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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 081688

2017 DEC -1 AM 11:00

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana

File No.: CTNW1702198-KEA

COUNTY OF Lake

Case No.:

Comes now, Thomas F. Morris who being duly sworn upon his oath, deposes and says:

That, Thomas F. Morris is the surviving Son of, Gloria Warren deceased who died domiciled in County, Indiana, on May 6th, 2009

That Thomas F. Morris and Gloria Warren acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Property: 6942 Schneider Avenue, Hammond, IN 46323

Affiant states that and continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of's death. The Parties acquired title to the premises by Deed recorded _____ and _____ in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to .

IN WITNESS WHEREOF, the undersigned have executed this document on Nov. 28, 2017.

Executed: _____

[Signature]
Signature

Print Name Thomas F. Morris

STATE OF IN

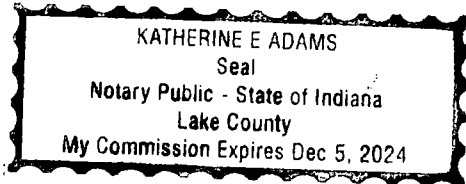
COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Thomas F. Morris, this 28th day of November, 2017.

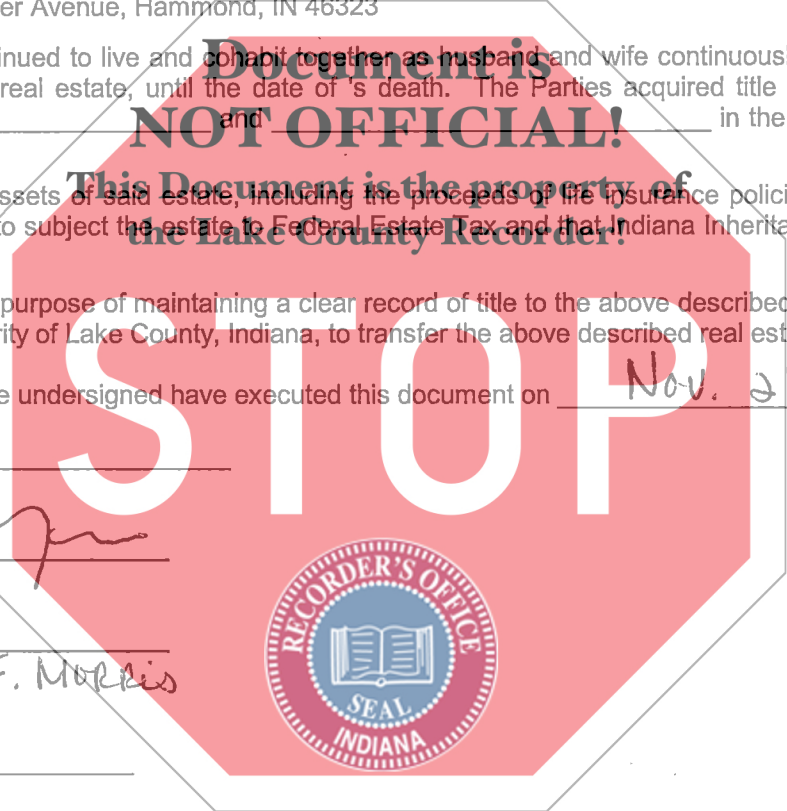
[Signature]
Notary Public _____

Resident of _____ County

My Commission expires: _____



CHICAGO TITLE INSURANCE COMPANY



FILED

006399

NOV 30 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$ 251.00

[Signature]

1820504142

SURVIVORSHIP AFFIDAVIT
(continued)

Prepared by: *Thomas F Morris*

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law

Katherine Adams.

Return to: *1015 Azalea St*
Munster IN 46321



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-07-09-301-014.000-023

LOT 11, W.F. TURNER'S ADDITION, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 25, PAGE 35, IN LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 665-09

State No.

Form containing fields for decedent's name (Gloria B. Warren Burden), date of death (May 6, 2009), cause of death (Alzheimer's Disease), and certifying physician (Schroeder-Lauer Funeral Home).

