

SURVIVORSHIP AFFIDAVIT

2015 031763

3

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Sharon M. Ostrowski being first duly sworn upon oath, deposes and says:

- 1. That Elaine Gertrude Ostrowski died on December 30, 2012, at Highland, Indiana.
2. That Mitchell Ostrowski and Elaine Gertrude Ostrowski were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Apartment Unit No. 108 in the building known as 2007-45th Street, Highland, Indiana, in Porte De L'eau Condominiums, a Horizontal Property Regime, as per Amended and Restated Declaration of Condominium recorded April 18, 1985, as Document No. 799776, in the Office of the Recorder of Lake County, Indiana. Together with an undivided interest in the common areas and facilities.



- 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 her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax. Further affiant sayeth not.

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
MAY 22 AM 11:29
MICHAEL E. BROWN RECORDER

FILED

MAY 22 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)



ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Sharon Ostrowski who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 21st day of May, 2015.

Resident of Lake County, Indiana. Signature My Commission Expires: 7-23-15 Printed Heather Radziewicz

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.

16.
ck. 1077
DN
NON-COR

012361

This instrument prepared by:
Matthew N. Fech
Law Office of Matthew N. Fech
219 North Broad Street
Griffith, Indiana 46319





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 004131

EDR No 00000298210

State No

Form containing fields for decedent information (Name, SSN, Age, Birth Date, Birthplace), marital status, occupation, residence, education, cause of death, and funeral service details. Includes a large 'STOP' watermark and a 'RECORDER'S OFFICE' seal.