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2020-072037

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

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2020 Oct 8 8:53 AM

AFFIDAVIT OF SURVIVORSHIP

Sharon K. Horn, being first duly sworn upon her oath, states:

1. That the undersigned affiant resides at 9615 Cypress Avenue, Munster, Lake County, Indiana.
2. That the undersigned affiant is the surviving and exclusive owner of the following parcel of real property located at 9615 Cypress Avenue, Munster, Lake County, Indiana (Parcel No. 45-07-29-379-005.000-027) and legally described as:

Lot 28 in Fairmeadow Fifth Addition, Block One, to the Town of Munster, as per plat thereof, recorded in Plat Book 37, Page 79, in the Office of the Recorder of Lake County, Indiana.
3. That Clarence E. Horn died on February 22, 2020. Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Clarence E. Horn.

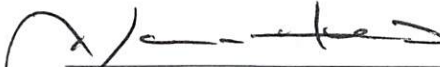

SHARON K. HORN

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 7th day of October, 2020, personally appeared: Sharon K. Horn and acknowledged the execution of the foregoing Affidavit of Survivorship.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

KARL E. HAND
Notary Public, State of Indiana
SEAL
Commission Number: NP0705899
My Commission Expires November 10, 2025

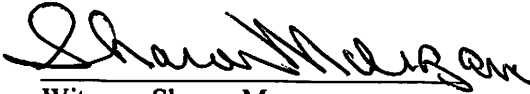

Karl E. Hand, Notary Public
County of Residence: Lake

25.00
CS
KIK


043674

FILED
OCT 08 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR

EXECUTED AND DELIVERED in my presence:

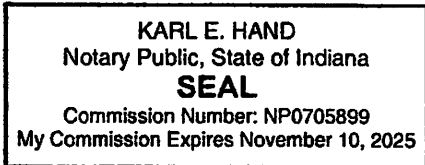


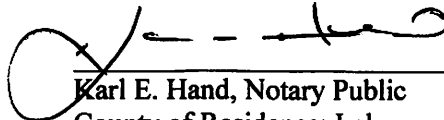
Witness: Sharon Morgan

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

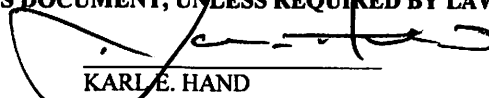
Before me, a Notary Public in and for said County and State, personally appeared Sharon Morgan, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Sharon K. Horn in the above-named subscribing witness's presence, and the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 7th day of October 2020.




Karl E. Hand, Notary Public
County of Residence: Lake

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.


KARL E. HAND

This Instrument prepared by: KARL E. HAND, Attorney at Law, 1000 Eagle Ridge Drive, Schererville, Indiana 46375



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 227516

Local No 001079

EDR No 00000763050

State No 014093

Form containing fields for decedent's name (CLARENCE E HORN), date of death (02/22/2020), birth date (12/19/1934), place of death (MUNSTER COMMUNITY HOSPITAL), cause of death (ACUTE CORONARY SYNDROME), and certifying officer (SHASHIDHAR DIVAKARUNI).

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and may be used for other purposes.

RAISED SEAL AFFIXED

