STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 072484

2015 OCT 27 AM 9: 17

STATE OF INDIANA

COUNTY OF LAKE

SS:

MICHAEL B. BROWN RECORDER

AFFIDAVIT

- I, Suzanne E. Kaegebein, being duly sworn, state as follows:
- 1. Affiant resides at the address given below affiant's signature.
- ank and Julia Sloboda Living Trust 2. Affiant is the Successor Trudated May 12, 2004, and the daughter
- This Document is the property of See attached Death boda died on December 22, 2006. Lake County Recorder! Certificate for Frank N. Slob
 - 4. The legal description of the premises in question is:

Lot number Nineteen (19), Twin Creek Block 4 to the Town of Munster, Indiana, as recorded in Plat Book 50, Page 97.

Commonly known as: 1140 Tarnarack Place, Munster, IN 46321

Key No.: 45-07-31-129-003.000

- 5. There is no Federal or State Inheritance ax liability by reason of the death of said decedents.
 - 6. This affidavit relates to a Life E
 - 7. Affiant's relationship to the deceased was his daughter.

Suzanne E. Kaegebein, Affiant

1410 Oak Court, Apt. 1

Schererville, IN 46375

FILED

22640

OCT 2 7 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR

STATE OF INDIANA)
COUNTY OF LAKE) SS)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Suzanne E. Kaegebein, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this <u>20</u> day of <u>October, 2015.</u>

My commission expires: 2/13/2018

Document & A. Rotacki
NOT OFFICE Resident of: Lake County, INDIA

This Document is the property of the Lake County Recorder!

"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Schler, Attendey; 900 Parker Place, Suite A, Schererville, IN 46875; (219) 864-7805

ITTENTION ESTATE: The Social Security # is ing requested by this state agency in order to rsue its statutery responsibility. Disclosure is luntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.	
01410	

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

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