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MICHAEL B. BROWN RECORDER

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SURVIVORSHIP AFFIDAVIT

State of Indiana	,)
) SS
County of Lake)

Comes now Joyce M. Higgins, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

- 1. Joyce M. Higgins is an adult residing at 9548 Elmwood Drive, Munster, Indiana 46321, and has personal knowledge of the facts stated herein.
- 2. Joyce M. Higgins is the owner of the following described real estate:

Lot 8 in Fairmeadow Twentieth Addition, Block 3 to the Town of Munster, as per plat thereof, recorded in Plat Book 41, page 135 in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 9548 Elmwood Drive

Tax Parcel Number: 1:45-07-30-453-012.000-027 property of

- 3. Charles O. Higgins and Joyce M. Higgins, husband and wife, obtained title to said real estate by virtue of the Warranty Deed made by WILLIAM C. MCAULEY and LORNA M. MCAULEY, husband and wife, dated May 13, 1994, and recorded May 20, 1994, as document number 94038235, in the Office of the Recorder of Lake County, Indiana.
- 4. Charles O. Higgins died on May 9, 2013, a resident of Lake County, Indiana. A certified copy of the Indiana Department of Health Certificate of Death of Charles O. Higgins is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.
- 5. There were no Federal Estate or State Inheritance taxes due by reason of the death of Charles O. Higgins.
- 6. Charles O. Higgins and Joyce M. Higgins were husband and wife at the time they acquired title to said real estate and they were never divorced.

(Survivorship Affidavit – page 1 of 2)

FILED

MAR 1 4 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

00967

15. jl CASI 7. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Joyce M. Higgins is the sole owner of said real estate and to place of record with the Lake County Recorder's Office evidence that Joyce M. Higgins is the sole owner of said real estate.

Further Affiant saith not.

County of Lake

IN WITNESS WHEREOF, Joyce M. Higgins, the Affiant, has executed this Survivorship Affidavit this $4^{\tau H}$ day of March, 2014.

Signature: Joyce M. Higgins

State of Indiana
)
) SS:

Before me, the undersigned Notary Public in and for said County and State, personally appeared Joyce M. Higgins, and acknowledged the execution of the foregoing Survivorship Affidavit, and who, being first duly sworn upon her oath, stated that the facts alleged therein are true.

Withess it, hand and Notarial Seal this 14 Th day of March, 2014.

Document is
NOT OFFICIAL!
is Document is the property of
the Lake County Recorder!

My County of Residence: Porter My Commission Expires: June 17, 2018

My Commission Expires. June 17, 2010

After Recording, Return To: Chris Fox

Attorney at Law 516 E. 86th Ave.

Merrillville, IN 46410

Mailing Address of Affiant:

9548 Elmwood Drive Munster, IN 46321

This Survivorship Affidavit was prepared by Chris Fox, Attorney at Law, #19091-64, 516 East 86th Avenue, Merrillville, IN 46410 (219/791-1520).

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. <u>Chris Fox</u>

(Survivorship Affidavit – page 2 of 2)

erly Ann Nelson, Notary Public

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 001665	EI	EDR № 000000323074			St	State No 022592				
Decedent's Legal Name (First, Middle, Last)			1a, Maiden Nar		2.	Sex	3. Time Of	Death	4. Date C	Of Death (Month/Day/Year
HARLES O HIGGINS			_			MALE	04:2	5 PM		05/09/2013 or Foreign Country)
Social Security Number 6a. Age - Yrs 6b. Unc	der 1 Year	6c. Under 1 Mor	nth 6d. Under 1 Day	6e. Under 1 Hour 7.	Date of Birth	(Month/Day/Y				
71 Months		Days	Hours	Minutes 10a. If Death Occurred		1/1941		DLDEN P	OND, K	(Y
Ever in U.S. Armed Forces? 10. If Death Occurred				☐ Hospice Facility	Deceden			me/Long-tern	n Care Facil	lity
· · · · · · · · · · · · · · · · · · ·		partment Outpatie	ent Dead on Arriva	Other (Specify)						
Facility Name (If Not Institution, Give Street and Nur JNSTER COMMUNITY HOSPITAL										
City Or Town, State, And Zip Code		13. County Of Death				14. Marital Status At Time Of Death ☑ Married ☐ Married, But Separated ☐ Divorce				
UNSTER, IN, 46320				LAKE				Widowed	☐ Neve	er Married L Unknown
Surviving Spouse's Name		1	15a. (If Wife)Give Maid	en Last Name	16. [ecedent's Usu	al Occupatio	n	17. Kind	Of Business/Industry
OYCE HIGGINS		Z	ZEMEN		ВО	Y SHOP	OWNER		AUTO	BODY
Residence - State	18a. C	County		18b. City Or Town						
DIANA	LAKE	<u> </u>		MUNSTER						
c. Street And Number						18d. A	pt. No.	18e. Zip	Code	18f. Inside City Limits
548 ELMWOOD DRIVE								46	321	☐ Yes ☐ No
Decedent's Education		Decedent Of His	spanic Origin	21. Dece	edent's Race					
IGH SCHOOL GRADUATE OR GE OMPLETED	_ NC	OT HISPAN	IC	White				1		idea Lagt Name
Father's Name (First, Middle, Last)				23. Mother's Name (Firs	st, Middle, Las	t)		23a. I	viotner's Ma	iden Last Name
AYMOND HIGGINS				OCIE PEARL H	IIGGINS				RELL	
1. Informant's Name	.]	24a, Relationshi	ip To Decedent	24b. Mailing Address (
OYCE HIGGINS		WIFE		9548 ELMWOO	DD DRIVE	, MUNST	ER, IN 4	6321		
a. Method Of Disposition	25b. Plac	ce Of Disposition	(Name Of Cemetery, C	lace Of Disposition Crematory, Other Place)	25c. Location	- City, Town,	And State		******	
Burial 🛭 Cremation 🔲 Donation 🗎 Entombre		. /	1)							
Removal From State Other (Specify):	MIDW	EST CREN	MATORY CU	ment	LA POR	re, in				
B. Was Coroner Contacted? 27. Name A	nd Complete	Addrose Of Fune	1.00 200						1 27a F	neral Home License Num
		Address Of Turic	eral Facility		AT				2/a. Fui	nord: Fromo Elbonob Frami
☐ Yes ☒ No MIDWES				E. HUPP ROAD	A POF	TE, IN 46	350		FH105	500015
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosu

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