

2015 021139

2015 APR 10 AM 10:41

MICHAEL B. BROWN
RECORDER

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Send Tax Bills to:
3917 Henry Ave.
Hammond, IN 46327

Parcel No. 45-02-24-477-007.000-023

BT 1500084

AFFIDAVIT OF SURVIVORSHIP

Andrea S. Castrale, being first duly sworn upon oath, states as follows:

1. Affiant is the daughter of Clem S. Gora, and is qualified to make this Affidavit.
2. Clem S. Gora ("Decedent") died a resident of Lake County, Indiana, on January 12, 2012. A copy of the death certificate is attached as Exhibit A.
3. At the time of his death, Clem S. Gora and Jessie B. Gora were husband and wife, and were not legally separated.
4. At the time of his death, Clem S. Gora had an interest in real estate legally described as follows:

LOT 34 IN BLOCK 2 IN HAMMOND STEEL CITY ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 17, PAGE 18, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

commonly known as 3917 Henry Avenue, Hammond, IN 46327 ("Real Estate").

5. The assets of Decedent's gross estate, as defined for federal estate tax purposes, were either not sufficient to necessitate the payment of federal estate tax or such federal estate tax has been paid.

6. Upon the death of Clem S. Gora, his surviving spouse and the surviving joint owner of the Real Estate, Jessie B. Gora, became the owner of all right, title and interest to the Real Estate pursuant to Indiana law.

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Tax mailing address: 3917 Henry Ave.

Hammond, IN

46327

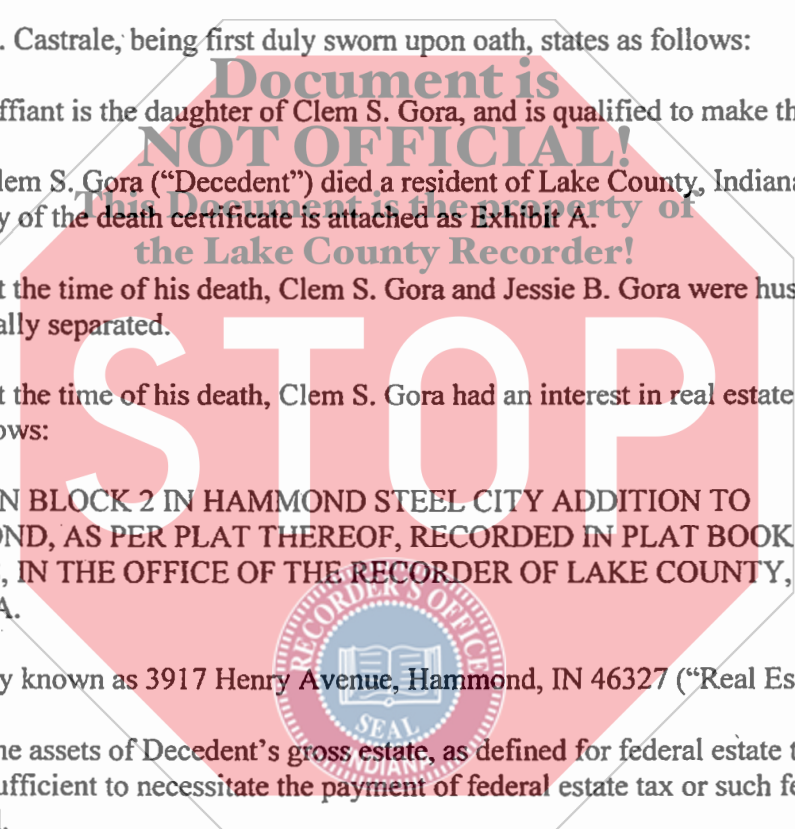
APR 07 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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CHICAGO TITLE INSURANCE COMPANY



Dated this 31 day of March, 2015.

Andrea S. Castrale
ANDREA S. CASTRALE

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared Andrea S. Castrale and she, being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true this 31 day of March, 2015.



Karen Craig, Notary Public
My Commission Expires: _____
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.

Karen Craig

Document Prepared by: Victor H. Prasco, Burke Costanza & Carberry LLP
9191 Broadway, Merrillville, IN 46410



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-02-24-477-007000-023

Local No 000105

EDR No 00000239300

State No 001553

Form containing fields for decedent information (CLEM S GORA), birth details (11/12/1921), residence (HAMMOND, IN), cause of death (ACUTE MYOCARDIAL INFARCTION), and certifier information (LAWRENCE DAVID BERNSTEIN).

