

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 062382

2015 SEP 10 PM 12:43

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE   )

AFFIDAVIT OF SURVIVORSHIP

Kathleen T. Sigler, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Alexander R. Sigler and that they were married on the date that they acquired title as husband and wife as tenants by the entireties to certain Real Estate in Lake County, Indiana to-wit:

Lot Twenty Two (22), Block Three (3), Country Club Second Addition, Section "A", as shown in Plat book 29, Page 64, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 5921 Cleveland Street, Merrillville, IN 46410

2. The marital relationship which existed between Kathleen T. Sigler and Alexander R. Sigler from the time they so acquired title to said real estate until the death of Alexander R. Sigler on 5-20-05, at which time Kathleen T. Sigler acquired title as surviving tenant by the entireties.

3. That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his/her records.

AFFIANT FURTHER SAYETH NOT.

*Kathleen T. Sigler*  
Kathleen T. Sigler (Seal)

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared Kathleen T. Sigler and acknowledged the execution of the foregoing affidavit, this 9 day of September, 2015.

My Commission Expires: 11-13-21

Resident of Lake County, IN



*Jolene Kratochvil*  
Notary Public

*Jolene Kratochvil*  
Printed Name of Notary

**FILED**

SEP 10 2015

MAIL TAX BILLS TO: Kathleen T. Sigler  
5921 Cleveland Street, Merrillville, IN 46410

TAX KEY NO (S): 45-12-05-476-007.000-030

GRANTEE'S ADDRESS: 5921 Cleveland Street, Merrillville, IN 46410

THIS INSTRUMENT PREPARED BY: Douglas R. Kvachkoff, Attorney at Law,  
Attorney I.D. No. 5575-56, 325 N. Main Street, Crown Point, IN 46307,  
219-662-2977

Our File No. 2015-56214-01

**JOHN E. PETALAS**  
LAKE COUNTY AUDITOR

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.

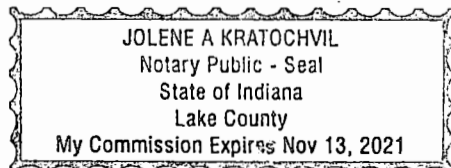
Return to

INDIANA TITLE NETWORK COMPANY  
325 N. MAIN STREET (3) 2015-56214-01  
CROWN POINT, IN 46307

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