STATE OF INDIAMA LAKE COUNTY FILED FOR RECORD

2013 JUL -9 AM 9: 45

2013 049499 STATE OF INDIANA )

SS:

MICHAEL B. BROWN RECORDER

**COUNTY OF LAKE** 

## **AFFIDAVIT**

- I, Arthur Dennis Gilliam, being duly sworn, state as follows:
- 1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
- 2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 73 IN SHADY LAWN SECOND SUBDIVISION AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 33, PAGE 99, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Tax Key No.: 45-16-17-477-002.000-042

Commonly known as: 529 Sherwood Drive, Crown Point, IN 46307

the Lake County Recorder!

Grantee's Address: 455 Mohawk Drive, Lowell, IN 46356

- 3. I acquired title to said real estate upon the death of Barbara W. Gilliam, who died on June 6, 2013, having executed and recorded a transfer on death deed dated August 9, 2010, and recorded in the Office of the Lake County Recorder on August 25, 2010, as Document No. 2010-049139.
- 4. Attached hereto is a certified copy of the decedent's death certificate certifying the death of Barbara W. Gilliam.
  - 5. I am the only designated beneficiary surviving the decedent.
- 6. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Arthur Dennis Gilliam, Affiant

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JUL 0 9 2013

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

STATE OF INDIANA	)
	) SS:
COUNTY OF LAKE	)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Arthur Dennis Gilliam, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this gully, 2013.

My commission expires: 02/03/2018

Signature: Aesa A. Potacki

Document Resident of: Lake County, Indiana

NOT OFFICIAL!

This Document is the property of

"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

<ol> <li>Decedent's Legal Name (Fire</li> </ol>		2049		E	DR No 000		38			e No		****		
	st, Middle, Last	i			1a. Maiden Na	me (if female)		2. Sex	3	Time (	Of Death	4. Date	Of Death (Month/Day/Y	
BARBARA W GILLIA  5. Social Security Number   6a		6b. Under 1	1 Year   6c	. Under 1 Mo	ZEMAN onth 6d. Under 1 Day	6e. Under 1 Hou	r J 7 Date		IALE onth/Day/Year		05 PM	ty and State	06/05/2013 or Foreign Country)	
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2. City Or Town, State, And Zip Code						13. County Of Death					14. Marital Status At Time Of Death			
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MES ZEMAN Informant's Name			24a	Relationship	To Decedent	MARIA ZEMA 24b. Mailing Addres		nd Number	ity State 7i	Code)	CER	NY		
ENNIS GILLIAM			so			455 MOHAW					i			
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.