STATE OF INDIANA
LAKE COUNTY FILED FOR RECORD

2014 008337

2014 FEB 12 PM 12: 43

MICHAEL B. BROWN RECORDER

STATE OF INDIANA

COUNTY OF LAKE

) SS:

AFFIDAVIT OF SURVIVORSHIP

I, Judith A. Havran, 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 11, Block 1, Lake Shore Addition to Cedar Lake, as shown in Plat Book 20, page 9, in Lake County, Indiana.

Grantee Address/Commonly known as: 13900 Butternut Street, Cedar Lake, IN 46303

Tax Key No.: 45-15-27-451-009.000-014

3. The decedent, Richard M. Havran, and myself acquired the as joint tenants ight of survivorship to said real estate by deed of conveyance on the 12th day of

with right of survivorship to said real estate by deed of conveyance on the 12th day of September, 1975, and recorded in the Office of the Lake County Recorder on October 23, 1975 as Document No. 322415.

4. The decedent and myself jointly held title to said real estate until the death of Richard M. Havran on the 7th day of August 2012, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Richard M. Havran.

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.

uduk A. Havr th A. Havran, Affiant

010669

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 10th day of February, 2014.

My commission expires: 09/06/2014

Signature: ______

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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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Decedent's Legal Name (First, N	ladie, Last)				"	a, manani man	e (II lemale)	2. 8	eχ	3. Time	Of Death	4. Do	ite Of Death (Month/De
RICHARD M HAVRAN									N	1ALE	80	:00 PM		08/07/2012
5. Social Security Number 6a. A	ge · Yrs	6b. Under	Year 6c.	Under 1 M	lonth Bd. (Under 1 Day	8e. Unde	ri Hour 7. D	ate of Birth (Month/Day/	Year) 8.	. Birthplace	(City and Sta	nte or Foreign Country)
9. Ever in U.S Armeg Forces?	,	Months	Day	/S	Hour	75	Minutes	<u>_</u>	03/18	/1937	E	EAST C	HICAGO	, IN
	10. If Death	Occurred in	A Hospital:				10a. If De	e Facility	omewhere Ot Decedent's			Home/Long	-term Care Fr	acility
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12. City Or Town, State, And Zip Co	de			***************************************	*******************************	······································	13.	County Of Deat	h			14. Mantal	Status At Tir	ne Of Death
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15 Surviving Spouse's Name			***************************************		15a. (If Wil	fe)Give Maiden		I XL	16. Dec	edent's Usc	el Occupat			nd Of Business/Industr
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MICHAEL HAVRAN							44 MY 1	(6) (7) 6) 1						****
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IUDITH HAVRAN			WIF	Е		- 1		UTTERNU				-	46303	
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