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MICHAEL B. BROWN
RECORDER

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AFFIDAVIT OF SURVIVORSHIP

Patricia E. Bunkowfst, being first duly sworn upon her oath, says:

1. That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows, to-wit:

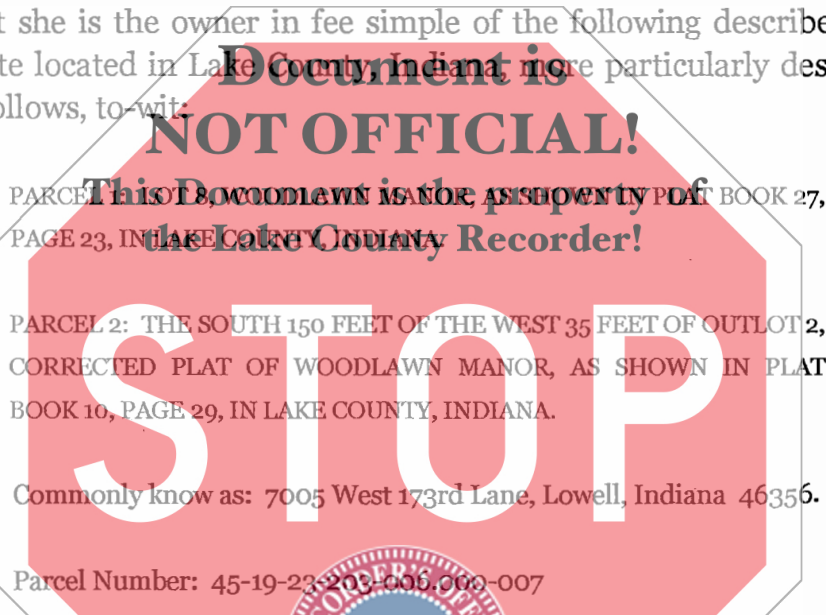
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PARCEL 1: THE SOUTH 150 FEET OF THE WEST 35 FEET OF OUTLOT 2, CORRECTED PLAT OF WOODLAWN MANOR, AS SHOWN IN PLAT BOOK 27, PAGE 23, IN LAKE COUNTY, INDIANA.

PARCEL 2: THE SOUTH 150 FEET OF THE WEST 35 FEET OF OUTLOT 2, CORRECTED PLAT OF WOODLAWN MANOR, AS SHOWN IN PLAT BOOK 10, PAGE 29, IN LAKE COUNTY, INDIANA.

Commonly know as: 7005 West 173rd Lane, Lowell, Indiana 46356.

Parcel Number: 45-19-23-203-006,000-007



2. That John D. Kocher, deceased, and your affiant acquired title to said real estate, as husband and wife, by Quit-Claim Deed dated the 12th day of April, 2001, and recorded on the 12th day of April 2001, in the Office of the Lake County, Indiana, Recorder;
3. That the said John D. Kocher, deceased, and your affiant held title to said real estate as husband and wife, until the death of the said John D. Kocher, deceased, on the 9th day of January, 2017 at which time this affiant acquired title to the said real estate by operation of law, as surviving spouse.
4. That, by virtue of spousal exemption, the said real estate was not subject to the Federal Estate Tax, and passed to your affiant by operation of law free from the lien thereof.

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

5. That, by virtue of spousal exemption, the said real estate was not subject to Indiana Inheritance Tax, and passed to your affiant by operation of law free from the lien thereof.

And further affiant sayeth not.

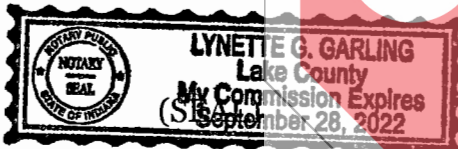
STATE OF INDIANA)

COUNTY OF LAKE)

Patricia E. Bunkowfst
Patricia E. Bunkowfst
Document is NOT OFFICIAL!

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Before me, a Notary Public in and for said County and State, personally appeared Patricia E. Bunkowfst, who executed the above and foregoing document, and swore or affirmed that the representations of fact contained therein are true, this 2nd day of February, 2017.



My Commission Expires: September 28, 2022
Resident of Lake County, State of Indiana

Pursuant to IC 36-2-11-15, 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.

Signature: *Peggy Jo Stamper*
Printed: Peggy Jo Stamper

Date signed: 2-2-17

This document prepared by Peggy Jo Stamper, Attorney at Law
209 South Main Street, Crown Point, Indiana 46307

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

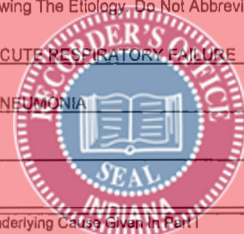
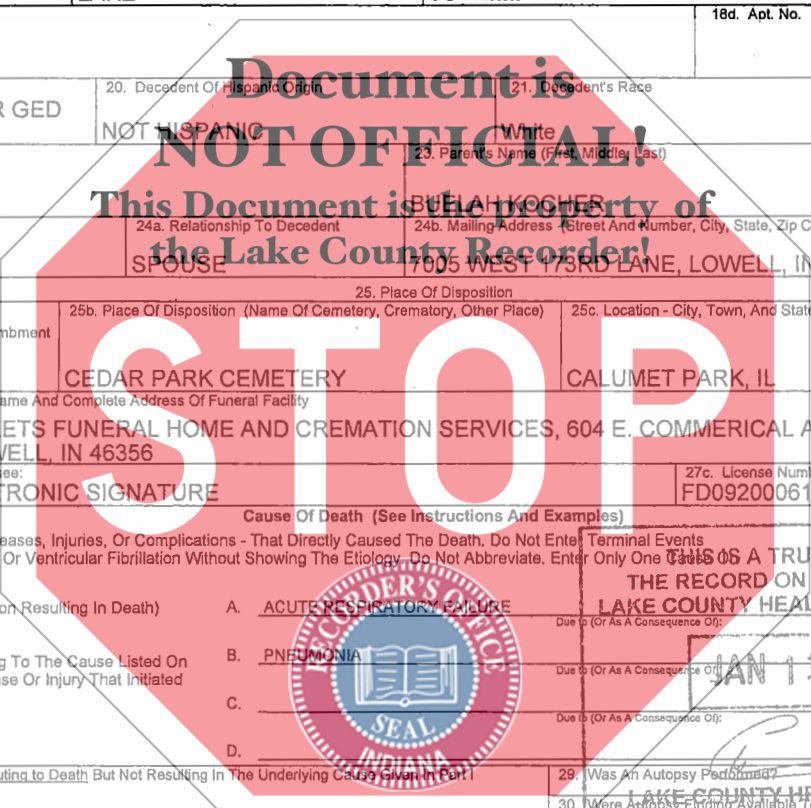
Tracking No. 110494

Local No 000088

EDR No 00000553688

State No 001062

Form containing fields for decedent information (John Daniel Kocher), social security number, date of birth, residence (Crown Point, IN), cause of death (Acute Respiratory Failure), and certifier information (Joseph Kacmar).



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JAN 13 2017

RAISED SEAL AFFIXED