

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 049030

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STATE OF INDIANA )  
)  
COUNTY OF LAKE )

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Comes now Dorothy M. Baxter, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Aaron E. Baxter, deceased.
2. That Dorothy M. Baxter and Aaron E. Baxter, acquired the following property as Husband and Wife during the term of their marriage.

Lot 3 in Lake George Plateau Unit No. 3 Section "A", in the City of Hobart, as per plat thereof, recorded in Plat Book 43 page 47, in the Office of the Recorder of Lake county, Indiana.

Commonly known as 1103 Decatur St., Hobart, IN 46342  
Parcel No.: 45-13-06-103-007-000-018

3. That Dorothy M. Baxter and Aaron E. Baxter remained married until the death of Aaron E. Baxter on the 15<sup>th</sup> day of April, 2008.
4. That Dorothy M. Baxter became the fee simple owner of the property at the death of Aaron E. Baxter.

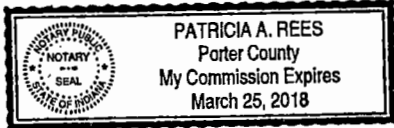
I affirm under the penalties for perjury that the foregoing statements are true.



*Dorothy M Baxter*  
Dorothy M. Baxter

STATE OF INDIANA )  
)SS:  
COUNTY OF PORTER )

Subscribed and sworn to before me this 25 day of July 2016.



My Commission Expires: 3-25-2018

*Patricia A. Rees*  
Patricia A. Rees, Notary Public  
Resident of Porter County

**FILED**

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.

*Patricia A. Rees*  
Patricia A. Rees

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

This Instrument Prepared by: Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368  
(219) 947-1692.

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1491-08

State No.

Form with fields for decedent's name (AARON E. BAXTER), sex (Male), date of death (April 15, 2008), birth date (July 20, 1918), place of death (St. Mary Medical Center), and cause of death (PNEUMONIA, CHRONIC OBSTRUCTIVE LUNG DISEASE, URTO-SEPTICIS, MALNUTRITION/DEHYDRATION).

