RECORDED AS PRESENTED MICHAEL B BROWN RECORDER

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

)SS:

COUNTY OF LAKE

2019-067872

2019 October 3

9:15:27 AM

Jours

SURVIVORSHIP AFFIDAVIT

Lisa Kmak, Personal Representative of the Estate of Valentine Hunter, Jr. a/k/a Val Hunter, Jr., being first duly sworn upon her oath, deposes and says:

Val Hunter, Jr. a/k/a Valentine Hunter, Jr. is the owner in fee simple of certain real estate located in Lake County in the State of Indiana with Parcel Number 45-07-20-105-027.000-027, more particularly described as follows, to-wit (the "Real Estate"):

Lot 17 and the South ½ of Kot 18 in Block 2 in Wicker Park, Munster, as per plat thereof, recorded in Plat Book 20 page 40, in the office of the Recorder of Lake County, Indiana

Commonly known as: 8254 Baring Avenue, Munster IN This Document is the property of

- 2. Record title to the Real listate was acquired by Bertha A. Hunter, Virginia Hunter and Val Hunter Jr., as joint tenants with rights of survivorship, by Quit Claim Deed dated November 7, 1997, and recorded November 17, 1997, as Deed Record as Document Number 1997-078653 in the Office of the Lake County Recorder.
- Bertha A. Hunter and Val Hunter Jr. remained in title as joint tenants with rights of survivorship upon the death of Virginia Hunter on September 25, 2000, and whose death certificate was recorded on October 31, 2000, as document number 2000-079397 in the Office of the Lake County Recorder.
- Bertha A. Hunter and Val Hunter in remained in title as joint tenants with rights of survivorship from the time they so acquired title to the Real Estate until the death of Bertha A. Hunter on July 20, 2008, at which time Val Hunter, ir. a/k/a Valentine Hunter, Jr. acquired all interest in said Real Estate.

4852-5773-3287, v. 1

FILED

OCT 03 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR

1

- There was no Federal Estate Tax due by reason of the death of Bertha A. Hunter. 5.
- That Indiana inheritance tax due by reason of the death of Bertha A. Hunter has 6. been paid.

DATED 9/24/2019

Lisa Kmak, Personal Representative of the Estate of Valentine Hunter, Jr. a/k/a Val Hunter, Jr.

STATE OF INDIANA

) SS:

COUNTY OF LAKE

Lisa Kmak, as Personal Representative of the Estate of Valentine Hunter, Jr. a/k/a Val., Jr. personally appeared perore me, a Notary Public, on 9/24/19, and, after being Hunter, Jr. personally appeared before me, a Notary Public, on 124/19, and, after being duly sworn, stated that the above representations are true and correct to the best of her knowledge and belief, and signed or affirmed signing the above document.

To acknowledge this action, Tam signing below and placing my notary sea on this document.



Notary Public

County of Residence: LAKE, INDIANA My Commission Expires: # 667030 423/2023

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. By: Laura M. Vogler, Preparer

This instrument was prepared by Laura M. Vogler of CutWEIN LAW, 250 Main Street, Suite 590, Lafayette, IN 47901; Telephone: (765) 423-7900.

2

4852-5773-3287, v. 1

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| PETRA A. Hunter Thompskins In the State of | Local No. | | | | | State No. | *************************************** | ***** | ••••• | |
|--|--|---|---|---|--|---------------------|---|----------------|---------------------------------------|--|
| The County of Co | | | 1 | | | | | | | |
| Section Sect | | b Under Year Sc. Under I Mary | | | M 7. Date Of Birth (Mo | Female | 9:15 PM | Jul | y 20,2008 | |
| The District Control Country of National Control Country (Control Country (Country (Control Country (Control Country (Control Country (Control | 88 Ма | nths Days | Hours | Minutes | | 1 | | | - | |
| The control of the co | | | | 10a. If Death Occurred | Somewhere Other Th | | | | | |
| Margaret Mercy Healthcare (Fro Times Bus, vol Robers Lake Margaret Mercy Healthcare Margaret Mercy Healthcaret Margaret Healthcaret Margaret Mercy Healthcaret | Yes D No Unknown D Propatient C | Emergency Department Outpatient (| D Dead On Arrival | Term Care Facility | Other (Specify) | | The property CIO | oceani s re | Me CI reusing Hame/Lo | |
| The County of Lands Lake | | • | ····· | | | | | | | |
| TITION OF IN 46320 Lake Lake It does not be beginned Docate When I the greatest beginned Docate It does not beginned Docate It beginner have It be | City Or Town, State, And Zio Code | ealthcare | | | | | | | | |
| The Control Comment of the Control Con | Hammond, IN 46320 | | | | | | | | | |
| History Folia Lake To Card National To Card N | Surviving Spouse's Name | | E- W108-15) | | | | ☑ Widowed □ | Never Marrie | d 🖸 Unknown | |
| Lake Munster Lake Munster | None | | SSE. (IF VERRICH MEDION | Cast Mame | | | palion | | • | |
| PUINSTER POUNT NOT ANY AND AN | Residence - State | 16a. County | 10/74 | 16b City Or Your | . Hor | nemaker | | Н | ome | |
| 254 Baring Ave. 156 Developed Chapter Copy 150 Developed Chapter Chapter Copy 150 Developed Chapter Chap | N | Lake | | Munst | er | | | | | |
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| Please select feducation level: | 8254 Baring Ave. | | | | | <u> </u> . | 4632 | 1 | XO Yes 12 No | |
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| And the state of t | ease select education level: Father's Name (First, Middle, Last) | Please select I | Hispanic origin, if | any: Plea | se select race: | | 1 79 | UNWAPE EIS | SANT OF BOILS | |
| Hunter Son | William Thompkins | | | | , | | | | | |
| Approximate of Dispression | Inoman's Name | 244. Herationship | To Decedent | N . A . 245. Making Address | (SIFEET AND NUMBER, C | ly, State, zip Code | , <u>I</u> N | •A• | | |
| See Only Burelland Description Based Connection Description | al Hunter | Son | | 8254 Bari | no Ave. | Munster | - IN 4632 | 1 | | |
| Residence Considered Personnel Personn | Method Of Disposition | 25b. Place Of Disposition (Name | 25. Pla Of Cemetery, Crematory, | noe Of Disposition | - | | | | | |
| ## One Burns Kish Funeral Home ## 8415 Calumet Munster III 46321 3004968 **Souther of broads funeral Service **Souther of broads funeral Service **Display Funeral Home ## 8415 Calumet Munster III 46321 3004968 **Souther of broads funeral Service **Display Funeral Home ## 8415 Calumet Munster III 46321 **Optional Service Interpretation Fundamental Service I | Donation D Entombrent D Removal From State Other (Specify): | Kelly-Carrol | OCUII. | lenu | 12 | | | | | |
| Seguing of indicat Service Service | Was Coroner Contacted? 27. Name | | | | Gary | | | 27a. Fun | eral Home License Numbe | |
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