

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 062486

2015 SEP 11 AM 9:48

MICHAEL B. BROWN
RECORDER



Fidelity National Title
Insurance Company

SURVIVORSHIP AFFIDAVIT

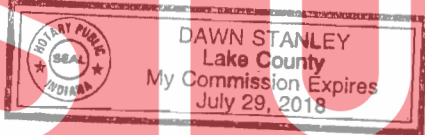
STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

THERESA L. CLARICH, being first duly sworn upon oath, deposes and says:

1. That Robert M. Clarich aka Robert Clarich died on November 10, 2009 at Munster, Indiana (City/State)
2. That Theresa L. Clarich nka Theresa Clarich-Knipp and Robert M. Clarich aka Robert Clarich were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot Nine (9), except the south Thirty-four (34) feet, and the South Thirty (30) feet of Lot Eight (8), in Davis Addition, in the City of Hammond, as per plat thereof, Recorded in Plat Book 29, Page 83, in the Office of the Recorder of Lake County, Indiana Parcel: 45-07-08-353-015.000-023, cka: 7236 Southeastern Ave, Hammond, Indiana, 46324.
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 (his) (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.



Theresa L. Clarich Kn
Theresa L. Clarich Kn Affiant Signature
nka Theresa L. Clarich-Knipp

STATE OF Indiana)
)
COUNTY OF Lake)

SS:

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Theresa L. Clarich nka Theresa L. Clarich-Knipp 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 27th day of August, 20 15

Resident of Lake County, Indiana, INDIANA Signature [Signature]

My Commission Expires: 7/29/18 Printed Dawn Stanley

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. Dawn Stanley

[Name]

This instrument prepared by Austgen Kuiper Jasaitis P.C. 130 N. Main St. Crown Point, IN 46307 Attorney Timothy R. Kuiper

Mail To: Theresa L. Clarich -Knipp
8025 Savoy Club Ct.
Burr Ridge, IL 60527

**FIDELITY NATIONAL
TITLE COMPANY**

92015-1962 ✓

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

SEP 04 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

04169

\$18.00
M.E
FW



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 62518

Local No 003520

EDR No 00000113587

State No 055456

Form containing fields for decedent information (Name, Sex, Date of Birth, Social Security Number), residence (Address, City, State, Zip Code), occupation, education, cause of death, and certifier information (Signature, License Number, Date Certified).

