STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043936

2019 JUL 18 PM 2: 11

MICHAEL B. BROWN RECORDER

STATE OF INDIANA)
) ss
COUNTY OF LAKE)

AFFIDAVIT OF SCRIVENER'S ERROR

Scott A. Pyle, being first duly sworn upon his oath, affirms and states as follows:

- 1. That I am an adult and not incompetent or under any disability.
- 2. That I am an Attorney active and in good standing with the State of Indiana. My Indiana Attorney Number is 25060-89.

This Document is the property of

- the Lake County Recorder! 3. That I have personal knowledge of the facts contained herein.
- 4. On or about September 23, 2015, I represented the Purchaser, BANA AHDAB, for the real estate closing for property located at 740 Seberger Drive, Munster, Indiana.
- 5. On or about September 29, 2015, a September 23, 2015 Warranty Deed was recorded in Lake County, Indiana as Document Number 2015 067137. The Warranty Deed was signed by SANDRA D. BENNETT as Grantor for the property located at 740 Seberger Drive.
- 6. That SANDRA D. BENNETT and SANDRA BENNETT was one of the co-owners of the property located at 740 Seberger Drive, Munster, Indiana, SANDRA D. BENNETT a/k/a SANDRA BENNETT was co owner of the property with her husband William H. Bennett a/k/a William Herschel Bennett. Mr. Bennett died on April 13, 2010. SANDRA D. BENNETT ARA SANDRA BENNETT held the property iointly with her husband and their names were listed as "William H. Bennett" and "Sandra D. Bennett."
- 7. On or about May 16, 2013, a self-prepared Survivorship Affidavit by SANDRA D. BENNETT a/k/a SANDRA BENNETT, was recorded in Lake County, Indiana on October 27, 2013, as Document Number 2013-077459. Said deed is attached hereto as Exhibit "A."

052146

FILED

JUL **18** 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR

\$ 25,000

- 8. That due to a scrivener's error, the name of William H. Bennett, was mistakenly stated as "William Herschel Bennett" in the recorded document.
- 9. Said error should not prevent the fulfillment of the transferor's original intent, and, therefore, I request that the recorded document be modified.

STATE OF INDIANA

Documentis

NOT OFFICIAL!

COUNTY OF LAKE

This Document is the property of

Subscribed and sworn to before to a Notal Publiclin and for said County and

State this 20 day of_

RACHEL E. VILLALON
Lake County
Stat
My Commission Expires
February 3, 2024

y Commission Expires

NOTARY PUBLIC, Resident of Lake County, IN

Laffirm 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 document prepared by RUBINO, RUMAN, CROSMER & POLEN, LLC

BY: Spott A. Pyle #25060-89 275 John Street Suite 330 Dyer, Indiana 46311

Telephone (219) 322-8222 Fax 219-322-6675

		1	Chicago The insurance Company
		. 45	SURVIVORSHIP AFFIDAVIT ON COM
			Way 1301546
		On	this \6 2013 before me personally appeared
			(insert date)
	}		Sarata De Sarata Work
	to me	pers	onally known, who being duly sworn on oath did say that:
		1.	Affiant resides at the address given below affiant's signature:
			Affiant is NOT OFFICIAL!
		2.	Affiant is the property of
			(state interest of afflant in the above plentises as "owner", oson of owner", etcorthe Lake County Recorder!
		3	Said premises were formerly owned as joint tenants or as tenants by the
		٥.	entireties by William H. Bernett and Sanden D. Benniett
44			3. 2. ED
PHICAGO WILE		4.	Said William Heashel Bennett (fill in name of co-tenant who died)
			died on Popul 13, 2010
			leaving will; will left, arech a copy will;
			(insert "a" or "and"; if will left, areach a copy will; AVE OUNT AUDITOR
		5.	The legal description of the premises in question is:
			hot a Deberger Milde Addition to the Town of
EXHI	BIT		Munster As shown in Plat Book 39, Page 103,
1/A	11		Recorded in the Office of the Recorder of Lake County Indiana.
			Is there Federal or State inheritance toy liability by reason of the death of said
4.		6.	Is there Federal or State inheritance tax liability by reason of the death of said
			decedent? Yes No
			If yes, then estimated taxes due are \$
			The taxes due are paid or unpaid 005908
			45-06-24-276-008,000-02/
			10mg

