

This is to certify that this is a true and exact copy of the original instrument.

Chicago Title  
Indiana Division

By: \_\_\_\_\_

5  
Cthw2004850



# Chicago Title Insurance Company

## SURVIVORSHIP AFFIDAVIT

On this 9/11/2020 before me personally appeared David Jacobs aka  
(insert date)

David L. Jacobs

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is Owner  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by David Jacobs and Mary Jacobs;

4. Said Mary Jacobs  
(fill in name of co-tenant who died)  
died on 10/02/2015

leaving No will;  
(insert "a" or "no" if will left, attach a copy)

5. The legal description of the premises in question is:

Tax ID: 45-08-30-252-007.000-001

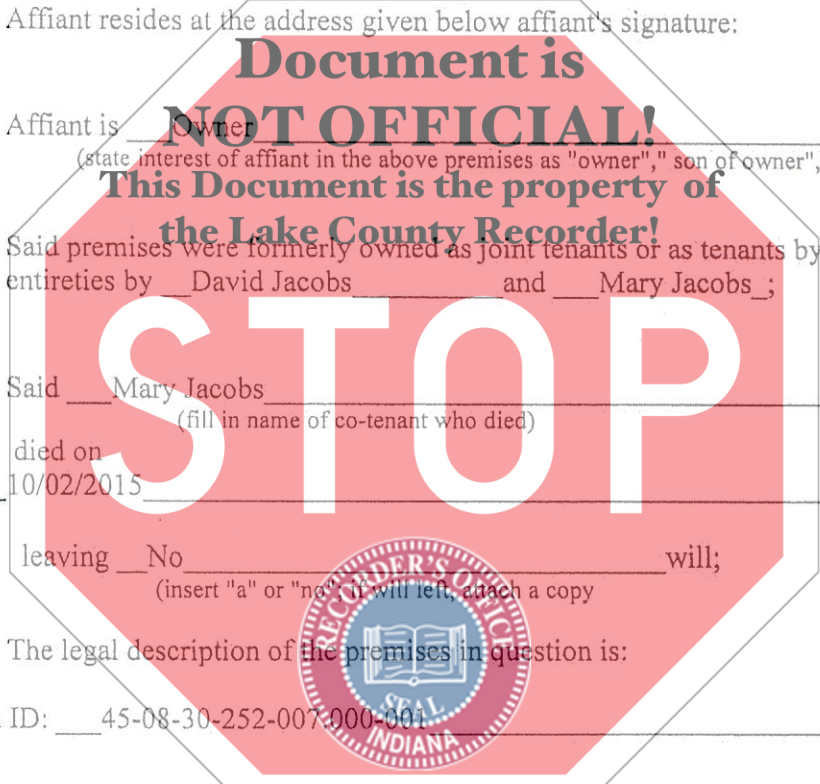
6. Is there Federal or State inheritance tax liability by reason of the death of said

decendent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid..

CHICAGO TITLE INSURANCE COMPANY



2020-073151  
2020 Oct 14 9:13 AM

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

**FILED**  
OCT 13 2020  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

1820801888

026973

42500

JEB

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes", identify the divorce proceedings:

\_\_\_\_\_):

8. Affiant's relationship to the deceased was Husband

Signature: David Jacobs

Printed Name David Jacobs aka DAVE L. Jacobs  
Address: 3827 W 40th Ave  
Gary In 46408

Subscribed and sworn to before me by the affiant

This \_\_\_\_\_  
(insert date)

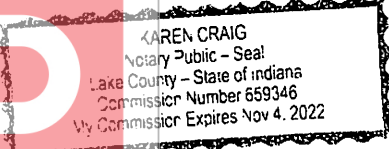
Notary Public

Printed Name Karen Craig

My County of Residence is: \_\_\_\_\_

In the State of IN

My Commission Expires 11/04/2022



Return to:  
This instrument prepared by David Jacobs  
13513 78th Ct  
Dyer IN 46311

CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached:

[Signature]  
Witness Signature  
Joanna Anaya

\_\_\_\_\_  
Witness Printed Name

PROOF:

STATE OF INDIANA  
COUNTY OF LAKE

**Document is  
NOT OFFICIAL!**

Before me, a Notary Public in and for said County and State, on ~~July~~ <sup>September</sup> 11, 2020, personally appeared the above named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows [Name]

to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said Grantor execute the same; and that said WITNESS at the same time subscribed his/her name as a witness thereto.

NOTARY PUBLIC  
Printed: KAREN CRAIG  
Resident of: LAKE County  
State of INDIANA  
My Commission Expires: 11/04/2022  
Commission No. 659349

KAREN CRAIG  
Notary Public - Sea  
Lake County - State of Indiana  
Commission Number 659346  
My Commission Expires Nov 4, 2022



## LEGAL DESCRIPTION

Order No.: CTNW2004850

For APN/Parcel ID(s): 45-08-30-252-007.000-001

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THE WEST 1/2 OF THAT PART OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 30, TOWNSHIP 36 NORTH, RANGE 8 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, LYING EAST OF THE WEST 180 FEET THEREOF.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

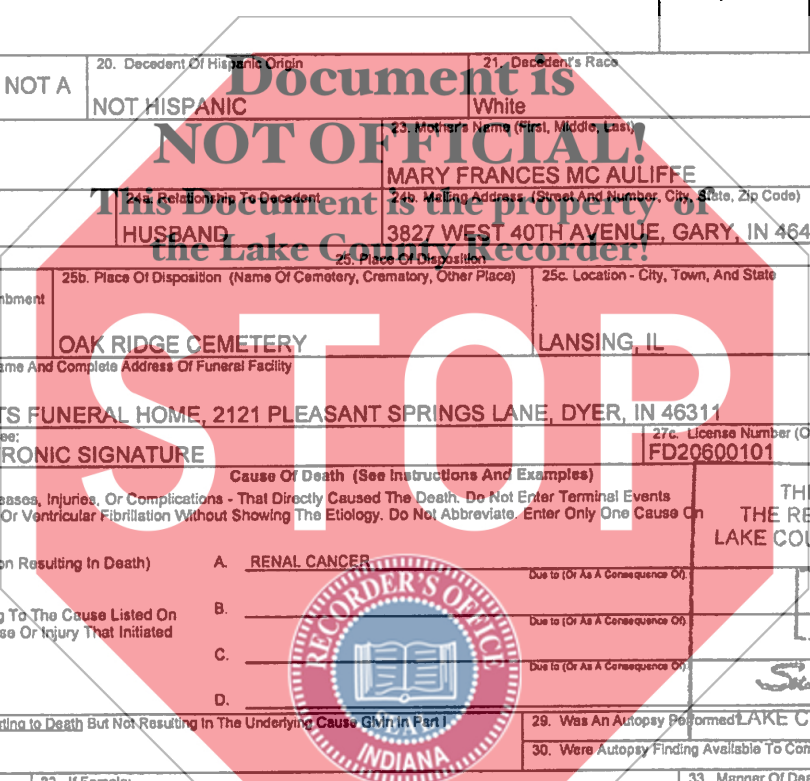
Tracking No. 67014

Local No 003313

EDR No 00000472103

State No 047367

Form containing fields for decedent information (Mary K Jacobs), date of death (10/02/2015), cause of death (Renal Cancer), and certifier information (Matthew A. Mazur).



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
OCT 08 2015
Susan W. Best, M.D.
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS