

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 087013

2017 DEC 26 AM 9:02

MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-11-27-354-003.000-035

LINDA M. BOYD, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, DON W. BOYD, died on November 29, 2009, at St. John, Lake County, Indiana.
2. That Don W. Boyd and Linda M. Boyd were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

THE WEST 100 FEET OF THE EAST 200 FEET BY PARALLEL LINES OF THE SOUTH 230 FEET, BY PARALLEL LINES (EXCEPT THE SOUTH 30 FEET FOR PUBLIC ROAD) OF THE SOUTHWEST ¼ OF THE SOUTHWEST ¼ OF SECTION 27. TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE THIRD PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA.

Commonly known as: 9240 W. 93RD AVENUE, SAINT JOHN, IN 46373

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 his 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.

Linda M. Boyd
LINDA M. BOYD

STATE OF Indiana, COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said county and state this 9th day of December, 2017, personally appeared LINDA M. BOYD, 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: 5/10/25
County of Residence: Lake

Signature Darleen S. Birchel

Printed Darleen S. B.



DARLEEN S. BIRCHEL
Lake County
My Commission Expires
May 10, 2025

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.

Darleen S. Birchel
Signature of Preparer

Darleen S. Birchel
Printed Name of Preparer

COMMUNITY TITLE COMPANY
FILE NO 1713347

FILED

DEC 21 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 4050-09

State No.

Form containing fields for decedent information (DON W. BOYD), social security number, date of birth (August 18, 1947), place of death (LAKE), cause of death (Metastatic Melanoma), and certifying physician (Dennis Streeter, D.O.).