• 7	7. Where this affidavit relates to a tenancy by the entireties, were the parties ever	
•	divorced?	
	(If answer is "Yes", identify the divorce proceedings:	
):	
}	8. Affiant's relationship to the deceased was	
	9. At Slebelle Signature: Sinday D. Bennat	<u>.</u>
Chiles	This Document is the property of Andrea D. Benn	ett
State of	A Maherake County Regarder! 175 E. Delaware Pl	#5705
(Junta		••
0. 1	Chicago IL 606	11
9	Subscribed and sworn to before me by the affiant	
	This 16th day or may 2013	
	(insert date)	(*)
5 (g 1 ¹		
	Notary Public	
]	Printed Name Andrew Welland	
1	My County of Residence is: EAGO	
I	In the State of INOTS	
-	My Commission Expires November 27, 2016	
	1	
	This instrument prepared by SBANA	
	OFFICIAL SEAL	
Notary Pt	DREW J WEILAND Public - State of Illinois	
My Commiss	sion Expires Nav 27, 2016	
	· · · · · · · · · · · · · · · · · · ·	
9 TMS	affidavit also certifies that Bennett are in Bennett and Sandra D. Bennett are	
Sand	or Bennett and some ouson.	

	CHICAGO, ILLINOIS
	MEDICAL CERTIFICATE OF DEATH
	600

STATE FILE NUMBER 2010 00293	89				14 4		ISSUED	12/05/2011
DECEDENT'S LEGAL NAME WILLIAM HERSHEL BENNE	тт				SEX MALE	DATE OF DEATH APRIL 13, 2		
COUNTY OF DEATH		AGE AT LAST BIRT			EMBER 22, 19	37:		
CITY OR TOWN CHICAGO	<u>\</u>		HOSPITAL C	R OTHER INSTITUTION	N NAME ORIAL HOSPIT	AL		
PLACE OF DEATH INPATIENT							LEVER IN U.	ADMED
BIRTHPLACE SO GARY, IN	OCIAL SECURITY	A AAADI	AT TIME OF DEATH	SANDRA		RTNER'S MAIDEN NAME	FORCES?	NO
RESIDENCE 175 EAST DELAWARE			APT: NO. 5708	CITY OR TOWN CHICAGO			NSIDE CITY L YES	
COUNTY STATE COOK IL	ZIP CODE 60611	WILLIAM HEN	NAME PRIOR TO FIRST		BERTHA M	ENT'S NAME PRIOR TO P ARIE ENGEL	IRST MARRIAGE	CIVIL UNION
INFORMANT'S NAME JACKIE SMITH			IIP FAL RECORDS	MAILING ADD	THURON, CHI	CAGO, IL, 6061		
METHOD OF DISPOSITION CREMATION		E OF DISPOSITION	REMATION SERVICE	CROWN P	the state of the state of the state of	D STATE DATE O	.19, 2010	
FUNERAL HOME MRAZEK & RUSS FUNERA	L SERVICE	3601 W. DIVER	SEY AVE., CHIC	AGO, IL, 60647				
FUNERAL DIRECTOR'S NAME MICHAEL JOHN RUSS				ne prope v Record	0340145	79		R
LOCAL REGISTRAR'S NAME DAVID ORR					APRIL 20	NTH LOCAL REGISTR), 2010	AR.	
CAUSE OF DEATH PART I. IMMEDIATE CAUSE a.	ACUTE RESPI	RATORY DISTRE	SS SYNDROME			III MEEN MEEN		
(Final disease or condition resulting in death) b.	PNEUMONIA		Due to (or as a conseque	ice of):		AL BETT		
			Ope to (or as a conseque	ice of):		APPRO INTERVAL ONSET AN		
C.	ACUTE MYEL	OGENOUS LEUKE						
PART II. Enter other significant condi-	ions contributio	a to death but not re	Due to (or as a consist) of		T V	VAS AN AUTOPSY PE		10
PART ILLERISTIC STITLE						VERE AUTOPSY FINE	INGS USED TO	5
FEMALE PREGNANCY STATUS					N	MANNER OF DEATH		
NOT APPLICABLE DATE OF INJURY		TIME OF INJURY	PLACE OF	MJURY			INJURY	TWORK?
LOCATION OF INJURY			Strikk					
DESCRIBE HOW INJURY OCCURRED);					IF TRANSPO	RTATION INJUI	
11112112112111	TE LAST SEEN APRIL 13, 20	and the transfer of the contract of	MEDICAL EXAMINER INTER CONTACTED?		TE PRONOUNCED		06:27 I	
CERTIFIER PHYSICIAN						1	3, 2010	
NAME, ADDRESS AND ZIP GODE OF MAYHEW MD., RYAN, 251	PERSON COMP EAST HURO	LETING CAUSE OF I ON, CHICAGO,	DEATH ILLINOIS, 60611				N'S LICENSE	NUMBER

12/05/2011

DATE ISSUED

-06-24-276-008 000

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr Cook County Clark

