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SURVIVORSHIP AFFIDAVIT

COMMITMENT/POLICY 1300586

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2013 054499

Margaret Kidd, being first duly sworn upon oath,
deposes and says:

1. That Affiant's spouse, Hermad E Kidd died
(without leaving a will) (leaving a will) on 7/21/12

20 12 at St. Anthony Medical Center of Crown Point, IN

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

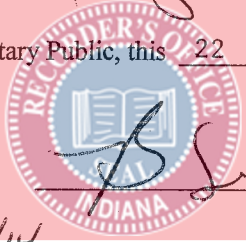
THE NORTH HALF OF THE WEST HALF OF LOT 49, IN ORIGINAL TOWN OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 1, PAGE 46, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further Affiant sayeth not.

Margaret Kidd

Subscribed and sworn to before me, a Notary Public, this 22 day of July 2013.



Notary Public

FILED

JUL 24 2013

My Commission Expires: 12/28/14

County of Residence: Porter

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

This Instrument prepared by Margaret Kidd

004428

① BT 1300586



14.00
CT
NON CONT
AD

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2013 JUL 25 AM 10:28



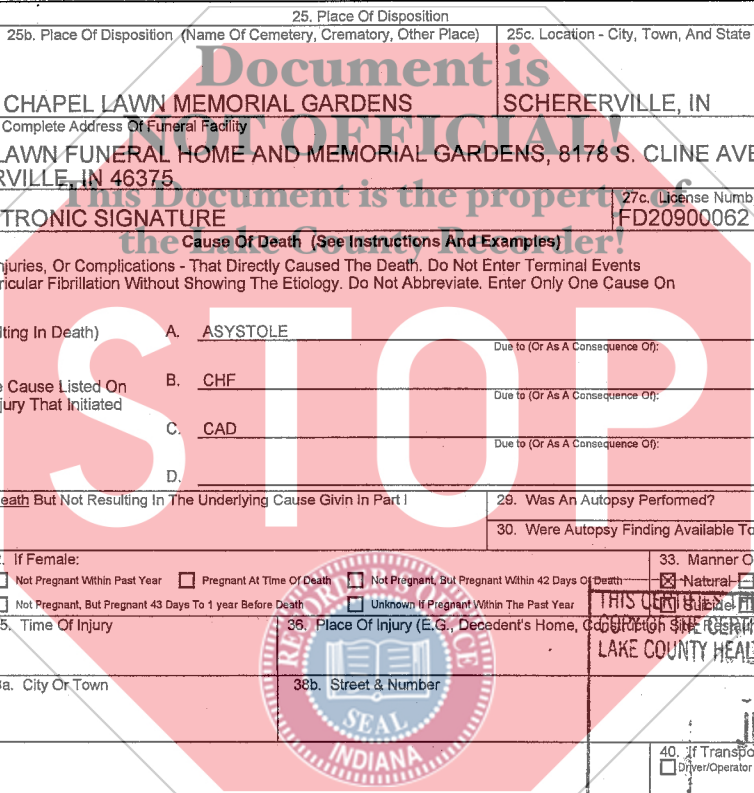
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002331

EDR No 00000271027

State No 033315

Form containing fields for decedent information (HERMAN E KIDD), social security number, date of birth (09/20/1931), place of death (LAKE), surviving spouse (MARGARET KIDD), cause of death (ASYSTOLE), and certifier information (ZAFAR ULLAH KHALID).



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.