

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS: 2015 070894

2015 OCT 19 PM 3:19

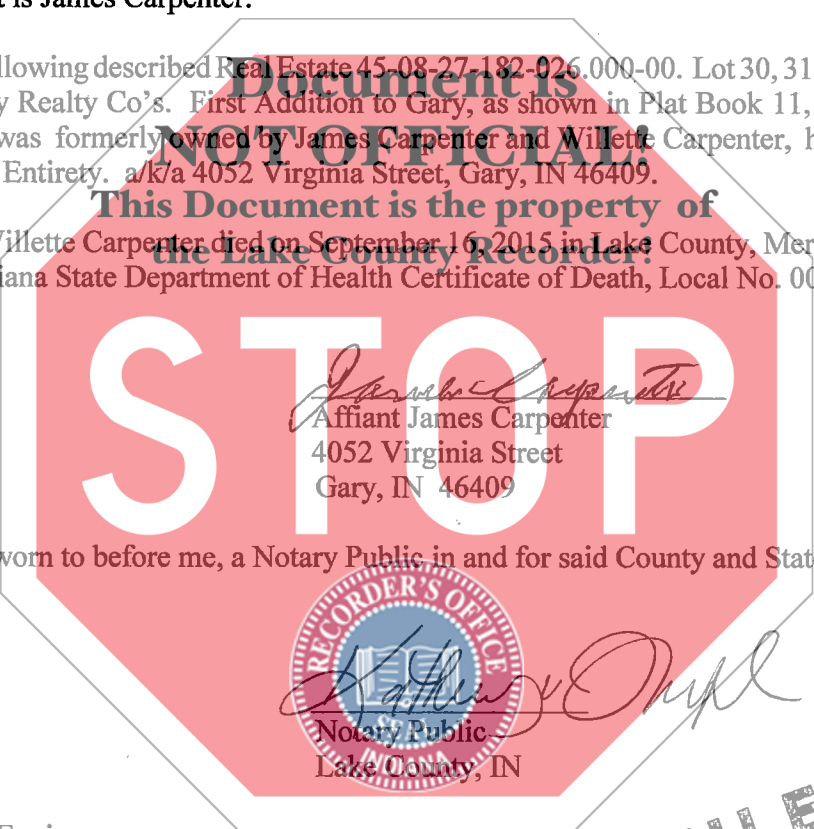
MICHAEL B. BROWN
RECORDER

Before me personally appeared James Carpenter, who being duly sworn upon his oath did say that:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is James Carpenter.

3. Said following described Real Estate 45-08-27-182-026.000-00. Lot 30, 31, 32 and 33, Block 7, The Great Gary Realty Co's. First Addition to Gary, as shown in Plat Book 11, Page 8 in Lake County, Indiana; was formerly owned by James Carpenter and Willette Carpenter, husband and wife, as Tenants by the Entirety. a/k/a 4052 Virginia Street, Gary, IN 46409.

4. Said Willette Carpenter died on September 16, 2015 in Lake County, Merrillville, Indiana.. (See attached Indiana State Department of Health Certificate of Death, Local No. 003182).



James Carpenter
Affiant James Carpenter
4052 Virginia Street
Gary, IN 46409

22447

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 11th day of October 2015.

Katherlyn Thedford
Notary Public
Lake County, IN

10/12/15

My Commission Expires:



FILED
OCT 19 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

This instrument prepared by:

Attorney Clorius L. Lay
P.O. Box 64886
Gary, IN 46401
(219) 712-1494

"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."
PREPARED BY: *[Signature]*

AMOUNT \$ 14-
 CASH CHARGE _____
 CHECK # _____
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK LN



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

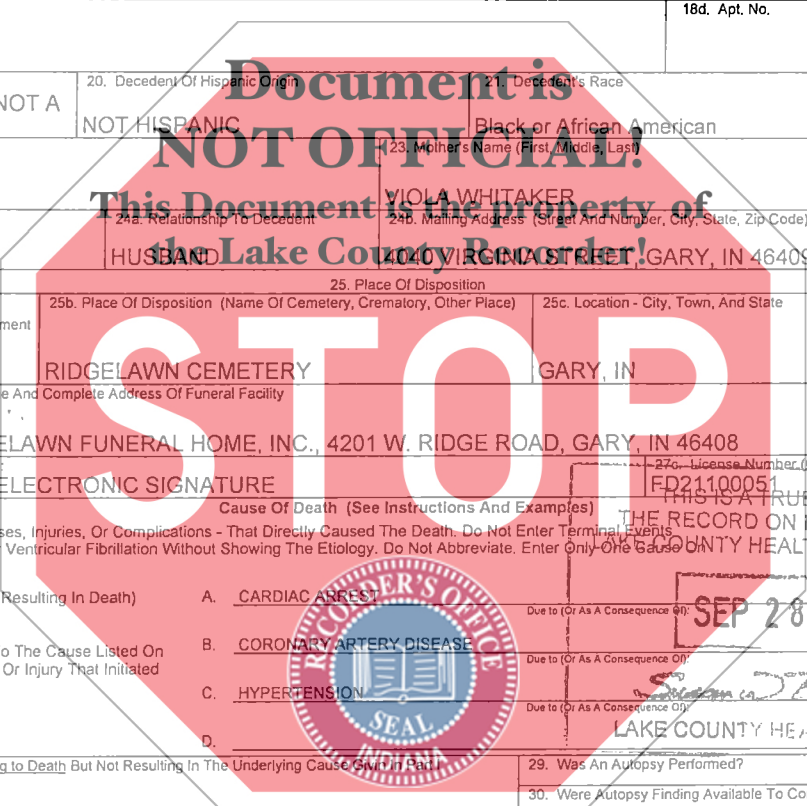
Tracking No. 65961

Local No 003182

EDR No 000000469410

State No

Main form containing fields for decedent's name (WILLETTE CARPENTER), date of death (09/16/2015), cause of death (CARDIAC ARREST, CORONARY ARTERY DISEASE, HYPERTENSION), and certifier information (SURESH D REDDY).



Official stamp and seal area including 'RECORDER'S OFFICE SEAL', 'LAKE COUNTY HEALTH OFFICER', and a date stamp 'SEP 28 2015'.