

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

(Husband and wife)

2017 088008

2017 DEC 27 PM 3:2

STATE OF INDIANA)

) SS:

MICHAEL B. BROWN
RECORDER

COUNTY OF)

JAMES H. WOZNAK being first duly sworn upon oath, deposes and says:

1. That DIANNE WOZNAK died on AUG 7, 2011
20__ in CROWN POINT, Indiana.

2. That JAMES H. WOZNAK and DIANNE WOZNAK
were duly and legally married at the time they acquired title as husband and wife to the
following described real estate:
SEE ATTACHED LEGAL DESCRIPTION

Tax ID: 45-16-16-402-005-000-040

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) (her) death.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax
purposes, including joint bank accounts and life insurance n decedent's life were not sufficient
to necessitate payment of Federal Estate Tax.

Further affiant sayeth

FILED
DEC 27 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

029981

James H. Wozniak
James H WOZNAK

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

Donna Kerner

Commission Expiration:

County of Residence: Lake

This instrument was prepared by: Jame H. Wozniak

DONNA KERNER
NOTARY PUBLIC
SEAL
LAKE COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES APRIL 2, 2024
COMMISSION NO. 682869

\$2500

✓ #091293

JTB

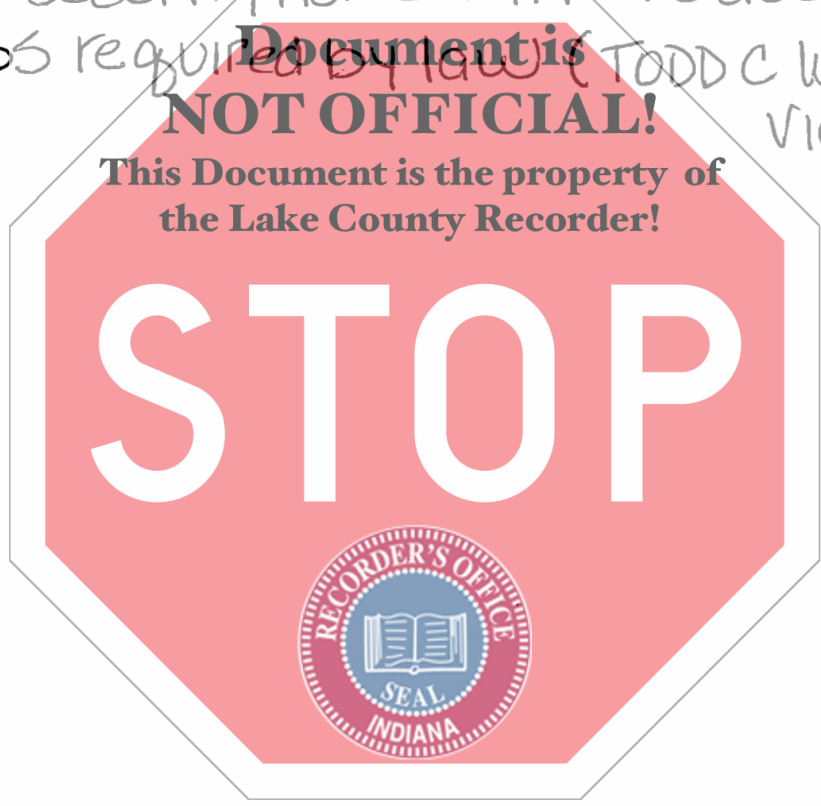
EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-16-16-402-005.000-042

LOT 102 IN STILLWATER, UNIT ONE, AN ADDITION TO LAKE COUNTY, INDIANA, AS RECORDED IN PLAT BOOK 85, PAGE 36, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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 (TODD C Williams, vice president)

TM





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002320

EDR No 00000212173

State No 033476

Form containing fields for decedent's name (DIANNE WOZNAK), date of death (08/02/2011), cause of death (HYPOXIC RESPIRATORY FAILURE), and certifier information (KWAME LARBI SIAW).

