## NOT AN OF

LAKE COUNTY FILED FOR RECORD

8:46 AM

2022 Jun 28

STATE OF INDIANA

) Send tax bills to: 3616 Michigan St., Hobart, IN 46342

COUNTY OF LAKE

## AFFIDAVIT OF SURVIVORSHIP

Comes now Barbara A. Ast, and upon being duly sworn does attest and say:

- 1. That the affiant is the spouse of Siegfried B. Ast, deceased.
- 2. That Barbara A. Ast and Siegfried B. Ast, acquired the following property as Husband and Wife during the term of their marriage.

LOTS NINE (9) AND TEN (10), IN BLOCK FIVE (5), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF MATTHIAS ADDITION TO LIVERPOOL HEIGHTS, IN THE TOWN OF NEW CHICAGO, LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORDED IN PLAT BOOK 3, PAGE 59, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

> Commonly known as: 3616 Michigan St., Hobart, IN 46342 Parcel No.:45-09-19-357-028.000-022

- That Barbara A, Ast and Siegfried B. Ast, remained married until the death of Siegfried B. Ast on the 3<sup>rd</sup> day of March, 2017.
- 4. That Barbara A. Ast became the fee simple owner of the property at the death of Siegfried B. Ast.

I affirm under the penalties for perjury that the forgoing statements are true. Barbara A. Ast

EXECUTED AND DELIV	ERED IN MY PRES	ENCE:	
MenCerin	Witness Signature	7/1	
Maranda Omin		P	FILED
STATE OF INDIANA	) RY PU	LACEE MOORE Notary Public, State of Indiana Porter County	JUN 2 7 2022
COUNTY OF PORTER	)SS:	My Commission Expires July 27, 2028	LAKE COUNTY AUDITOR
Before me, a notar	y public in fore said	d county and state this 21	day of June, 2022,

Barbara A. Ast acknowledged the execution of the foregoing or attached Affidavit of Survivorship as her voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this day of June, 2022. Notary Signature

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

Shauna M. Lange

This Instrument prepared by: Shauna M. Lange, ESQ REES AND LANGE, P.C 301 Main Street, Hobart, IN 46342 (219) 947-1692

Local No 0011	83	EDR No 00	0000569620	2 Sex	State I	No 01	6548	e Of Death (Month/Day/
SIEGFRIED B AST	Under 1 Year   6c, Under 13	Month 6d. Under 1 C	Day   6e. Under 1 Hour   7.	MA Date of Birth (Mo		9:30 AM		03/30/2017 te or Foreign Country)
5. Social Security Number 6a. Age - Yrs 6b.	STATE OF THE PARTY	Hours	Day 6e. Under 1 Hour 7.	12/23/1	11111111		OWO, PO	te or Foreign Country)
	curred in A Hospital:	atient Dead on A	10a. If Death Occurred Hospice Facility Other (Specify)		r Than A Hospital	21122	11 11111111111	ncility
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IOBART, IN, 46342			LAKE				mied Married	But Separated Div
5. Surviving Spouse's Name		15a. Last Name Ber	fore First Marriage	16. Deces	dent's Usual Occu	pation	17. Ki	nd Of Business/Industry
BARBARA AST  18. Residence - State	18a. County	CESARE	18b. City Or Town	STEEL	WORKER		STEE	
NDIANA Bc. Street And Number	LAKE		HOBART		18d. Apt. No.	1 18	e. Zio Code	I 18f. Inside City Lin
616 MICHIGAN STREET					Too. Apr. No.		46342	⊠ Yes □ N
9. Decedent's Education HIGH SCHOOL GRADUATE OR G	20. Decedent Of H		21. Deced	lent's Race	I III		1	
2. Parent's Name (First, Middle, Last)	NOT HISPA	NIC	White 23. Parent's Name (First,	Middle, Last)			23a. Parent's La	st Name Before First Ma
UDWIK TANZ 4. Informant's Name		ship To Decedent	SOPHIE AST		04 044 740		AST	
ARBARA AST	SPOUSE		3616 MICHIGAN		7,000,000			
	The said of the said of the	in (Name Of Cemeter	y, Crematory, Other Place) 2	oc. Location - City	y, Town, And Stat	0		
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