

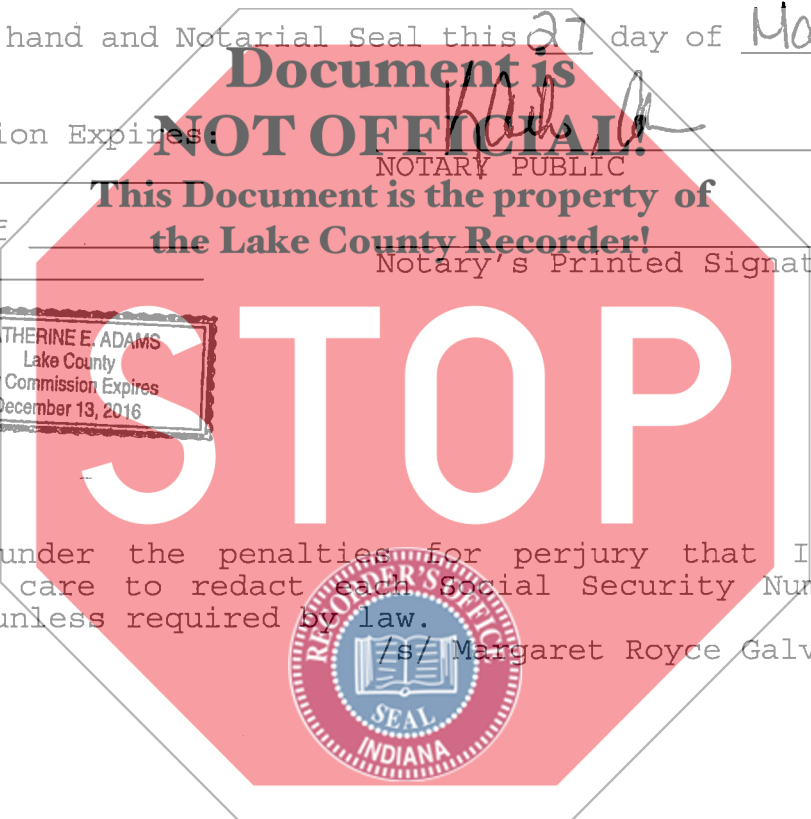
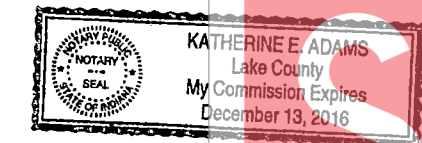
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Karen Robson, who acknowledged the execution of the foregoing Survivorship Affidavit, and delivered said instrument as her free and voluntary act, for the uses and purposes set forth therein.

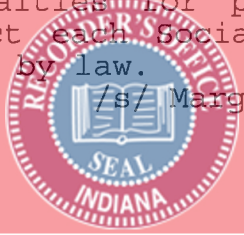
WITNESS my hand and Notarial Seal this 27 day of May, 2016.

My Commission Expires: _____

Resident of _____
County, _____



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/ Margaret Royce Galvin

This document prepared by: MARGARET ROYCE GALVIN, Attorney at Law, 5930 Hohman Avenue, Hammond, Indiana 46320 (219) 933-4715

Mail to: