



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

3

On this 6-6-16 before me personally appeared Charles L. Watts
(insert date)

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is Owner
state interest of affiant in the above premises as "owner", "son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the
entireties by Charles L. Watts and Donna G. Watts

4. Said Donna G. Watts
died on April 17, 2012 (fill in name of co-tenant who died) (death certificate attached)
leaving No will;
(insert "a" or "no" if will left, attach a copy)

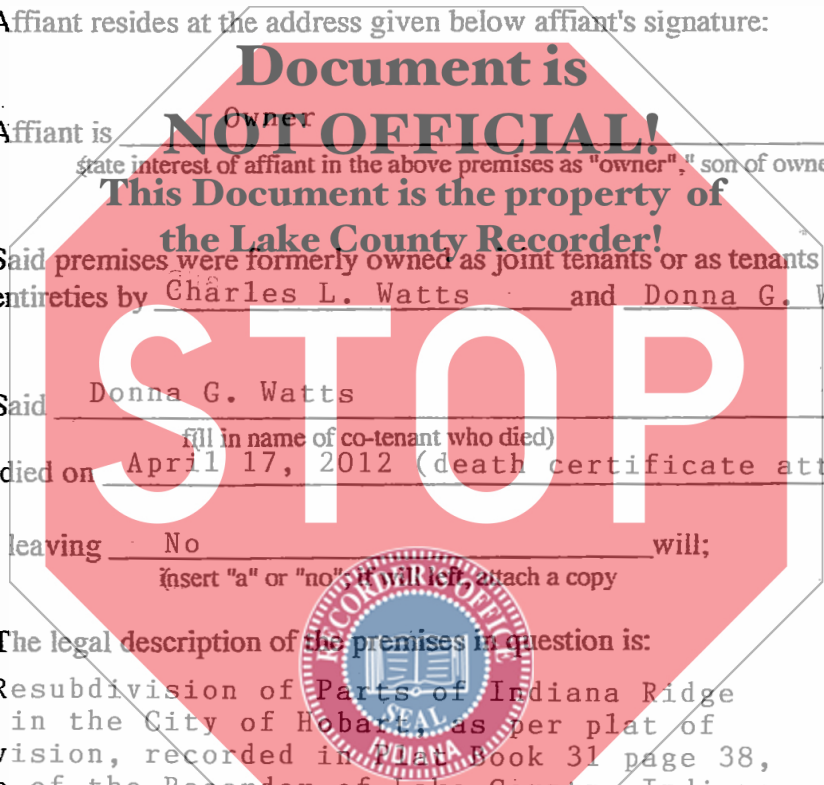
5. The legal description of the premises in question is:

Lot 52 in a Resubdivision of Parts of Indiana Ridge Subdivision, in the City of Hobart, as per plat of said Resubdivision, recorded in Plat Book 31 page 38, in the Office of the Recorder of Lake County, Indiana. Common Address - 3010 W. 38th Place, Hobart, IN 46342 Parcel ID 45-08-25-105-013.000-018

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ N/A

The taxes due are paid or unpaid...



2016 035923

2016 JUN -9 PM 2:37

MICHAEL B. CROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

JUN 09 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

003246

\$1400-

non con cash
JKS

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes" . identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Husband

Signature: Charles L. Watts
Printed Name: Charles L. Watts
Address: 3010 W. 38th Place
Hobart, IN 46342

Subscribed and sworn to before me by the affiant

This 6-6-16
(insert date)

Ervin C. Carstensen
Notary Public

Printed Name Ervin C. Carstensen

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 7-1-17



This instrument prepared by Atty Ervin C. Carstensen
ID 3141-45

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.

Ervin C. Carstensen



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001161

EDR No 00000255705

State No 016987

Form containing fields for decedent information (DONNA G WATTS), birth details (06/22/1954), cause of death (NON SMALL CELL LUNG CANCER METASTATIC TO BRAIN, BONES, AND ADRENAL), and certifier information (LYLE R MUNN).

