

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 070262

2017 OCT 17 PM 12:04

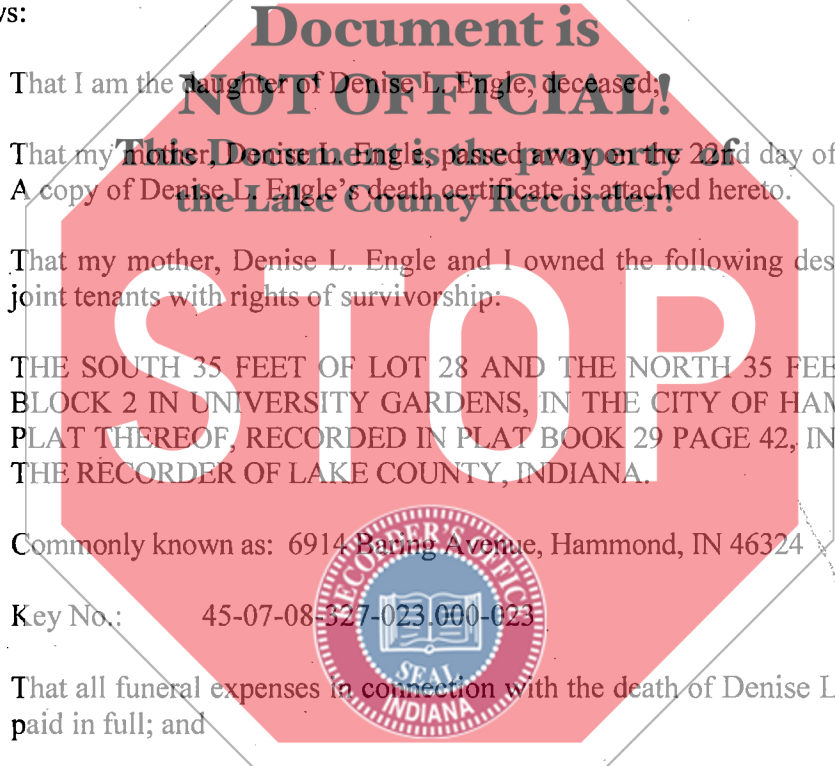
MICHAEL B. BROWN
RECORDER

3

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, April H. Luna, this 10th day of October, 2017, being first duly sworn upon oath, states as follows:



1. That I am the daughter of Denise L. Engle, deceased;
2. That my mother, Denise L. Engle, passed away on the 20th day of September, 2017. A copy of Denise L. Engle's death certificate is attached hereto.
3. That my mother, Denise L. Engle and I owned the following described property as joint tenants with rights of survivorship:

THE SOUTH 35 FEET OF LOT 28 AND THE NORTH 35 FEET OF LOT 29 IN BLOCK 2 IN UNIVERSITY GARDENS, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29 PAGE 42, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 6914 Baring Avenue, Hammond, IN 46324

Key No.: 45-07-08-327-023.000-023
4. That all funeral expenses in connection with the death of Denise L. Engle have been paid in full; and
5. That the estate of Denise L. Engle did not necessitate the filling of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.

April H. Luna

April H. Luna

Return To:
INDIANA TITLE NETWORK COMPANY
325 N. MAIN STREET 17-59685
CROWN POINT, IN 46307
↑

FILED

OCT 17 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

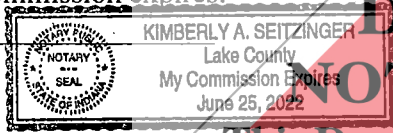
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ITN CK#25928
J

042408

STATE OF INDIANA)
) SS:
COUNT OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this
10th day of October, 2017.

My commission expires:



Kimberly A. Seitzinger
Notary Public
Resident of Lake County

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. Robert F. Tweedle

Return Recorded Document to:
Robert F. Tweedle
2850 - 45th Street, Suite A
Highland, IN 46322

This instrument prepared by:
Robert F. Tweedle, #20411-45
2850 - 45th Street, Suite A
Highland, IN 46322 / 219-924-0770





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

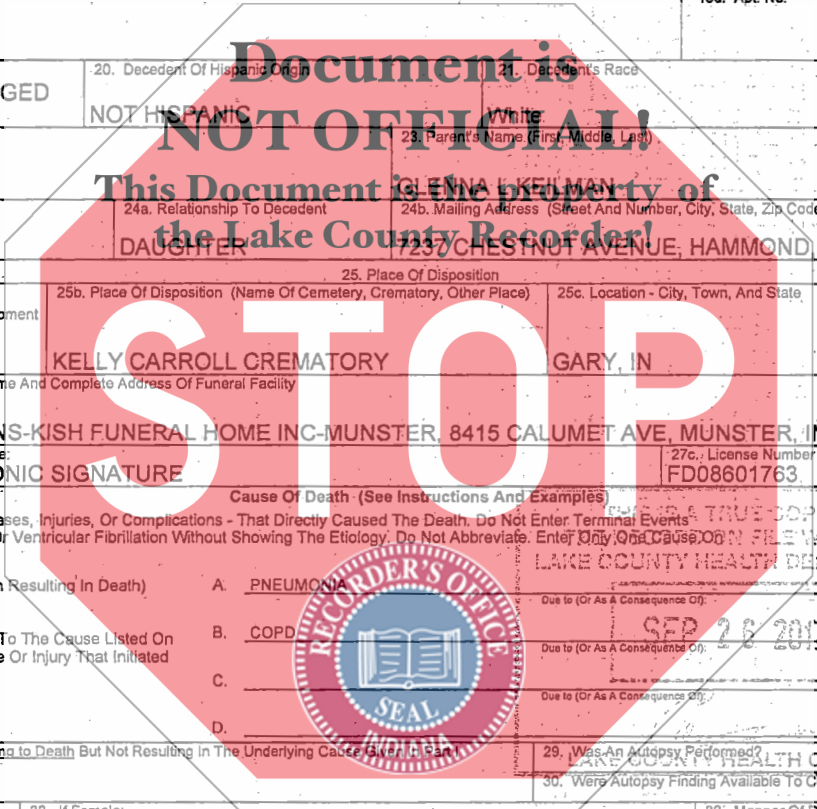
Tracking No. 136206

Local No 003274

EDR No 00000599858

State No 046645

Form containing fields for decedent information (Denise Louise Engle), social security number, date of death (09/22/2017), cause of death (Pneumonia), and certifier information (Carolina V. Ocampo).



TRUE COPY OF ORIGINAL FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 26 2017

NOT VALID UNLESS