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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 055888

2013 JUL 30 PM 3: 30

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

I, Dorothy C. Greinke, 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:

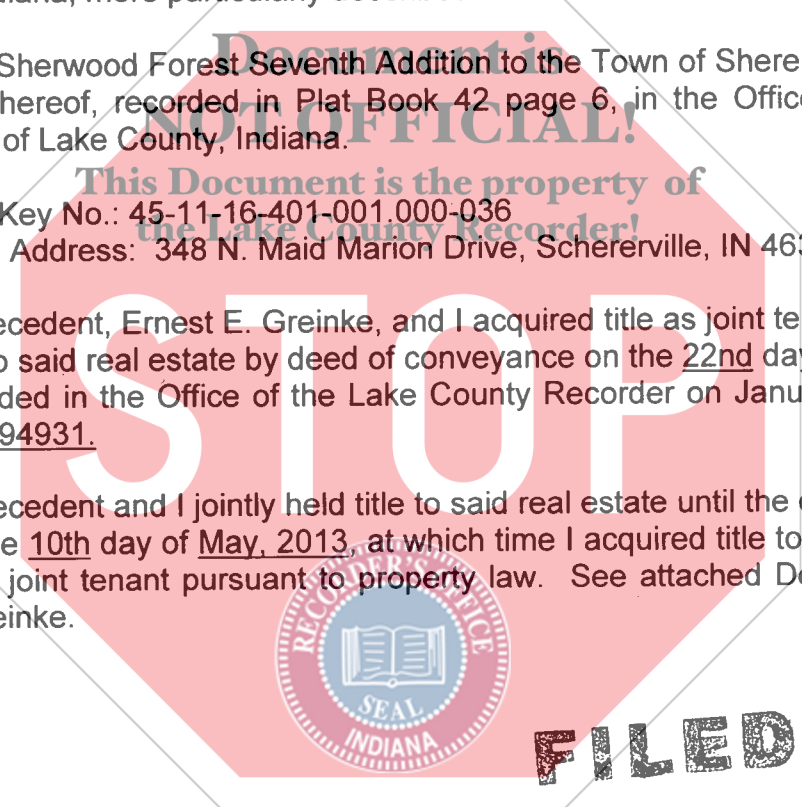
Lot 85 in Sherwood Forest Seventh Addition to the Town of Shererville, as per plat thereof, recorded in Plat Book 42 page 6, in the Office of the Recorder of Lake County, Indiana.

New Tax Key No.: 45-11-16-401-001.000-036

Grantee's Address: 348 N. Maid Marion Drive, Schererville, IN 46375

3. The decedent, Ernest E. Greinke, and I acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 22nd day of December, 1986, and recorded in the Office of the Lake County Recorder on January 6, 1987 as Document No. 894931.

4. The decedent and I jointly held title to said real estate until the death of Ernest E. Greinke on the 10th day of May, 2013, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Ernest E. Greinke.



**FILED**

JUL 30 2013

PEGGY HOLINGAKATONA  
LAKE COUNTY AUDITOR

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CHK# 6684  
Ca

14073

1Ref

5. 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.

Dorothy C Greinke  
Dorothy C. Greinke, Affiant

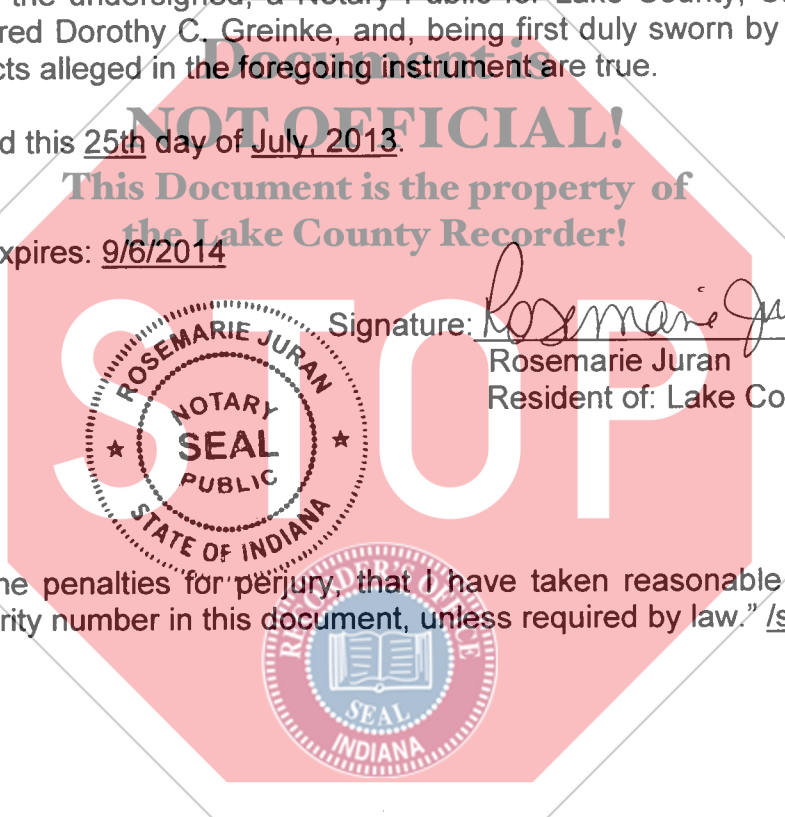
STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

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

Signed and sealed this 25th day of July, 2013.

My commission expires: 9/6/2014

Signature: Rosemarie Juran  
Rosemarie Juran  
Resident of: Lake County, Indiana



"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

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001733

EDR No 00000323421

State No

Form containing fields for decedent information (Name, Sex, Date of Birth, etc.), cause of death (Congestive heart failure, etc.), and certifier information (Liza R Parikh).