

2016 055663

2016 AUG 16 PM 3:40

SURVIVORSHIP AFFIDAVIT

MICHAEL B. BROWN
RECORDER

2016 055663

STATE OF INDIANA)
COUNTY OF Lake)

SS: [Redacted]

Patricia Ann Joseph AKA Patricia H. Joseph
[insert name of person making affidavit]
being first duly sworn upon oath deposes and says:

1. That Carl Gene Joseph AKA Carl H. Joseph
(the "Decedent") died on the 14th day of June, 2016
[insert name of deceased person]

at Community Hospital
[and insert location of death.]

2. That the Decedent and Patricia Ann Joseph AKA Patricia H. Joseph
name of Decedent's spouse, the Lake County Recorder acquired title as husband
and-wife to the following described real estate:

Legal Description: Robert R. Ceneke 1st Addition Block
Property No. 45-08-33-104-017

- 3. That the marital relationship which existed between them at the time they acquire title to said real estate remained in effect and unbroken until the date of the decedent's death. yes
- 4. That all funeral expenses in connection with the death of the Decedent have been paid in full. yes
- 5. That all of the assets of the Decedent which would be includable for Federal State Tax purposes, including joint bank accounts and life insurance on the Decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

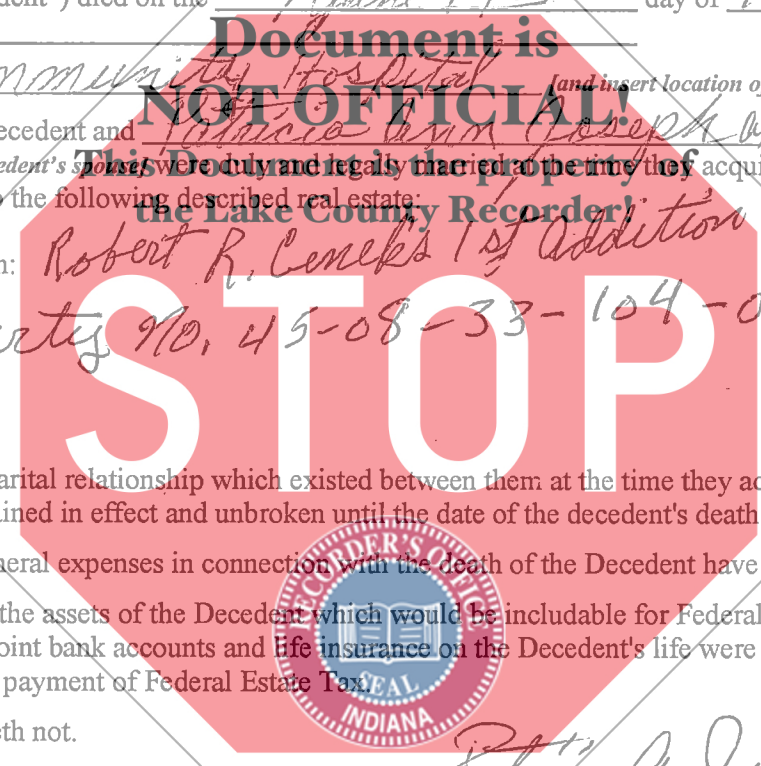
Patricia H. Joseph
Signature of Affiant
PATRICIA H. JOSEPH
Type or Print Name

FILED

STATE OF INDIANA)
COUNTY OF Lake)

SS: **ACKNOWLEDGMENT 16 2016**

Before me, a Notary Public in and for said County and State, John E. Petalas
a Joseph who acknowledged the execution of the foregoing
instrument, and who, having been duly sworn, stated that any representations therein contained are true.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
AUG 16 PM 3:38

M-Z
NON-COM
114-00
CASH
104574



"Official Seal"
Alexis Renee Rangel
 Notary Public, State of Indiana
 Resident of Lake, IN
 My commission expires
May 16, 2024

Witness my hand and Notary Seal this 15th day of August, 2016

Resident of Lake County, Indiana

Signature Alexis Renee Rangel

My Commission Expires: May 16, 2024

Printed Alexis Renee Rangel

I affirm, under penalties for perjury, that I have taken reasonable care to read that each Social Security number in this document, unless required by law.

Patricia Ann Joseph
 Name

This instrument prepared by: Patricia Ann Joseph



634-30-108