

2017 048936

2017 AUG -7 AM 9:28

MICHAEL B. BROWN  
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-16-18-329-004.000-041

Lynda L. Eccles, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Frank S. Eccles a/k/a Franklin Spray Eccles, died (without leaving a will) on October 15, 2011 at Crown Point, 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:

PART OF LOT 41 OF HERMIT'S LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30, PAGE 92, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, BEING THAT PART OF SAID LOT LYING SOUTHERLY OF A LINE BEGINNING 60 FEET SOUTH OF THE NORTHWEST CORNER OF SAID LOT MEASURED ON THE WEST LINE THEREOF AND EXTENDING EAST PARALLEL WITH THE NORTH LINE OF SAID LOT TO THE EAST LINE THEREOF AND LYING NORTHERLY OF A LINE BEGINNING 10 FEET NORTH OF THE SOUTHWEST CORNER OF SAID LOT MEASURED ON THE WEST LINE THEREOF AND EXTENDING EAST PARALLEL WITH THE SOUTH LINE OF SAID LOT TO THE EAST LINE THEREOF.

Commonly known as: 12219 WHITE OAK DRIVE, CROWN POINT, INDIANA 46307

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.

FURTHER, your Affiant saith naught.



*Lynda L. Eccles*  
 \_\_\_\_\_  
 LYNDA L. ECCLES

STATE OF INDIANA, COUNTY OF LAKE SS.

Subscribed and sworn to before me, a Notary Public this 25 day of July, 2017.

My Commission Expires: \_\_\_\_\_ Signature Patricia Ludington  
 County of Residence: \_\_\_\_\_ Printed \_\_\_\_\_ Notary Public

**FILED**

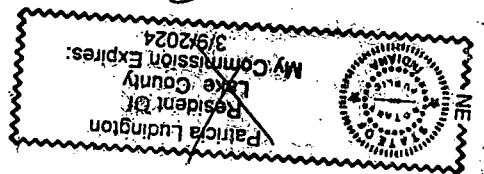
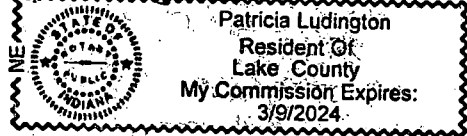
AUG 4 2017

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

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.

*Patricia Ludington*  
 \_\_\_\_\_  
 Signature of Preparer

*Patricia Ludington*  
 \_\_\_\_\_  
 Printed Name of Preparer



25-  
CM  
AM



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003209

EDR No 00000224224

State No 045869

Form containing fields for decedent's name, sex, date of death, social security number, age, date of birth, birthplace, facility name, county of death, marital status, occupation, residence, education, mother's name, informant's name, method of disposition, funeral home, signature of funeral service licensee, cause of death, injury details, and certifying physician information.

