SURVIVORSHIP AFFIDAVIT

PATRICK J. RINCON, being duly sworn upon her oath, deposes and says:

That PATRICK J. RINCON and MARY E. RINCON a/k/a MARY ELIZABETH 1. RINCON, husband and wife, obtained title to the below described real estate by Warranty Deed recorded on December 8, 1993 and assigned Document Number 93082432:

> Lot 6 in Unit 3 in Rita's Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 63 Page 32, in the Office of the Recorder of Lake County, Indiana.

Tax Key#: 45-11-16-483-013.000-036

Commonly Known As: 2302 Grand Avenue, Schererville, IN 46375

That the marital relationship which existed between PATRICK J. RINCON and MARY E. RINCON a/k/a MARY ELIZABETH RINCON at the time they acquired title to said real estate remained in effect and unbroken until OCTOBER 26, 2013, the date of MARY E. RINCON's death

That MARY E. RINCON a/k/a MARY ELIZABETH RINCON passed away on OCTOBER 26, 2013, thus leaving her Husband, PATRICK J. RINCON, as surviving owner in fee simple of the subject real estate. (See Certificate of Death for Mary E. Rincon attached as Exhibit "A") ecorder!

> That all of the assets of said decedent, which would be includable 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.

> > PATRICK J. RINCON, Affiant

STATE OF INDIANA COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, this day of 2014.

ublic - Printed

My Commission Expires:

County of Residence: Lake

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

Randy H. Wyllie, Attorney

This Instrument Prepared by: Randy H. Wyllie, Wieser & Wyllie, LLP, 429 West Lincoln

Highway, Schererville, IN 46375

•FEB 0 7/2014

20681

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

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RY ELIZABETH RING	CON		144 <u>22 24</u>	NOLAN		FEM. 7. Date of Birth (Mor		02:53 AM 8. Birthplace (City		10/26/2013
Social Security Number 6a. Age	e-Yrs 6	b. Under 1 Yea	ar 6c. Under 1 N	Month 6d. Under 1 Da	ay 6e. Under 1 Hour					,
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City Or Town, State, And Zip Cot	16							Married ☐	Married, Bu	it Separated
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TRICK RINCON Residence - State		- 18	8a. County		18b. City Or To		NOE3		<u>LD O O I I</u>	
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2 GRAND AVENUE								463	375	⊠ Yes □ No
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Father's Name (First, Middle, Las	it)				23. Mother's Name	(First, Middle, Last)		25a. W	nouter a twan	dell Last Namo
IARLES NOLAN					CATHERINE	NOLAN ss (Street And Number	City State 7		ONALD	
Informant's Name				iship To Decedent		D AVENUE, SC			5	
TRICK RINCON			HUSBAN			JAVENUE, SU	HEINEIN	ILLE, IN HOUT	J	
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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.