

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 036018

2016 JUN 10 AM 9:40

MICHAEL B. BROWN
RECORDER

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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 8th day of June, 2016, before me personally appeared Janine D. Clemens, who being duly sworn on her oath states the following:

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

The North 300 feet of the West 310 feet of the following described parcel: The West 52 rods of the Northwest Quarter of the Northwest Quarter of Section 6, Township 32 North, Range 9 West of the 2nd P.M., except the South 16.5 feet thereof and except the North 653.80 feet thereof in West Creek Township, Lake County, Indiana.

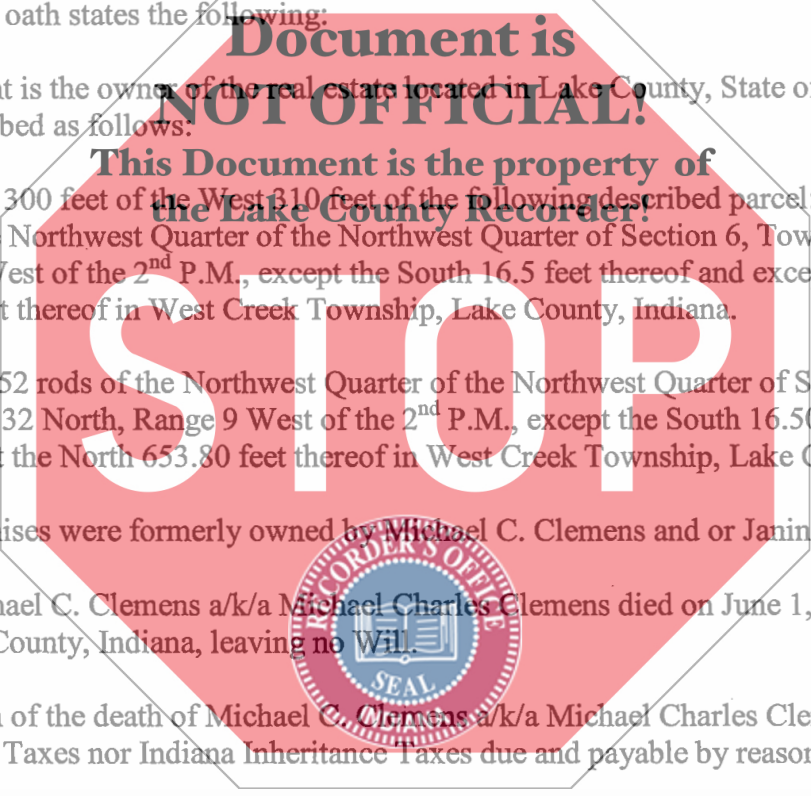
The West 52 rods of the Northwest Quarter of the Northwest Quarter of Section 6, Township 32 North, Range 9 West of the 2nd P.M., except the South 16.50 feet thereof and except the North 653.80 feet thereof in West Creek Township, Lake County, Indiana.

2. That said premises were formerly owned by Michael C. Clemens and or Janine D. Clemens.

3. That said Michael C. Clemens a/k/a Michael Charles Clemens died on June 1, 2012, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of Michael C. Clemens a/k/a Michael Charles Clemens, 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 Michael C. Clemens a/k/a Michael Charles Clemens, said parties, namely, Michael C. Clemens a/k/a Michael Charles Clemens and Janine D. Clemens, were husband and wife, and have not been divorced.



FILED

JUN 10 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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FURTHER AFFIANT SAITH NOT.

Janine D. Clemens
Janine D. Clemens

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 7th day of June, 2016, personally appeared Janine D. Clemens and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires _____
County of Residence: _____

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.

This Instrument Prepared By: RICHARD A. ZUNICA, Attorney at Law, 162 Washington Street, Lowell IN 46356, File No. 16-9418

