

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

GEORGE A. KARRAS, being first duly sworn upon oath, deposes and says:

1. That ELAINE B. KARRAS died on Nov 25, 2013 at MUNSTER, INDIANA.
(City/State)
2. That GEORGE A. KARRAS and ELAINE B. KARRAS were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
FAIR MEADOW 2ND ADD LOT 45 / 45-07-29-154-009.000-027
9235 WHITE OAK AVENUE / MUNSTER IN 46321
3. 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) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable 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.

Further affiant sayeth not.

George A. Karras
Affiant Signature
GEORGE A. KARRAS

STATE OF INDIANA)
COUNTY OF LAKE) SS:

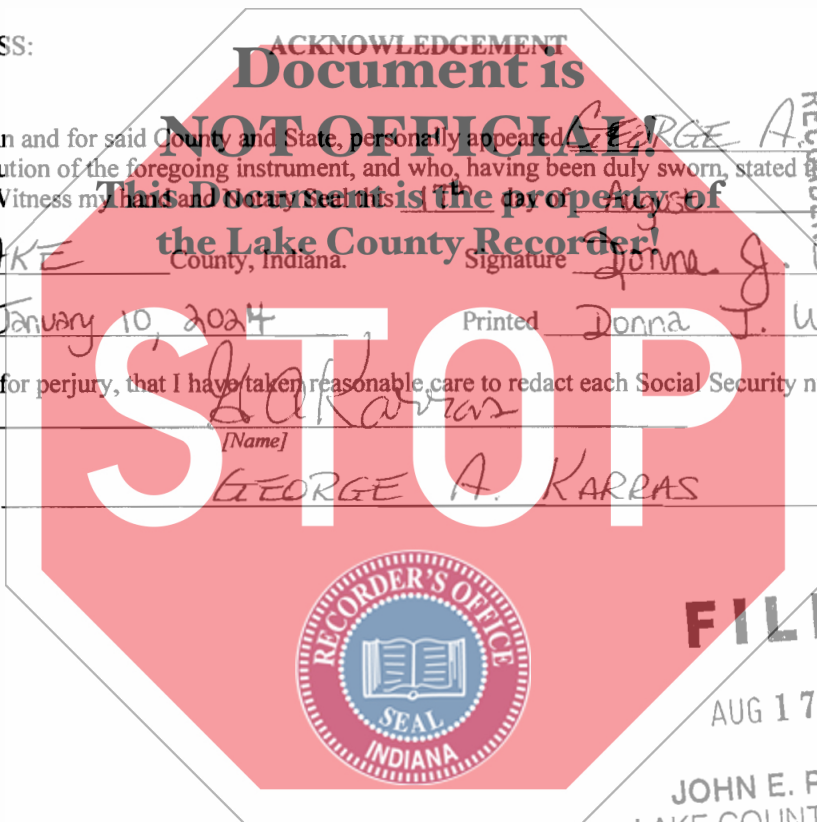
Before me, a Notary Public in and for said County and State, personally appeared GEORGE A. KARRAS who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 17th day of August, 2016.

Resident of LAKE County, Indiana. Signature Donna J. Williamson

My Commission Expires: January 10, 2024 Printed Donna J. Williamson

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.

This instrument prepared by GEORGE A. KARRAS



2016 AUG 17 PM 1:53
 FILED
 LAKE COUNTY RECORDER
 MICHAEL REEDER
 RECORDER

FILED

AUG 17 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

NON-COM
\$14.00
M.C.
CASH

25283



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 983

Local No 003828

EDR No 00000355279

State No 053914

Form containing fields for decedent information (Elaine Karras), birth details (01/29/1940), residence (Munster, IN), cause of death (Breast Cancer Metastatic to Bone), and certifier information (Lyle R Munn).

