

2014 016174

2014 MAR 19 PM 1:45

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: Ronald F. Eastwood, Deceased
Parcel No.: 45-11-25-477-008.000-036

SURVIVORSHIP AFFIDAVIT

Comes now Susan C. Eastwood, being duly sworn upon her oath, and states as follows:

1. That she is the surviving spouse of Ronald F. Eastwood, deceased, and makes this Affidavit based upon personal knowledge.

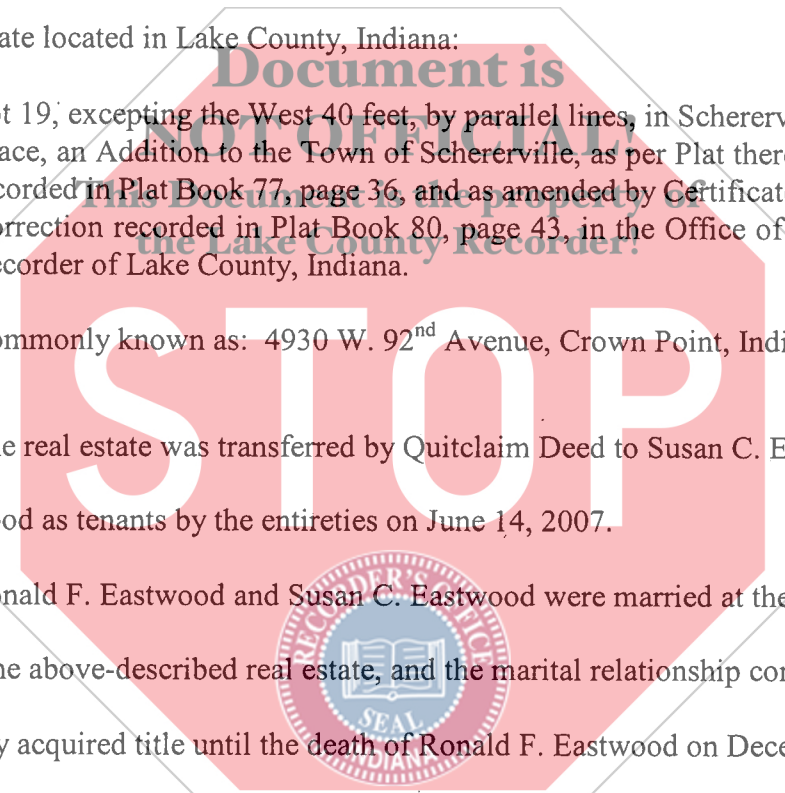
2. Ronald F. Eastwood and Susan C. Eastwood are the owners of the following described real estate located in Lake County, Indiana:

Lot 19, excepting the West 40 feet, by parallel lines, in Schererville Trace, an Addition to the Town of Schererville, as per Plat thereof, recorded in Plat Book 77, page 36, and as amended by Certificate of Correction recorded in Plat Book 80, page 43, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 4930 W. 92nd Avenue, Crown Point, Indiana 46307

3. The real estate was transferred by Quitclaim Deed to Susan C. Eastwood and Ronald F. Eastwood as tenants by the entireties on June 14, 2007.

4. Ronald F. Eastwood and Susan C. Eastwood were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of Ronald F. Eastwood on December 7, 2011, at which time Susan C. Eastwood acquired title to the real estate as surviving tenant by the entireties. (A certified copy of the death certificate of Ronald F. Eastwood, with social security number redacted, is attached hereto and incorporated herein by reference as Exhibit "A")



FILED

MAR 19 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

21577

#15
CS
CA



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003823

EDR No 00000233188

State No 054411

Form containing fields for decedent information (RONALD F EASTWOOD), birth details (12/20/1948), death details (12/07/2011), medical history, cause of death (CORONARY ARTERY DISEASE, MORBID OBESITY, HYPERTENSION, DIABETES), and certifier information (SHASHIDHAR DIVAKARUNI).

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.

Exhibit "A"