

2016 001415

2016 JAN 11 AM 10:31



Fidelity National Title
Insurance Company.

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
COUNTY OF Lake) SS:

Ida Mae Rancifer, being first duly sworn upon oath, deposes and says:

1. That Darryl Rancifer died on Aug 8, 2013 at Gary, Indiana.
(City/State)
2. That Darryl Rancifer and Ida Mae Rancifer were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Legal Description: Calumet ADD. EAST CHICAGO ALL L-26 BL-28
S-10 FT. L-27 BL-28 N-15 FT. L-25 BL-28 Property Number

45-03-33-228-025-000-024

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.

Document is NOT OFFICIAL!

Ida Mae Rancifer
Affiant Signature

STATE OF IN) **This Document is the property of**
COUNTY OF Lake) **the Lake County Recorder!**

Before me, a Notary Public in and for said County and State, personally appeared Ida Mae Rancifer 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 11 day of Jan, 2016.

Resident of Lake County, Indiana.

Signature Victoria Lynn Rivera

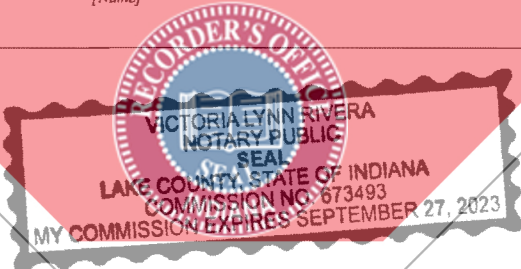
My Commission Expires: 9/27/23

Printed Victoria Lynn Rivera

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.

[Name]

This instrument prepared by _____



20185

FILED

JAN 11 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$1300
M-2
CASH



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1034375

Local No 000378

EDR No 00000338644

State No

Form containing fields for decedent's name (DARRYL RANCIFER), date of death (08/08/2013), birth date (09/08/1950), place of death (METHODIST HOSPITAL NORTHLAKE), and certifier information (PAULA BENCHIK-ABRINKO).

