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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG 25 AM 11:30

MICHAEL B. BROWN
RECORDER

2016 057893

Case # 1603971

SURVIVORSHIP AFFIDAVIT

Comes now Mary Beth Kokot, who being duly sworn upon her oath, deposes and says:

That, Mary Beth Kokot who took title as Mary Beth Loar is the daughter of Frances Loar, deceased who died domiciled in Lake County, Indiana, on April 1, 1981.

That Mary Beth Kokot who took title as Mary Beth Loar and Frances Loar acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Affiant states that Mary Beth Kokot who took title as Mary Beth Loar and Frances Loar continued to live and cohabit together as mother and daughter continuously from the date they took title to the above-described real estate until the date of Frances Loar's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Mary Beth Kokot who took title as Mary Beth Loar.

Executed: 8/18/16

Signature: Mary Beth Kokot
Mary Beth Kokot

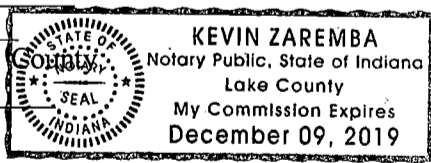


STATE OF INDIANA

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public in and for said county and state this 18 day of August, 2016.

[Signature]
Notary Public
Resident of _____
My Commission expires: _____



Prepared by:
Mary Beth Kokot

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

Return to: Mary Beth Kokot
1742 Chelsea St.
Schererville, IN. 46375

FILED

014832

AUG 24 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

1820501069

CHICAGO TITLE INSURANCE COMPANY

EXHIBIT "A"

LOT 46 HIGH POINT ACRES UNIT 3, RECORDED IN PLAT BOOK 35, PAGE 26, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address: 9021 Bryan Street,

45-11-26 - 304-007.000 - 032



TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit Issued	/
Previsional Certificate	□ Yes □ No

EMBALMERS NAME Harold Johnson LICENSE # 710
 FUNERAL DIRECTOR'S SIGNATURE *Harold Johnson* LICENSE # 242
 FUNERAL HOME No. 285

LAKE COUNTY BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

Local No. *52-81*

1. DECEASED—NAME: **FRANCINE LOAR**
 SEX: **Female** DATE OF BIRTH: **11/27/37** COUNTY OF BIRTH: **Lake**
 RACE: **White** AGE: **43** SEX: **Female** DATE OF DEATH: **11/27/81** COUNTY OF DEATH: **Lake**

2. CITY, TOWN OR LOCATION OF DEATH: **St. John**
 7c. HOSPITAL OR OTHER INSTITUTION—Name of hospital or institution and address: **9021 Bryan St.**

3. STATE OF BIRTH OF DECEASED: **Indiana**
 7d. MARITAL STATUS: **Married** (with present spouse)
 18. MARRIED TO: **Frank Loar** (with present spouse)
 19. SOCIAL SECURITY NUMBER: **U.S.A.**

13. RESIDENCE—STATE: **Indiana** CITY, TOWN OR LOCATION: **St. John**
 14a. SECRETARY: **Josephine Grabowski**

15a. STREET AND NUMBER: **9021 Bryan St.**
 15b. IS DECEASED OF SPANISH DESCENT? **NO** (YES OR NO)

16. FATHER—NAME: **Frank Grabowski** MIDDLE: **Josephine** LAST: **Grabowski**
 17. MOTHER—NAME: **John** CITY OR TOWN: **Indiana** STATE: **Indiana**

18. PLACE OF BIRTH: **9021 Bryan St.** CITY OR TOWN: **St. John** STATE: **Indiana**
 19. PLACE OF BIRTH: **Chapel Lane, Chicago** CITY OR TOWN: **Chicago** STATE: **Illinois**

20. V. Hubert Funeral Home, 7051 Kennedy, Hammond, IN. 46323
 21a. DATE OF DEATH: **11-27-81** HOUR OF DEATH: **8:17 AM**
 21b. TIME OF DEATH: **4-1-81**

22. HEALTH OF DECEASED: **Undetermined**
 23. NAME AND ADDRESS OF CERTIFIER: **Albert T. Willard, M.D., 2293 North Main St., Crown Point, IN. 46307**
 24. DATE RECEIVED BY LOCAL HEALTH OFFICER: **4-27-81**

25. CAUSE OF DEATH: **Basilar meningitis**
 26. MANNER OF DEATH: **activity**

27. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

28. DATE TO BE ON A COMPLIANCE OF: **4-27-81**

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