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2019-080838

2019 Nov 22 10:11 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-15-34-105-008.000-014 (Lot 46)
I.D. NO. 45-15-34-105-007.000-014 (Lot 47)

RICHARD L. GRANGER, being first duly sworn upon oath, deposes and says:

1. That **Olin C. Granger a/k/a Olen C. Granger**, died on June 16, 1996, at Crown Point, Lake County, Indiana.
2. That **Olin C. Granger a/k/a Olen C. Granger and Frances E. Granger** were duly and legally married at the time they acquired title in the following described real estate:

LOTS (46) FORTY-SIX AND (47) FORTY SEVEN, BOTH IN BLOCK (3) THREE, IN JANE DWAN GARDENS, CEDAR LAKE, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 20 PAGE 56, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: **14133 PARRISH AVE., CEDAR LAKE, IN 46303**

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 death. Per state statute IC 32-17-3-1 all interest is conveyed to the surviving spouse.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.
6. Affiant's relationship to decedent is son.

FURTHER, your Affiant saith naught.

Richard L. Granger
RICHARD L. GRANGER, Affiant

STATE OF IN COUNTY OF MISSISSIPPI SS:

Before me, the undersigned, a Notary Public in and for said county and state this 18 day of November, 2019, personally appeared **RICHARD L. GRANGER**, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 9/20/23 signature _____
County of Residence: Hamilton Printed Denise Ryan Notary Public

This instrument prepared by: **NATHAN D. VIS**, Attorney at Law, ID No. 29535-45
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by title company

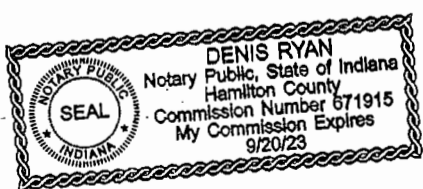
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Denise Ryan Signature
Denise Ryan Printed Name

FILED

NOV 22 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR



31042

COMMUNITY TITLE COMPANY
FILE NO. 1917526

CK12013

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* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2186-96

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

40815 TYPE/PRINT IN PERMANENT BLACK INK

Form with sections: DECEASED-NAME, SOCIAL SECURITY NUMBER, AGE, SEX, TIME OF DEATH, DATE OF DEATH, FACILITY NAME, CITY/TOWN, COUNTY, MARRIAGE STATUS, SURVIVING SPOUSE, DECEASED'S USUAL OCCUPATION, KIND OF BUSINESS INDUSTRY, RESIDENCE, CITIZENSHIP, RACE, EDUCATION, FATHER'S NAME, MOTHER'S NAME, INFORMANT, MAILING ADDRESS, RELATIONSHIP, METHOD OF DISPOSITION, DATE AND PLACE OF DISPOSITION, LOCATION, EMBALMER'S NAME, LICENSE NUMBER, NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME, SIGNATURE OF FUNERAL DIRECTOR, PART I: CAUSE OF DEATH, PART II: OTHER CAUSES OF DEATH, CERTIFIER, SIGNATURE AND TITLE OF CERTIFIER, MEDICAL LICENSE NO, DATE SIGNED, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, HEALTH OFFICER'S SIGNATURE, DATE FILED, MANNER OF DEATH, DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

