

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2015 024522

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 APR 23 PM 1:37

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now, **George Maldonado**, being of legal age and duly sworn upon his oath, who now states as follows:

1. That George Maldonado, is an adult and resides at 466 W. Division Road, Valparaiso Porter County, Indiana, and further he is the Personal Representative of the Supervised Estate of Bacilio Garcia, III.

2. That Bacilio Garcia, III, deceased, and ^{EVA}VR. Garcia, deceased, were owners of the following described real estate in Lake County, Indiana, to-wit:

Lot 19 in Block 2 in Rossow's Addition to Hobart, as per plat thereof, recorded in Plat Book 14 page 4, in the Office of the Recorder of Lake County, Indiana.
Parcel No. 45-09-30-176-018.000-018

commonly known as: 1010 W. 39th Place, Hobart, IN 46342

3. On October 30, 1986, Bacilio Garcia, III and ^{EVA}VR. Cantu were given a Warranty Deed from Anna Jachimczak, which was recorded on November 21, 1986 as Document No. 887051 reflecting title in the name of Bacilio Garcia, III and R. Cantu.

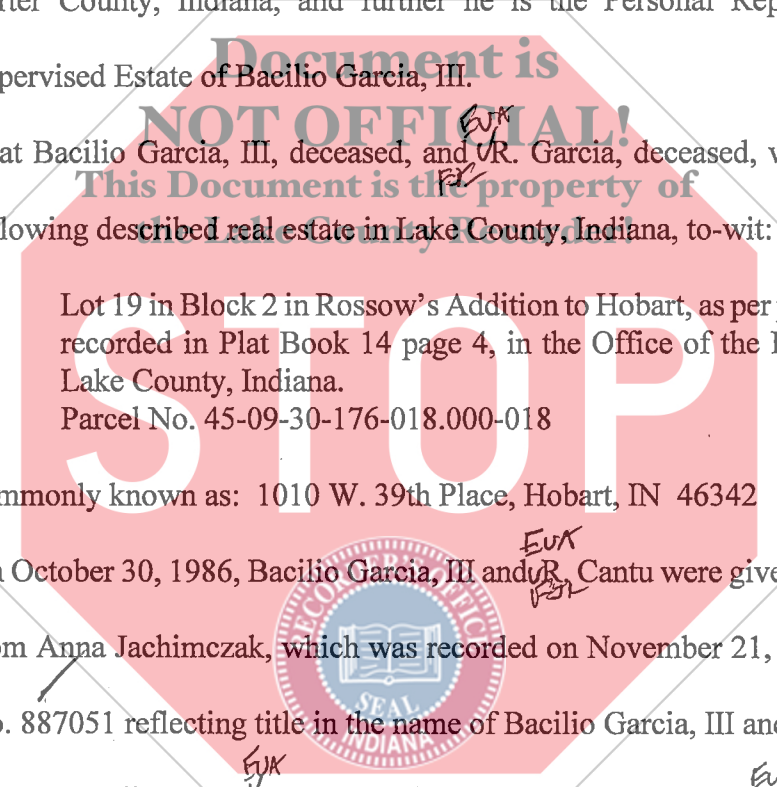
4. That on April 3, 2014, ^{EVA}VR. Garcia who was formerly known as ^{EVA}VR. Cantu died while domiciled in Hobart, Lake County, Indiana. A copy of her Death Certificate is attached hereto and marked as Exhibit "1".

5. This Affiant herein, George Maldonado, as the Personal Representative of the Supervised Estate of Bacilio Garcia, III makes this Affidavit for the purpose of clearing title to the above parcel of real estate and removing the name of ^{EVA}VR. ^{FOL}

FILED

APR 23 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR



1k et
\$17.00
M-E non-comp.
CASH

11427A



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

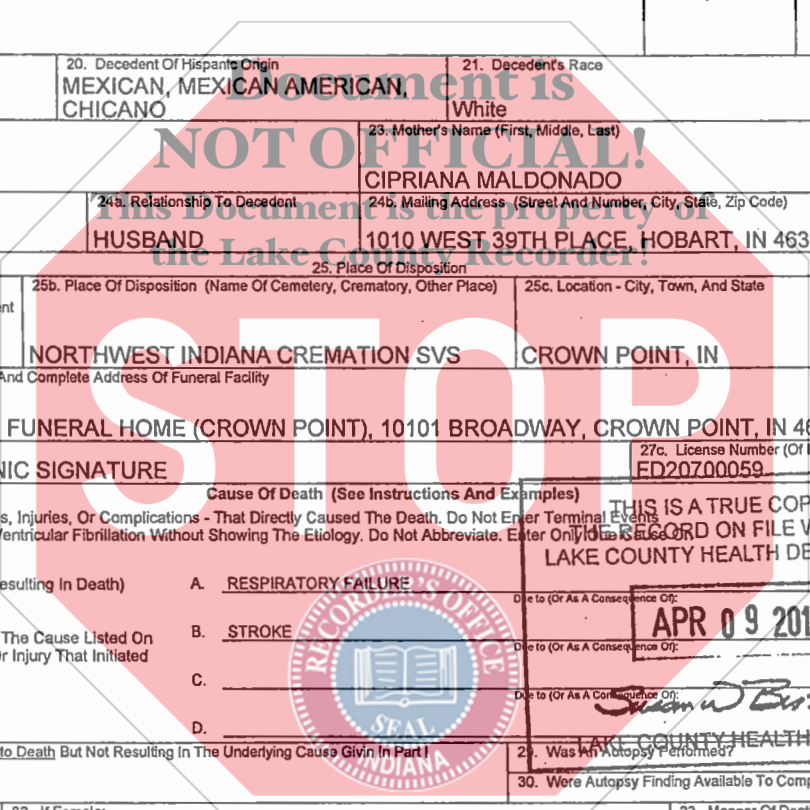
14953

Local No 001089

EDR No 00000378281

State No 015506

Form with fields for Decedent's Name (EVA R GARCIA), Social Security Number, Date of Birth (05/23/1936), Birthplace (PLEASANTON, TX), Facility Name (ST MARY MEDICAL CENTER INC), City (HOBART, IN), and Cause of Death (RESPIRATORY FAILURE).



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
APR 09 2014
LAKI COUNTY HEALTH OFFICER

Exhibit "1"