

AFFIDAVIT

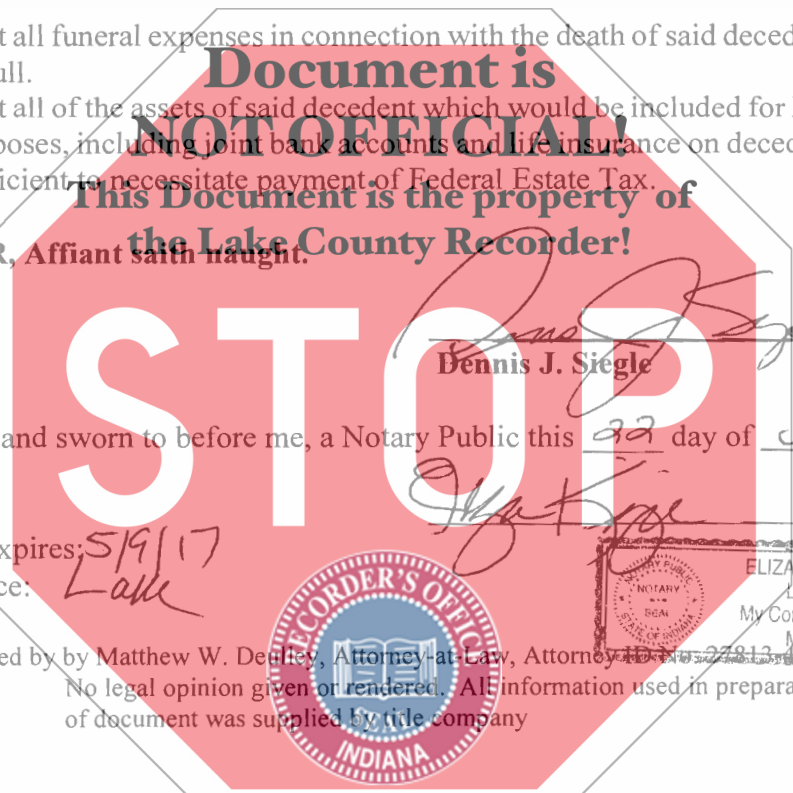
STATE OF INDIANA )  
COUNTY OF LAKE ) SS:  
Tax I.D. No. 45-07-33-403-009.000-026

2016 053822

Dennis J. Siegle, being first duly sworn upon oath, deposes and says:

1. That the Affiant is the son and has personal knowledge of the marital status of the Decedent.
2. That **Jules J. Siegle** died on August 20, 2008, in Lake County, Indiana.
3. That the Decedent and **Lillian G. Siegle** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:  
**LOT 359, LAKESIDE 11<sup>TH</sup> ADDITION TO HIGHLAND, LAKE COUNTY, INDIANA.**
4. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHELLE B. ROY  
RECORDER  
2016 AUG - 8 PM 4:33



FURTHER, Affiant saith naught.

*Dennis J. Siegle*  
Dennis J. Siegle

Subscribed and sworn to before me, a Notary Public this 22 day of July, 2016.

*Elizabeth R. Kinzie*  
Elizabeth R. Kinzie, Notary Public

My Commission Expires: 5/9/17  
County of Residence: Lake



This instrument prepared by by Matthew W. Deuley, Attorney-at-Law, Attorney ID No. 27813  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company

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.

*Matthew W. Deuley*  
Signature of Preparer

FILED

*Elizabeth Kinzie*  
Name of Preparer

AUG 05 2016

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JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2929-08

State No.

Form containing fields for decedent name (JULES J. SIEGLE), date of death (AUGUST 20, 2008), cause of death (Coronary Artery Disease), and certifier information (Dr. P. Makam).

