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MICHAEL B. BROWN RECORDER

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF INDIANA) COUNTY OF Lake

) SS:

Serene K. Phillips

, being first duly sworn upon oath, deposes and says:

1. That Dwight A. Phillips Crown Point, Indiana hereto as Exhibit A.

died on September 25, 2015 at . A certified copy of the death certificate is attached

2. That Dwight A. Phillips

and Serene K. Phillips

were duly and legally married at the time they acquired title as husband and wife to the following described real estate, recorded on April 6, 1971 as Ref No. 95291 in the records of Lake County, Indiana:

Fashion Terrace Unit Mocument is

NOT OFFICIAL!

Property address: 249 Walnut Lane, Crown Point, Indiana 4630 Property of Parcel ID: 45-16-07-276-013.000-012e Lake County Recorder!

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) knowleath.

4. That Serene K. Phillips

makes these representations to set forth the present ownership of title to the above real estate pursuant to IC 32-17-3-1(c).

Further affiant sayeth not.

erene

Affiant signature Serene K. Phillips

Print name 3 - 2 016

Date

SEAL MOIANA

FILEN

MAR 23 ZUIN

JOHN E. PETALAS

LAKE COUNTY AUDITOR

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ref

ACKNOWLEDGEMENT

COUNTY OF Lake (Signal of the County
Before me, a notary public in and for said county and state, and a resident of County, Indiana, personally appeared Serene K. Phillips 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 23 day of March, 2016.
Notary signature: Print name: Description Seal Notary Public - State of Indiana Lake County My commission expires: This Document is the property of I affirm, under the penaltics for perfure, that there were the property of redact each Social Security number in this document, unless required by law.
This document was prepared and affirmation made by: Preparer's signature Serence K. Phillips Print name After recording, please return instrument to:
E CONTRACTOR OF THE PARTY OF TH

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 66161 CERTIFICATE OF DEATH

Local No 0032 Decedent's Legal Name (First, Middle, Last)	<u>- ' ' </u>		OR No 000(1a. Maiden Nar	me (If female)		2. Sex	3. Time	Of Death	4. Date	Of Death (Month/Day/Ye
DWIGHT A PHILLIPS				•		MALE		:45 PM		09/25/2015
	. Under 1 Year	6c. Under 1 Mont	th 6d. Under 1 Day	6e. Under 1 Hour	7. Date of	Birth (Month/Day/			ty and State	or Foreign Country)
79 M	onths	Days	Hours	Minutes	0	5/11/1936		CROWN P	OINT. I	N
	ccurred in A Hos	pital:		10a. If Death Occu	red Somewi	ere Other Than A	Hospital	Home/Long-ten		
Yes 🛛 No 🗌 Unknown 🔲 Inpatient [Emergency D	epartment Outpatier	nt Dead on Arriva			outs rione 1	_l tetri≥it.ig	LIQUIS CUIT (G-16)	in Care rac	anty.
: Facility Name (If Not Institution, Give Street and)3 FRANCISCAN DR	id Number)									
. City Or Town, State, And Zip Code				13. County C	f Death	<u>-</u>		14. Marital Sta	_	
ROWN POINT, IN, 46307				LAKE			I	Married □ Widowed		But Separated Divon er Married Dunknow
. Surviving Spouse's Name		15	a. (If Wife)Give Maide	n Last Name	1	6. Decedent's Use	ıai Occupa	tion	17. Kind	Of Business/Industry
ERENE PHILLIPS		LA	ANTER		s	JPERVISOI	₹		FORD	MOTOR CO
Residence - State	18a.	County		18b. City Or Tow	n					
DIANA	LAKE	Ē		CROWN PC	INT					
c. Street And Number						18d. A	.pt. No.	18e. Zip	Code	18f. Inside City Limit
9 WALNUT STREET								46	307	Yes No
Decedent's Education GH SCHOOL GRADUATE OR (GED	Decedent Of Hispa	•	21. D	ecedent's Ra	ce				
OMPLETED Father's Name (First, Middle, Last)	NC	OT HISPANIC	<u> </u>	White 23. Mother's Name (F		Last)		23a h	Mother's Ma	iden Last Name
										some ; puller
SLIE IVAN PHILLIPS Informant's Name		24a, Relationship 1	To Decedent	LEOTA PHILL 24b. Mailing Address		Number, City, Sta	te, Zio Corl		VENS	
ERENE PHILLIPS		WIFE		249 WALNUT						
				ce Of Disposition				111 40001		
s. Method Of Disposition	1	be Of Disposition (N	lame Of Cemetery, Cre	ematory, Other Place)	25c. Lòca	ion - City, Town, A	ind State			
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L State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.