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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 046263

2017 JUL 26 AM 9:34

MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-09-16-477-014.000-021

Hobert M. Roberts, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Grace Lois Roberts a/k/a Grace Roberts**, died (without leaving a will) (leaving a will) on September 23, 2012 at Hobart, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

Document is NOT OFFICIAL!
 This Document is the property of the Lake County Recorder!
 THE SOUTH 30 FEET OF LOT EIGHT (8) AND THE NORTH 45 FEET OF LOT SEVEN (7) BLOCK THREE (3), SAYLER MANOR, IN THE TOWN OF EAST GARY, AS SHOWN IN PLAT BOOK 32, PAGE 9, IN LAKE COUNTY, INDIANA.

Commonly known as: 2730 WAYNE STREET, LAKE STATION, INDIANA 46405

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 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 included 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.

FILED

JUL 24 2017

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HOBERT M. ROBERTS

Hobert M. Roberts

STATE OF INDIANA, COUNTY OF POKESHA
JOHN E. PETALAS
 LAKE COUNTY AUDITOR

I, the undersigned, a Notary Public in and for said county and state this 18 day of July, 2017, personally appeared **HOBERT M. ROBERTS**, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 07/05/2022 Signature: Natalie Fabian
 County of Residence: LAKE Printed: Natalie Fabian, Notary Public

This instrument prepared by **MATTHEW W. DEULLEY**, Attorney-at-Law, ID No.278134-45.
 No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Natalie Fabian
 Signature of Preparer

Natalie Fabian
 Printed Name of Preparer

Community Title Company
 File No. 1712361

25.00
64
cm



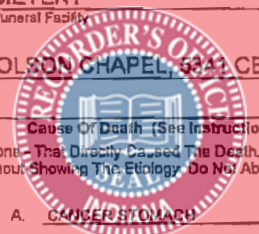
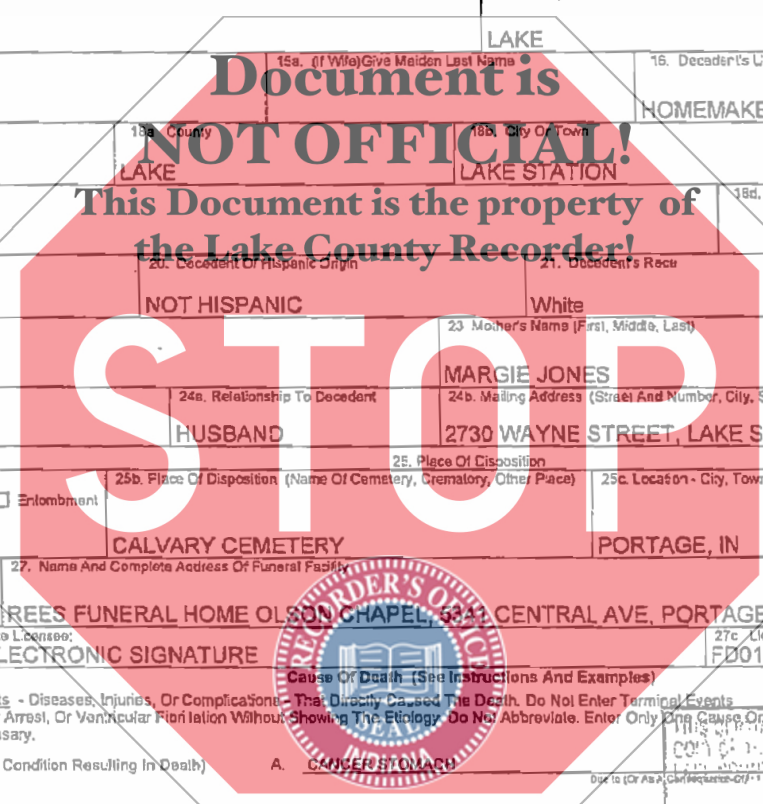
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002970

EDR No 00000281041

State No 042126

Form containing fields for decedent name (GRACE ROBERTS), date of death (09/23/2012), cause of death (CANCER STOMACH), and certifying physician (MARK OREN CARTER).



SEP 26 2012
1 MONTH
YEARS