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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 052515

2012 AUG -6 PM 3: 50

MICHAEL J. FAJMAN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Affiant, RUTH GEROLD, after being first duly sworn upon her oath, deposes and states as follows:

1. That she is an adult Daughter of MARJORIE M. CROM, who is now deceased.
2. That MARJORIE M. CROM died testate, a resident of Lake County, Indiana, on October 10, 1998.
3. That LOWELL L. CROM and MARJORIE M. CROM, Husband and Wife, held title to the following-described real estate, namely:

The West half of the following: Part of the East half of the West half of the Southwest quarter of the Southwest Quarter of Section 9, Township 36 North, Range 9 West of the 2<sup>nd</sup> P.M., described as commencing at a point 396 feet South of the Northeast corner thereof and running thence South 66 feet, thence West 330 feet to the West line of said tract, thence North 66 feet, thence East to the point of beginning, in the City of Hammond, Lake County, Indiana.

Commonly known as: 7133 Schneider Avenue, Hammond, Indiana 46323  
Parcel Number: 45-07-09-352-005.000-023

4. That the expenses of the last illness and burial of MARJORIE M. CROM have been paid in full; that no estate has been or will be opened in any Court of record, in the State of Indiana or any other State; and that there is no federal estate tax due and owing in said Decedent's Estate.
5. That Affiant makes this Affidavit to complete the chain of title to the Real Estate, and for purposes of clearing title for sale transaction purposes.

FURTHER YOUR AFFIANT SAYETH NOT.

*Ruth Gerold TTE*  
RUTH GEROLD

After recording please  
return to:  
Lake Region Title Insurance Co.  
130 N. Main St.  
Crown Point, IN 46307

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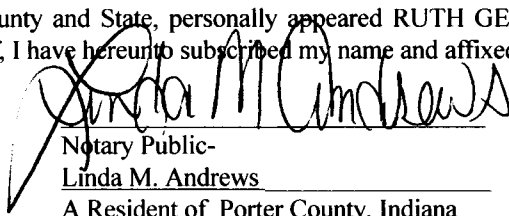


**FILED**  
AUG 06 2012  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

#13  
CK# 001819  
013660  
CW

STATE OF INDIANA    )  
                                  ) SS:  
COUNTY OF LAKE    )

Before me, a Notary Public, in and for said County and State, personally appeared RUTH GEROLD, and acknowledged the execution of the foregoing Instrument. In Witness whereof, I have hereunto subscribed my name and affixed my Official Seal.

  
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Notary Public-  
Linda M. Andrews  
A Resident of Porter County, Indiana

My Commission Expires:

*I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law and this document was prepared by David M. Austgen, AUSTGEN KUIPER & ASSOCIATES, P.C., 130 North Main Street, Crown Point, Indiana, 46307.*

