

2017 087018

2017 DEC 26 AM 9:02

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT of SURVIVORSHIP**

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TAX: I.D. NO. 45-11-34-201-008.000-035

**EDWARD F. DIMARCO**, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Margaret M. Dimarco**, died on October 23, 2010 at Munster, Lake County, Indiana.
2. That **Edward F. Dimarco and Margaret M. Dimarco** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

**LOT 15, MALLARD LANDINGS, AN ADDITION TO THE TOWN OF ST. JOHN, AS SHOWN IN PLAT BOOK 69, PAGE 35, IN LAKE COUNTY, INDIANA.**

Commonly known as: **9302 MALLARD LANE, 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 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.

*Edward F. Dimarco*  
EDWARD F. DIMARCO

STATE OF Indiana, COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said county and state this 13<sup>th</sup> day of December, 2017, personally appeared **EDWARD F. DIMARCO**, 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 Signature *[Signature]*  
County of Residence: Lake Printed Darleen S. Birchel, Notary Public

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.

*[Signature]*  
Signature of Preparer

*Darleen Birchel*  
Printed Name of Preparer

COMMUNITY TITLE COMPANY  
FILE NO 1713384

**FILED**

DEC 21 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

006734

*25-*  
*am*  
*[Signature]*



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3730-10

State No.

Form containing fields for decedent information (Margaret M. Dimarco), date of death (October 23, 2010), cause of death (Gastric embolism), and certifier information (Satish Patel).

