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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE)

SS: 2016 055623

2016 AUG 16 PM 12:58

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Lorraine M. Devyak, being first duly sworn upon oath, says:

1. On June 21, 2016, Robert M. Devyak and Lorraine M. Devyak owned the subject property by the entireties, as joint tenants with right of survivorship.

2. On June 21, 2016, as shown by the attached death certificate, Robert M. Devyak died in Lake County, Indiana.

3. The address of the property owned as joint tenants with right of survivorship, in Lake County, Indiana, is legally described as follows:

Lot 171 in Crestwood Trace, in the City of Hobart, as per plat Thereof, recorded May 23, 1972 in Plat Book 42, page 29, as amended by Certification recorded September 25, 1973 as Document No. 222192, in the Office of the Recorder of Lake County, Indiana.

**COMMONLY KNOWN AS 2811 Crabapple Lane, Hobart, IN 46342
Parcel Number 45-08-36-153-011-00-018**

4. That on said date, the said Robert M. Devyak became deceased in Lake County, Indiana, and Lorraine M. Devyak became the owner of said real estate pursuant to operation of law.

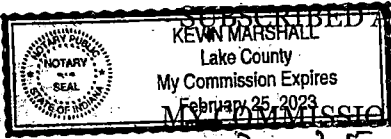
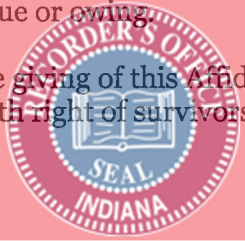
5. That no estate was opened for the said Robert M. Devyak and that no State or Federal Inheritance or Estate Tax is due or owing.

6. That the purpose of the giving of this Affidavit is to establish a survivorship between joint tenants with right of survivorship.

FURTHER AFFIANT SAYS NOT.

8/15/16
Date

Lorraine M. Devyak
Lorraine M. Devyak



SUBSCRIBED AND SWORN to before me this 15 day of August 2016.

Kevin W. Marshall
NOTARY PUBLIC, Kevin W. Marshall
LAKE COUNTY, INDIANA

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.

8/15/16
Date

Kevin W. Marshall
Kevin W. Marshall

Prepared by Kevin W. Marshall, 11624-71 Attorney at Law, 192 Bracken Parkway, Hobart, IN 46342

FILED

014655

AUG 16 2016



JOHN E. PETALAS
LAKE COUNTY AUDITOR

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CS
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 91783

Local No 001997

EDR No 00000518023

State No 029044

Form containing fields for decedent information (Name, SSN, Age, Birth Date, Birthplace), death details (Date, Time, Location, Cause of Death), informant information, and certifier details. Includes a large 'STOP' watermark and a 'RAISED SEAL AFFIXED' stamp.