

2015 061549

2015 SEF -8 PM 1: 40

MICHAEL B. BROWN AFFIDAVIT of SURVIVORSHIP

Tax: I.D. NO. 45-11-18-176-014.000-034

PHILIP MAZZOLA, being first duly sworn upon oath, deposes and says:

- That JOSEPH KAFTAN a/k/a JOSEPH J. KAFTAN, died on the 12th day of December, 1999 at Dyer, Lake County, Indiana.
- 2. That at the time of his death, he was co-owner as Joint Tenant with Anthony Mazzola and Kathy Mazzola in the following described real estate:

LOT 74, UNIT 2, PINEWOOD ESTATES ADDITION TO THE TOWN OF DYER, AS RECORDED IN PLAT BOOK 50, PAGE 74, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 1011 ARROWHEAD DRIVE, DYER, IN 46311

OCCULIAN CIONELL LETTER DE DE JOSEPH KAFTAN a/k/a 3. That no Federal Estate 4. Afthe Liake County Recorder R. PREBE COMM. # 2103235 NOTARY PUBLIC - CALIFORNIA DO CRANGE COUNTY COMM. EXPIRES MARCH 15, 2019 HILIP MAZZOLA STATE OF CALIFORNIA, COUNTY OF Subscribed and sworn to before me, a Notary Public this 19 My Commission Expires: Signature R. PREBE, NOTARY PUBLIC Notary Public County of Residence: Printed This instrument prepared by: MATTHEW W. DEULLE. Attorney-at-Law, Attorney ID No. 27813-45

No legal opinion given or rendered. All information used in preparation of document was supplied by title company. I affirm, under the penalties for perjury, and All are taken reasonable care to redact each Social Security number in this document, unless required by law. 015132 Signature of Preparer COMMUNITY TITLE FILE NO 15834

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALLEGE WA?

On
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he law executed the same in his her the authorized capacity(ies), and that by his his provide signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature OPTIONAL Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. DESCRIPTION OF ATTACHED DOCUMENT Title or Type of Document: Document Date: Signer(s) other than named above This Document is the property of the Lake County Recorder! CAPACITY(IES) CLAIMED BY SIGNER(S)
instrument and acknowledged to me that he/Reflect executed the same in his/he/100 data authorized capacity(ies), and that by his his provided by signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS in hand and official seal. Signature OPTIONAL Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. DESCRIPTION OF ATTACHED DOCUMENT Title or Type of Document: Document Date: Signer(s) other than named above This Document is the property of the Lake County Recorder! CAPACITY(IES) CLAIMED BY SIGNER(S)
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PARTNER(S)- LIMITED GENERAL PARTNER(S)- LIMITED GENERAL
□ ATTORNEY-IN-FACT
□ TRUSTEE(S)
☐ GUARDIAN OR CONSERVATOR
OTHER
SIGNER IS REPRESENTING:

TTENTION ESTATE: The Social Security # is ng requested by this state agency in order to sue its statutory responsibility. Disclosure is untary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

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Kath	y Mazoll		21b. DATE AND PLACE				r, Indi		TION—City or To	<u>Daughter</u>
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