

2



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 7/20/2017 before me personally appeared Nancy Barnes
(insert date)

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is OWNER
state interest of affiant in the above premises as "owner", "sole owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by ~~Amy Barnes~~ Cyril M. Barnes and Nancy Barnes

4. Said Cyril M. Barnes
fill in name of co-tenant who died)
died on 6/28/2017

leaving NO will;
insert "a" or "no", if will left, attach a copy

5. The legal description of the premises in question is:
Hobart Park Add. North half (1/2) of lot six (6) block four (4)
Address 145 S. Wisconsin St. Hobart, IN

Property Number 45-09-31-201-008.000-018
Parcel ID Number 006-27-18-0036-0010
Address 145 S. Wisconsin St. Hobart, IN

6. Is there Federal or State inheritance tax liability by reason of the death of said

decedent? Yes No

If yes, then estimated taxes due are \$ _____

FILED The taxes due are paid or unpaid.. - NA -

JUL 20 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

004130

Cash

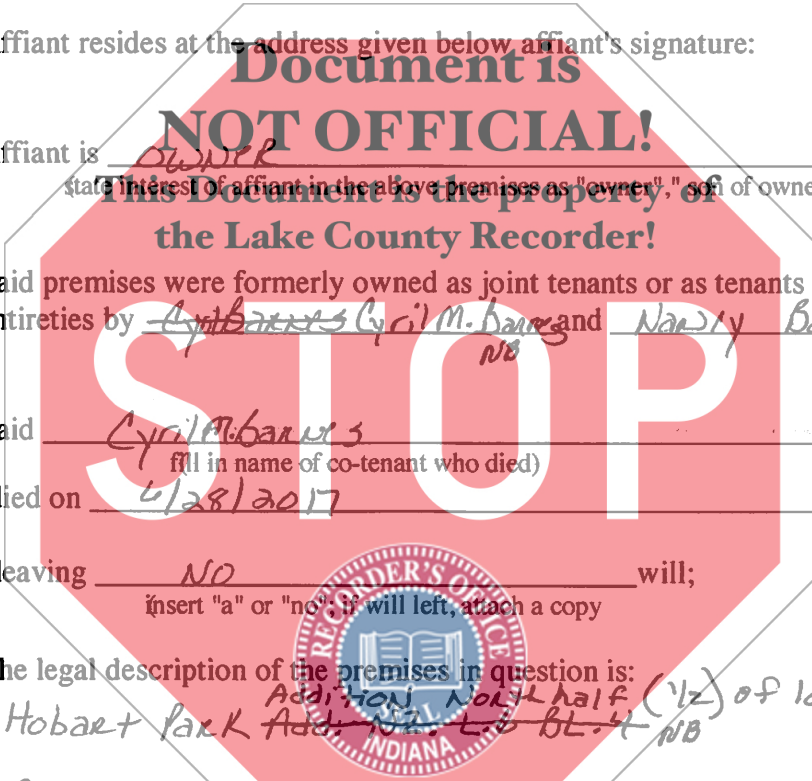
JAS

2017 045042

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JUL 20 PM 12:25

MICHAEL B. PROWER
RECORDER



\$25,000

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes" , identify the divorce proceedings:
_____):

8. Affiant's relationship to the deceased was wife

"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."
PREPARED BY: Nancy Barnes

Document is NOT OFFICIAL!

Signature: Nancy Barnes
Printed Name: NANCY BARNES
Address: 145 S. Wisconsin
HOBART, IN 46342

This Document is the property of the Lake County Recorder

Subscribed and sworn to before me by the affiant

This July 20, 2017
(insert date)

Tammie Langbehn
Notary Public

Printed Name Tammie Langbehn

My County of Residence is: Porter County

In the State of Indiana

My Commission Expires July 18, 2021

This instrument prepared by _____

