SURVIVORSHIP AFFIDAVIT

2016 014662

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 1st day of March, 2016, before me personally appeared **Janelle Rae Haack**, who being duly sworn on his/her oath states the following:

1. That the Affiant is the wife of the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

LOT 4 IN VALDMAN'S SOUTH VIEW ADDITION IN THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 32 PAGE 51 AND 52, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
Property Address: 906 South Main Street, Crown Point, IN 46307
Key No.: 45-16-17-251-004.000-042

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2016 MAR 11 AM 10: 24
MICHAEL B. BROWN RECORDER

2. That said premises were formerly owned as tenants by the entireties by **John M. Haack and Janelle Rae Haack**, husband and wife.

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3. That said **John M. Haack** died on **October 26, 2010**, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of **John M. Haack**., there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of **John M. Haack** said parties, namely, **John M. Haack and Janelle Rae Haack**, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

FILED
MAR 10 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

Janelle Rae Haack
Janelle Rae Haack

RECORDER'S OFFICE INDIANA

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 1st day of March, 2016 personally appeared **Janelle Rae Haack**, and acknowledged the execution of the foregoing affidavit.
IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

KIMBERLY KAY SCHULTZ
Jasper County
My Commission Expires
October 29, 2016

My Commission Expires: 10/29/2016

Kimberly Kay Schultz
Notary Public

County of Residence: Jasper

011570

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.

Kim Schultz

PREPARED BY: RICHARD A. ZUNICA, Attorney 162 Washington Street, Lowell IN 46356

FILE NO. 16-5488M

AMOUNT $ 12,00-
CASH____ CHARGE NCT
CHECK#____
OVERAGE____
COPY____
NON-CONF ✓
DEPUTY JAS

NORTHWEST INDIANA TITLE
101 E. 90TH DRIVE
SUITE C
MERRILLVILLE, IN 46410
219-755-0100