

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 048000

2017 AUG -2 AM 10: 12

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

MICHAEL B. BROWN  
RECORDER

3

**AFFIDAVIT OF SURVIVORSHIP**

I, Edward W. Mason, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Six (6), block Eight (8), Rueth Estates Second Addition to the Town of Munster, Lake County, Indiana, as shown in Plat Book 43, Page 111.

Parcel Number: 45-06-24-255-017-000-027

Grantee Address/Commonly known as: 8435 Van Buren Court  
Munster, IN 46321

3. The decedent, Jane L. Mason, and myself acquired title as husband and wife to said real estate by deed of conveyance on the 18th day of September, 1973 and recorded in the Office of the Lake County Recorder on December 14, 1973 as Document No. 233001.

4. The decedent and myself jointly held title to said real estate until the death of my wife Jane L. Mason on the 27th day of November, 2014, at which time I acquired title to the real estate as the surviving owner pursuant to property law. See attached Death Certificate for Jane L. Mason.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

*Edward W. Mason*  
Edward W. Mason, Affiant

25-  
8606  
10

**FILED**

AUG 02 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

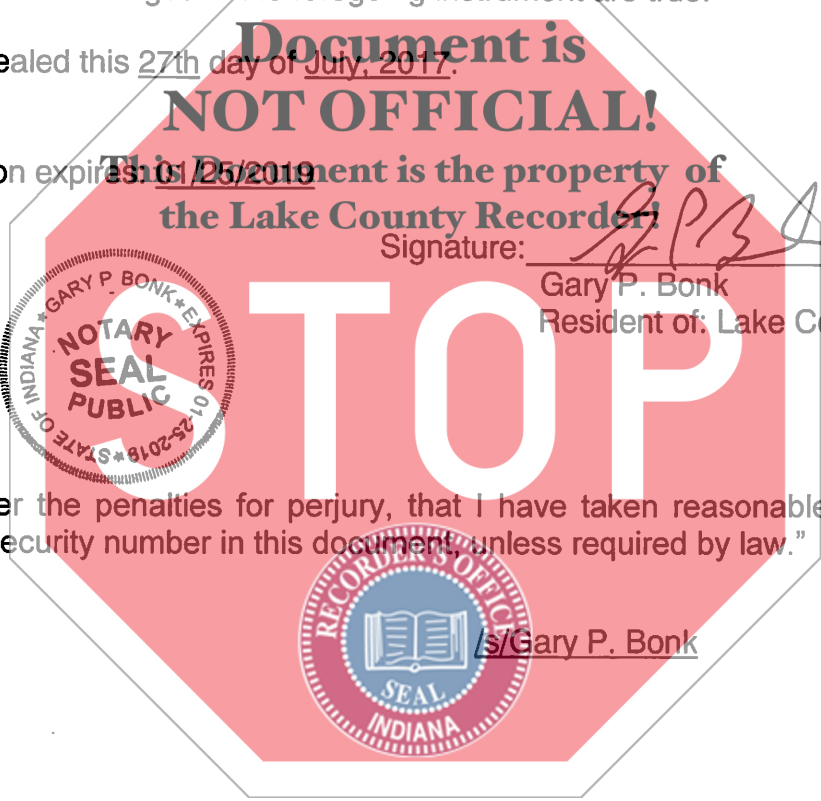
025975

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Edward W. Mason, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 27th day of July, 2017.

My commission expires 01/25/2019



Signature: [Signature]  
Gary P. Bonk  
Resident of: Lake County, Indiana

"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."

/s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

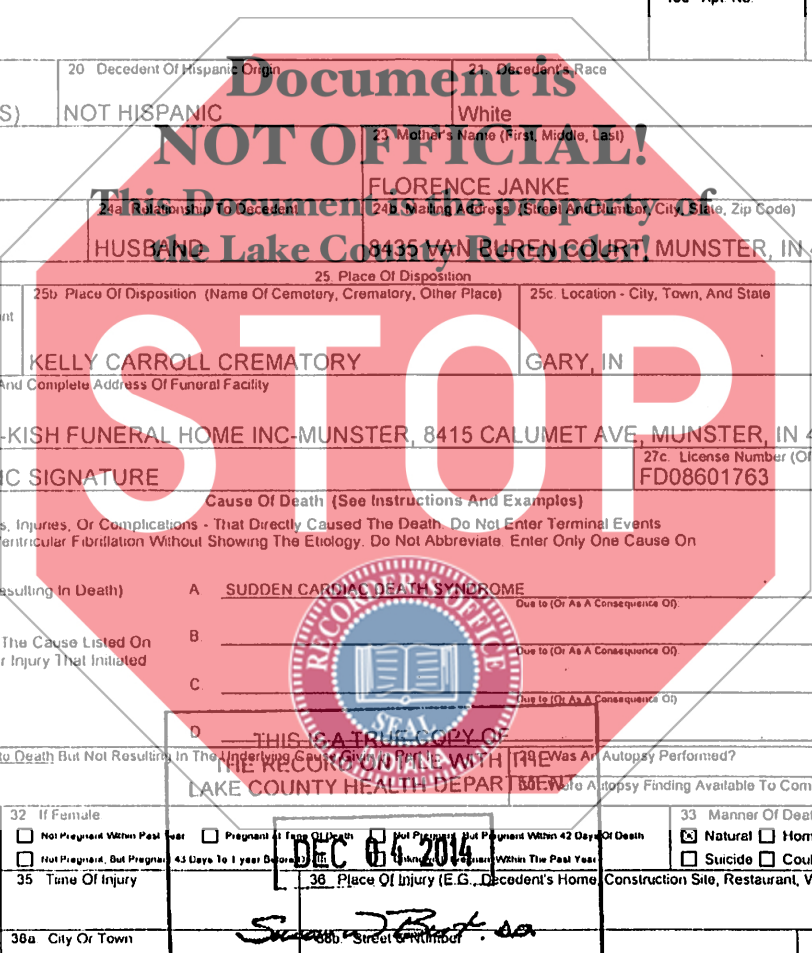
Tracking No. 36756

Local No 003810

EDR No 000000417942

State No 054369

Main form containing decedent information (Jane L Mason), date of death (11/27/2014), cause of death (Sudden Cardiac Death Syndrome), and certifier information (James Bernard Walsh).



Signature of Local Health Officer: Susan W. Best, Lake County Health Officer. Includes date stamp DEC 04 2014.

NOT VALID UNLESS