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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 037499

2019 JUN 21 AM 11:46

MICHAEL B. BROWN
RECORDER

RETURN RECORDED DOCUMENT TO:
JAMES VARGO
1303 W 61ST PLACE
MERRILLVILLE, IN 46410

ADDRESS OF PROPERTY:
1303 W 61ST PLACE
MERRILLVILLE, IN 46410
PARCEL # 45-12-09-126-003.000-030

AFFIDAVIT OF SURVIVORSHIP

Comes now JAMES VARGO, being duly sworn upon oath, states as follows:

Your Affiant, JAMES VARGO, is the owner in fee simple of the following-described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 138 in Englehart's Country Club Manor, as per plat thereof, recorded in Plat Book 25, page 75, in the Office of the Recorder of Lake County, Indiana.

Property Address: 1303 W 61st Place, Merrillville, IN 46410
PARCEL # 45-12-09-126-003.000-030

JAMES VARGO and the Decedent, Barbara Vargo, were husband and wife at the time they acquired title to said real estate, as tenants by the entireties, by deed of conveyance.

The marital relationship which existed between this Affiant and Barbara Vargo, his wife, continued unbroken from the time they so acquired title to said real estate until the death of Barbara Vargo on June 3, 2019, at which time this Affiant acquired title to the real estate as surviving tenant by the entireties.

The gross value of the decedent's estate was less than the value required for the filing of Federal Estate Taxes and was not subject to Indiana Inheritance Tax.

The statements made in this Affidavit are true and complete to the best knowledge, information and belief of the Affiant.

FILED


002348

JUN 21 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$ 25.00
CC
AD

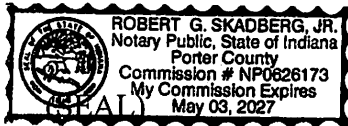
Further Affiant saith not.

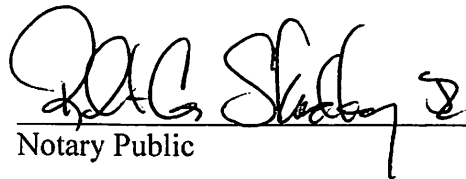

JAMES VARGO, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

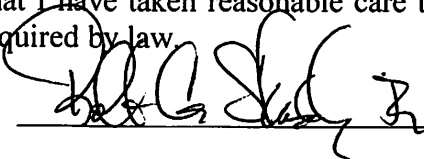
Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared JAMES VARGO, Affiant, and acknowledged the execution of said Affidavit to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 20 day of June, 2019.




Notary Public

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.



THIS INSTRUMENT PREPARED BY:
Robert G. Skadberg, Jr.
Counsel of CARR SKADBERG & KAZMIERCZAK LLC
57 Michigan Ave. #101, Valparaiso, IN 46383
219-230-3600



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 197303

Local No 902004

EDR No 000000713492

State No 027027

Form containing fields for decedent information (BARBARA J VARGO), date of death (06/03/2019), cause of death (CREUTZFELDT-JAKOB DISEASE), and certifying officer (CHANDANA VAVILALA).

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH
JUN 04 2019
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS
42. Certifier (Check Only One)
[X] Certifying Physician
44. License Number: 01070252B
45. Date Certified: 06/03/2019
49. For Registrar Only - Date Filed (Month/Day/Year): JUN 04 2019