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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029472

2014 MAY 22 AM 10:27

AFFIDAVIT OF SURVIVORSHIP MICHAEL B. BROWN
RECORDER

Patricia A. Yankauskas, of adult age, being first duly sworn, upon deposes and says:

That Patricia A. Yankauskas, is the Wife of Thomas B. Yankauskas, deceased, who died on December 8, 2012 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife, acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from the Adolph Yankauskas Revocable Living Trust dated 9-16-10 recorded October 27, 2011 as Document No. 2011-059836 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Patricia A. Yankauskas, surviving spouse of the decedent.

And further affiant sayeth not this 16th day of May, 2014.

Patricia A. Yankauskas
Patricia A. Yankauskas

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 16th day of May, 2014.

WITNESS my hand and Notarial Seal.

My Commission Expires: 9-19-2019

Susan L. Mantai
Signature of Notary Public

Susan L. Mantai
Printed Name of Notary Public

Porter Indiana
Notary Public County and State of Residence

This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601



Property Address:
2101 East 217th Avenue, Hebron, IN 46341

File No.: 14-8610

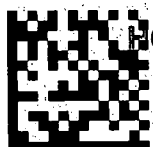
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. *Russell*

FILED

MAY 20 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

22892



HOLD FOR MERIDIAN TITLE CORP

1956049-1005

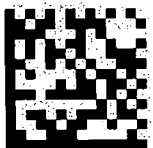
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LEGAL DESCRIPTION

Part of the Southwest Quarter of Section 14, Township 32 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana, more particularly described as follows:
Commencing at the Northwest corner of said Southwest Quarter; thence North 89° 27' 12" East along the North line of said Southwest Quarter a distance of 1530.00 feet to the Point of Beginning; thence continue along said North line North 89° 27' 12" East a distance of 50.00 feet; thence South 00° 32' 48" East and perpendicular to said North line a distance of 1040.00 feet; thence South 89° 27' 12" West parallel with said North line a distance of 500.00 feet; thence North 00° 32' 48" West a distance of 500.00 feet; thence North 85° 00' 00" East a distance of 300.00 feet; thence North 25° 00' 00" East a distance of 349.93 feet; thence North 00° 32' 48" West a distance of 200.99 feet to the point of beginning, containing 7.067 acres more or less.

Tax ID Number(s):
04-05-0016-0002

45-24-14-300-002.000-012



1956049-1005



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003844

EDR No 00000294155

State No

Form containing fields for Decedent's Name (THOMAS B YANKAUSKAS), Date of Birth (11/03/1950), Place of Birth (HAMMOND, IN), Date of Death (12/08/2012), Cause of Death (ACUTE CARDIAC ARREST), and Signatures of Certifying Physician (RANDALL LEE HILE) and Local Health Officer (SUSAN W. BEST).

