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STATE OF INDIANA
COUNTY OF LAKE

) LAKE COUNTY CIRCUIT/SUPERIOR COURTS
)SS SITTING AT LAKE COUNTY, INDIANA
) CONTINUOUS TERM 20_____

SURVIVORSHIP AFFIDAVIT

Being duly sworn upon her oath, CARMEN D. AMADO states:

1. That she is the widow of CELSO M. AMADO;
2. That the said CELSO M. AMADO was a resident of Lake County, Indiana, where he died on the 26th day of March, 2011. See Certified Death Certificate attached as **Exhibit A**.
3. That the late CELSO M. AMADO and his widow CARMEN D. AMADO were the owners, as Husband and Wife, of real estate located in Lake County, Indiana, to-wit:
Lot 20 in River Ridge Estates Unit No. 2, in the City of Lake Station, as per plat thereof, recorded in Plat Book 47 page 12, in the Office of the Recorder of Lake County, Indiana.

Pursuant to Indiana Code 32-17-3-1, upon CELSO M. AMADO'S death, his widow CARMEN D. AMADO now owns the property in her sole name.

Wherefore CARMEN D. AMADO, surviving owner of the property mentioned above files this affidavit of Survivorship and requests that the deed be transferred into her name only.

Further your affiant sayeth not.



Carmen D. Amado
CARMEN D. AMADO, Affiant

FILED

FEB 12 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

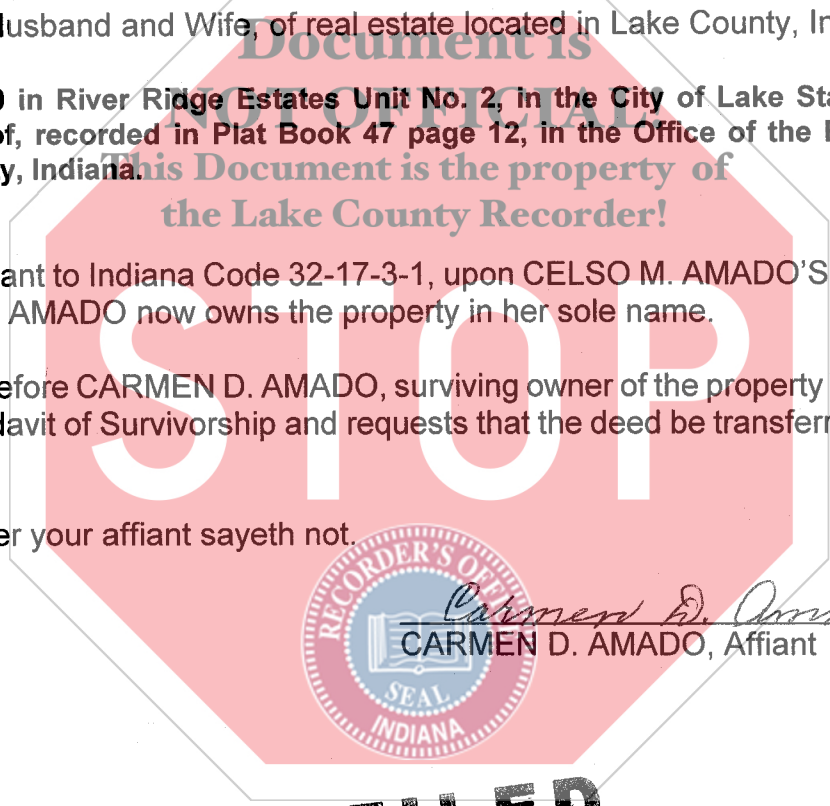
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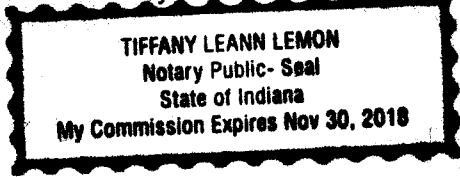
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
2014 FEB 12 PM 3:50



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

CARMEN D. AMADO personally appeared before me, a Notary Public of the State of Indiana and acknowledged the execution of this Affidavit of Survivorship.

WITNESS my hand and Notarial seal, this 12th day of February, 2014.



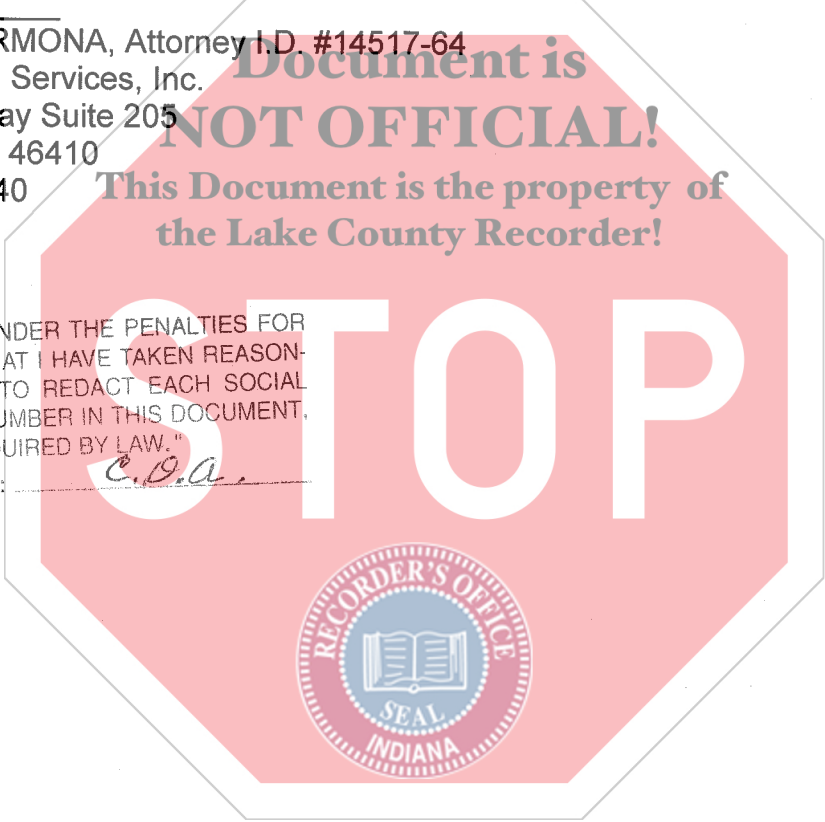
Tiffany Leann Lemon
Notary Public
Residing in Lake County
State of Indiana

My Commission Expires:

Nov. 30, 2018

Prepared by:

GALE P. CARMONA, Attorney I.D. #14517-64
Indiana Legal Services, Inc.
7863 Broadway Suite 205
Merrillville, IN 46410
(219) 738-6040



"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."
PREPARED BY: C.P.A.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001013

EDR No 00000191538

State No 013930

Form containing fields for decedent's name (CELSO M AMADO), date of death (03/26/2011), cause of death (END STAGE RENAL DISEASE), and certifier information (LYLE R MUNN).