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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

SS: 344 - 44 - 50 20

PAUL R. FOTSCHKY [insert name of person making affidavit], being first duly sworn upon oath, deposes and says:

1. That MARILYN J. FOTSCHKY [insert name of deceased person] (the "Decedent") died on the 22 day of MARCH, 2015 at ST ANTHONY MEDICAL CENTER & CROWN POINT. [insert location of death].
2. That the Decedent and PAUL R. FOTSCHKY [insert name of Decedent's spouse] were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

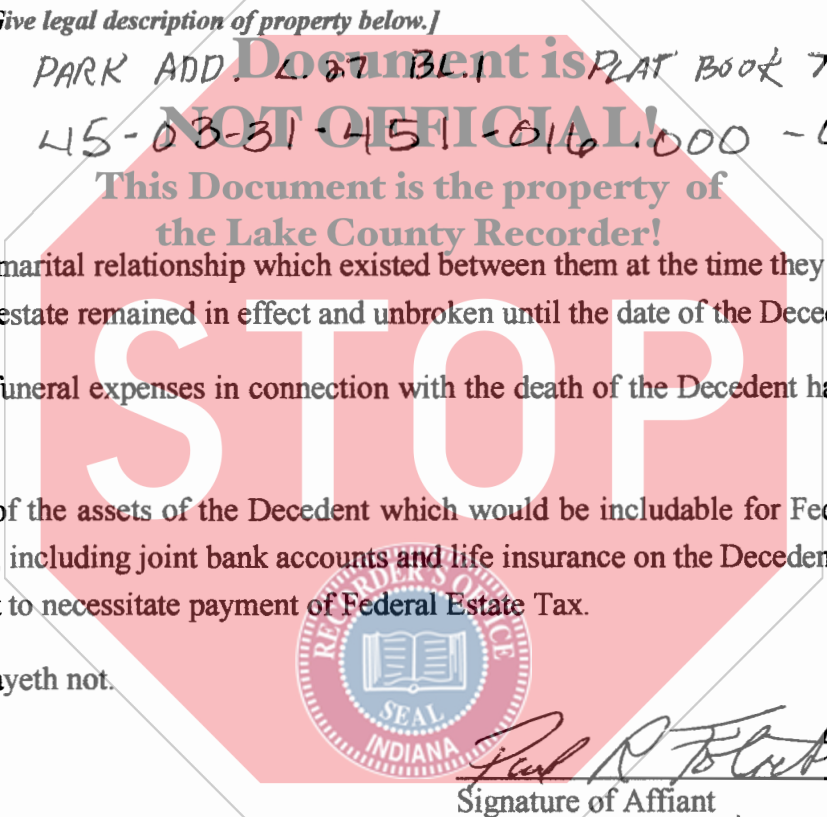
[Give legal description of property below.]

MORRIS PARK ADD. LOT 27 BL 1 PLAT BOOK 7 PAGE 14
45-03-31-451-016 1000 - 0

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of the Decedent's death.
4. That all funeral expenses in connection with the death of the Decedent have been paid in full.
5. That all of the assets of the Decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on the Decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Paul R. Fotschky
Signature of Affiant
PAUL R FOTSCHKY



2015 02 09 05

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
MICHAEL J. MOON
RECORDER
2015 APR - 3 3:22

01520

FILED

APR 09 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$ 14.00 cash for non conf

Subscribed and sworn to before me, a Notary Public, this 9 day of April, 2015.



Jennifer R. Guhl
Notary Public
My Commission Expires: 3-1-2020

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.

Paul R Fotschky
Signature
Print Name- PAUL R FOTSCHKY

County of Residence: Lake

This Instrument prepared by:

Name: PAUL R. FOTSCHKY

Address: 7515 W 128TH AVE
CGDAR LAKE IN 46303

