SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)SS: COUNTY OF LAKE On this 11th day of February, 2014, before me personally appeared Yolanda Kruhaj, who being duly sworn on her oath states the following: 1. That the Affiant is the daughter of Ernesto Flores, Sr. and Ernestina Flores. That the Affiant's parents are the owners of the real estate located in Lake County, State of 2. Indiana, more particularly described as follows: Lot 32 Block 15, in Park Addition to Indiana Harbor, in the City of East Chicago as per plat thereof, recorded in Plat Book 5, page 32, in the office of the Recorder of Lake County, Indiana and commonly known as 4206 Drummond Street, East Chicago, IN 46312. Key Number: 45-03-28-230-017.000-024 That said premises were formerly owned as Husband and Wife by Ernesto Flores, Sr. and 3. Ernestina Flores. Ernestina Flores died on January 12 resident of Lake County, IN and Ernesto Flores, Sr. 4. died on March 28, 2013, a resident of Lake 9 there are no Federal Estate Taxes nor Indiana That by reason of the death of Ernesto Flores, Si 5. Inheritance, Taxes due and payable by reason of the death of said Decedent. This Affidavit is thate for the purpose of clearing title to the above parcel of real estate. 6. 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. Further Affiant saith not. Yolanda Kruhaj Subscribed and Sworn to before me, the undersigned, a Notary Public in and for said County and State, this 11th day of February, 2014, personally appeared Yolanda Kruhaj and acknowledged the execution of the foregoing Affidavit. IN WITNESS WHEREQF, I have hereunto subscribed my name and affixed my official seal. "Official Seal" M. Caristine Gamez Resident Of Lake County, IN My commission expires M. Christine Gamez, Notary Public November 15, 2014 Commission Expires: 11-15-2014 This instrument was prepared by: Stephen B. Cohen, Attorney 900 Ridge Road, Suite K, Munster IN 463 2004

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	6b. Under 1 Year Months n Occurred in A Hosp at and Number) 18a. LAK 20 M C Name And Complet	6b. Under 1 Year 6c. Under 1 Month Months Days n Occurred In A Hospital: nt Emergency Department Outpatien t and Number) 18a. County LAKE 20. Decedent Of Hispi MEXICAN, ME. CHICANO 24a. Relationship DAUGHTER 25b. Place Of Disposition (Note of the position of the position) ST JOHN CEMENT	8b. Under 1 Year 6c Under 1 Month 6d. Under 1 Day Months Days Hours n Occurred in A Hospital: nt Emergency Department Outpatient Dead on Arrival t and Number) 15a (If Wife)Give Maide 15a. County LAKE 20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICHICANO 24a Relationship To Decedent DAUGHTER 25. Pictombment ST JOHN CEMETERY	1a Maiden Name (If female) Bb. Under 1 Year 6c Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour	1a Maiden Name (If female)	1a Maiden Name (If female) 2. Sex MALE 6b Under 1 Year 6c Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date of Birth (Month) Months Days Hours Minutes 12/20/192 n Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Th Hospice Facility Decedent's Home It is an in the other of Dead on Arrival 13. County Of Death LAKE 15a (If Wife)Give Maiden Last Name 16. Decedent In the other of Decedent In the other of Decedent In the other other of Decedent In the other of Decedent It is a county 18b. City Or Town SCHERERVILLE 15a (If Wife)Give Maiden Last Name 15a (If Wife)Give Maiden Last	1a Maiden Name (if female) 2. Sex 3. Time MALE 12	1a Maiden Name (if female) 2. Sex 3. Time Of Death 12:54 AM 12:54 A	1a Maiden Name (If female) 2. Sex 3. Time Of Death 4. Date MALE 12:54 AM

State Form 53396 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.