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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 019818

2016 MAR 30 PM 1:11

MICHAEL B. BROWN
RECORDER

Send Tax Bills To: 322 N. Michigan Ave.
Hobart, In 46342

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now JoAnne Finton, Administrator of the Estate of Mona Scriba, and upon being duly sworn does attest and say:

- 1. That the affiant is the Niece and Administrator of the Estate of Mona Scriba, who passed away on February 6, 2015.
- 2. That Mona Scriba was the surviving spouse of Alden Jay Scriba, who passed away on November 5, 2014.
- 3. That Mona Scriba and Alden Jay Scriba acquired the following property as **husband and wife** during the term of their marriage and remained married until Alden Jay Scriba's death on November 5, 2014.

- 4. That the legal description of the property is:

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COMMENCING AT A POINT TWO HUNDRED FIFTEEN (215) FEET WEST OF THE NORTHEAST CORNER OF THE SOUTHWEST QUARTER OF SECTION TWENTY-NINE (29), TOWNSHIP THIRTY-SIX (36) NORTH, RANGE SEVEN WEST OF THE SECOND PRINCIPAL MERIDIAN, THENCE SOUTH TWO HUNDRED SEVENTY-TWO AND 60/100 (272.60) FEET, THENCE WEST TO THE EAST BANK OF DEEP RIVER, THENCE NORTH MEANDERING THE EAST BANK OF SAID RIVER TO THE NORTH LINE OF THE SOUTHWEST QUARTER AFOREMENTIONED, THENCE EAST 221.2 FEET MORE OR LESS TO THE PLACE OF BEGINNING, ALL IN THE EAST HALF OF THE SOUTHWEST QUARTER AFOREMENTIONED. CONTAINING 2.197 ACRES EXCLUSIVE OF THE ROAD, MORE OR LESS. KEY-17-0012-0007

Parcel No.: 45-09-29-328-001,000-018

Commonly Known As: 322 N. Michigan, Hobart, Indiana 46342

21455

MAR 30 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

AMOUNT \$ 15
 CASH _____ CHARGE _____
 CHECK# 13473
 OVERAGE _____
 COPY _____
 NON-CONF _____
 DEPUTY MF

5. That Mona Scriba became the fee simple owner of the property at the death of Alden Jay Scriba.

I affirm under the penalties for perjury that the foregoing statements are true.

JoAnne Finton Administrator

JoAnne Finton, Administrator of the Estate
of Mona Scriba

STATE OF INDIANA)

)SS:

COUNTY OF LAKE)

Subscribed and sworn to before me on this 29 day of March, 2016.



My Commission
Expires: 4/10/22

Shauna M. Lange, Notary Public
Resident of Lake County, IN

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Shauna M. Lange

This Instrument Prepared by: ↓
The Law Offices of Patricia A. Rees, Shauna M. Lange, Esq.,
5341 Central Ave., Portage, IN 46368 (219) 947-1692.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 35257

Local No 003605

EDR No 00000413763

State No 051511

Form containing fields for decedent information (ALDEN JAY SCRIBA), date of death (11/05/2014), cause of death (ATHEROSCLEROTIC AND HYPERTENSIVE HEART DISEASE), and certifier information (SUSAN W. BEST).

