STATE OF INDIAN FILED FOR RECORD

2014 050801

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MICHAEL B. BROWN RECORDER

Case # 920142324

SURVIVORSHIP AFFIDAVIT

Comes now Bethany L Mulder, who being duly sworn upon her oath, deposes and says:

That, Margaret Vaidik, deceased who died domiciled in Lake County, Indiana, on June 23, 2010. That and Margaret Vaidik acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Lot 339 Lincoln Gardens Tenth Subdivision, as shown in Plat Book 38, page 47, in the Office of the Recorder of Lake County, Indiana.

45-12-11-304-019.000-030

Affiant states that Margaret A Vaidik releases life estate interest contained in deed recorded November 123, 2002 as Instrument Number 2002-103658. 1S

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid ounty Recorder!

This affidavit is made for the purpose of maintaining a clear record of title to the abovedescribed real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to.

Executed: August 14, 2014

STATE OF

INDIANA

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 14th day of August, 2014.

Witness my hand and Notarial Seal on this 14th day of August, 2014.

LINDA G. WIREMAN LaPorte County My Commission Expires May 07, 2017

Prepared by: Kuiph Howl.

Howes & Howes, 717 Indiana Ave, LaPorte, IN 46350

Nøtary Public Linda Wireman Resident of LaPorte County My Commission expires: 5/7/2017

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law

014564

92014-2324

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOC Decedent's Legal Name (Fir)			1a. Maiden Last N	unic (ii i cina	ite,		2. Sex	3. Time O		1		(Month/Da	
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Social Security Number	6a. Age – Yr	s 6b. Under 1 Yea		Under 1 Month	6d. Under 1 Day	6e. Under Minutes	1 Hour	4	of Birth (Month/Day/						′
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ver in U.S. Armed Forces		Death Occurred in A in patient		ot Outpatient 📆	Dead On Arrival				ome 🔲 Nursing Ho		m Care Faci	lity 🔲 Other	(Specify)		
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CROWN POINT, INDIANA					LAKE				Widow			ied Married, But Separated Divorced wed Never Married Unknown			
Surviving Spouse's Name	e			15a. (If Wife)G	ive Maiden Last Name	e	16. Deceder	nt's Usual Oc	cupation		17. Kind	Of Business/I	ndustry		
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Residence - State			18a. Cour	ity		1	City Or Town								
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HIGH SCHOOL Father's Name (First, Mic					NO	23. Moti	her's Name (Firs	•••				23a. Mother's	Maiden L	ast Name	
(N/A) VAII							ANNA HARRIGA		N		BERTA			L	
. Informant's Name			24	a. Relationship	To Decedent	24b. Ma	ailing Address (S	Street And No	imber, City, State, Z						
RICHARD M.	JOHNS	ON		SON		2694	- 197	TH AV	E., SAN	FRANC	CISCO	, CA.	94	116	
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State Form 10110 (R7/9-07) ATTENTION ESTATE. The Social Security # is being requested by this state agency in order to pursue its statutory response.