

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 16th day of MAY, 2014, before me personally appeared IRENE M. KARLOVICH BY KAREN WADAS AND CHRISTINE A. NOVAK AS POWER OF ATTORNEY, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

THE SOUTH 12 1/2 FEET OF LOT 54 AND ALL OF LOT 53 IN BLOCK 22 IN SUBDIVISION OF THAT PART OF THE EAST 4/7THS OF THE SOUTHWEST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, LYING SOUTH OF CHICAGO AVENUE, EXCEPT THE EAST 201 FEET THEREOF, IN THE CITY OF EAST CHICAGO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 15 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO: 45-03-29-358-009.000-024

- 2. That said premises were formerly owned as tenants by the entireties by JOHN W. KARLOVICH AND IRENE M. KARLOVICH, husband and wife.
3. That said JOHN W. KARLOVICH died on 12.24.06, a resident of Lake County, Indiana, leaving no Will.
4. That by reason of the death of JOHN W. KARLOVICH, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.
5. That on the date of the death of JOHN W. KARLOVICH said parties, namely, JOHN W. KARLOVICH AND IRENE M. KARLOVICH, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH, NOT.

Irene M. Karlovich, Karen Wadas - POA
IRENE M. KARLOVICH
BY KAREN WADAS AS
POWER OF ATTORNEY

Irene M. Karlovich, Christine A. Novak
IRENE M. KARLOVICH
BY CHRISTINE A. NOVAK
AS POWER OF ATTORNEY

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of MAY 2014, personally appeared IRENE M. KARLOVICH BY KAREN WADAS AND CHRISTINE A. NOVAK AS POWER OF ATTORNEY and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:



[Signature]
Notary Public

02041

County of Residence:

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.

RICHARD A. ZUNICA

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
162 Washington Street, Lowell IN 46356

FILED FILE NO. 14-20461

MAY 19 2014

PEGGY HOLINGAKATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 12.00

CASH _____ CHARGE 1847

CHECK # _____

OVERAGE _____

COPY _____

NON-COM _____

2014 028865

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
RECORDED
MAY 19 2014
AM ID: 24

