

WEST INDIANA TITLE  
162 WASHINGTON STREET  
LOWELL, IN 46356  
219-696-0100

*Kathryn J. Pendoski*  
KATHRYN J. PENDOSKI

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

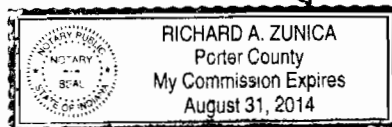


Before me, the undersigned, a Notary Public in and for said County and State, this 27<sup>th</sup> day of JULY, 2011, personally appeared KATHRYN J. PENDOSKI and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

County of Residence:



*[Signature]*  
Notary Public

028051

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.

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law  
162 Washington Street, Lowell IN 46356

**FILED**

AUG 02 2011

FILE NO. 10-18262

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 3041  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM   
CLERK AD