STATE OF INDIANA RECORDED AS PRESENTED LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN

RECORDER

2019-072248

2019 October 23

8:30:12 AM

PARCEL TAX NO.: 45-07-08-452-007.000-023

STATE OF INDIANA

) SS:

COUNTY OF LAKE

AFFIDAVIT OF SURVIVORSHIP

Comes now BARBARA SUE FOWLER, a/k/a BARBARA S. FOWLER being duly sworn upon oath, and states as follows:

1. That affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

WOODMAR-UNIT 10 L. 1 BL. 34 ALL L. 2 BL. 34 ALL L. 3 BL. 34 & S.

25 FEET OF VAC. 172ND STREET ADJ Cument is

Commonly known as: 7204 Olcott Avenue, Hammond, Indiana 46323

Mail tax bills to: Barbara S. Fowler, 7204 Olcott Avenue, Hammond, This dana: 46323t is the property of

- 2. That the affiant and the decedent VERLON FOWLER were married on July 30, 1965. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated March 27, 2014, and recorded in the Office of the Lake County Recorder.
- 3. That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of VERLON FOWLER, on October 30, 2017, at which time this affiant acquired title to the real estate as surviving tenant by the entireties. See attached Death Certificate as Exhibit A.
 - 4. That life estate of Verlon Fowler is extinguished.
- 5. That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return and therefore not subject to Federal Estate Tax.

FILED

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OCT **2 2** 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR

PARCEL TAX NO.: 45-07-08-452-007.000-023

5. That this affidavit is being filed to clarify the title to said real estate.

Dated this 14th day of October, 2019.

Barbara Sue Fowler, a/k/a Barbara S. Fowler

State of Indiana

, SS

County of Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 14th day of October, 2019



David E. Mears, Notary

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: David E. Mears, Attorney at Law #9119-45, 3527 Ridge Road, Highland, IN 46322; (219) 972-0990.

Page 2 of 2

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH. Tracking No. 186988

Local No 003742	2	El	DR No 000	0006066 ame (if female)	80	2. Sex		lo 05306		Of Death (Mon	th/Day/Year
ERLON J FOWLER						MALE	1 12	2:22 PM		10/30/20	17
. Social Security Number 6a. Age - Yrs 6b. Und	der 1 Year	6c. Under 1 Mor	nth 6d. Under 1 Day	6e. Under 1 Hour	7. Date o	of Birth (Month/Day		8. Birthplace (City a	ind State		
75 Months		Days	Hours	Minutes	1 (02/14/1942		ATTALLA, A	L		
. Ever in U.S. Armed Forces? 10. If Death Occurre	ed in A Hosp	oital:	-	10a. If Death Occ	urred Somev	where Other Than	A Hospital				
the state of the s		epartment Outpatie	ent Dead on Arriv	al Other (Specify)		cedent's nome	☐ Mursing	g Home/Long-term (are radi	uty	
Fecility Name (If Not Institution, Give Street and Nun COMMUNITY HOSPITAL City Or Town, State, And Zip Code	mber)			13. County	0/5		-				
				is. County	OrDeam			14. Marital Statu		Ŧ · · · · · · · · ·	☐ Divorc
IUNSTER, IN, 46321 5. Surviving Spouse's Name		1	5a. Last Name Before	LAKE First Marriage		16. Decedent's U	sual Occup	☐ Widowed	☐ Neve	or Married Of Business/in	Unknown
ARBARA FOWLER		_	ERRELL		را				N 154 A	041.001	4D 4 4 13 4
8. Residence - State	18a. (County	LINICLL	18b. City Or To		OPERATOR		<u> </u>	HEMI	ICAL CON	//PANY
NDIANA	LAKE	E		HAMMONE)						
18c. Street And Number			····	1		18d.	Apt. No.	18e. Zip Co	de	18f. Inside	City Limits
7204 OLCOTT AVENUE								4632	3	☑ Yes	□ No
19. Decedent's Education	20.	. Decedent Of Hisp	panic Origin	21. (Decedent's R	tace					*****
TH - 12TH GRADE; NO DIPLOMA 2. Parent's Name (First, Middle, Last)	NC	OT HISPANI	С	Whit							
c. recons vene (rust, Micole, Last)				23. Parent's Name	(First, Middle	, Last)		23a. Pare	ent's Last	Name Before F	Irst Mama
MARCUS FOWLER 24. Informant's Name				MATTIE FOWLER				LATHAM			
		24a. Relationship	To Decedent	24b. Mailing Addres	•						
ARBARA FOWLER		WIFE		7204 OLCOT	T AVEN	IUE, HAMM	OND, II	N 46323			
	d Complete	Address Of Funer			GAR				27a. Fun	eral Home Lice	nse Numb
7b. Signature Of Indiana Funeral Service I consecu		SIGNATUR	Ecumen	SERVICE, 921 at is the r		27c. Lic	ense Numb	er (Of Ucensee):	-H106	00026 -	
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