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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 077690

2014 DEC -5 PM 1:13

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, William H. Kiel, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The North Quarter of the East Half of Lot 9 and the North Half of Lot 10, excepting therefrom the East Half of the South Half of the North Half of said Lot 10 in Pon & Company's Oak Hills Subdivision as shown in Plat book 25, page 11, in the Recorders Office, Lake County, Indiana.

Grantee Address/Commonly known as: 6101 W. 117th Avenue,
Crown Point, IN 46307

3. The decedent, Lois Kiel, and myself acquired title as husband and wife to said real estate by deed of conveyance on the 10th day of May, 1978 and recorded in the Office of the Lake County Recorder as Document No. 469621.

4. The decedent and myself jointly held title to said real estate until the death of my wife Lois Kiel on the 2nd day of March, 2012, at which time I acquired title to the real estate as the surviving owner pursuant to property law. See attached Death Certificate for Lois Kiel.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Tax is less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

FILED
DEC 05 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

016863
William H. Kiel CKH
William H. Kiel, Affiant
7299
ref CA

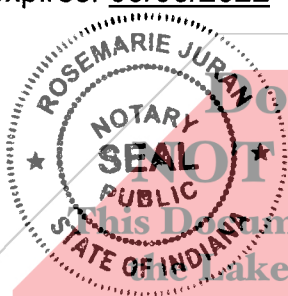
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared William H. Kiel, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 24th day of November, 2014.

My commission expires: 09/06/2022



Signature: Rosemarie Juran
Rosemarie Juran
Resident of: Lake County, Indiana



"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."

/s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

W.M.F.R.E.

Local No 000672

EDR No 00000248205

State No 009704

Form containing fields for decedent information (LOIS P KIEL), birth details (08/02/1928), death details (03/02/2012), cause of death (ACUTE PULMONARY EDEMA), and certifier information (BERNARDO SERRANO LUCENA).