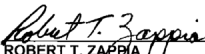


NOT AN OFFICIAL DOCUMENT

9. Affiant's relationship to the decedent is that of surviving spouse.

10. The mailing address to which statements should be mailed under I.C. 6-1.1-22-8.1 is 12405 Wayne Street, Crown Point, IN 46307. The mailing address of the Grantee is 12405 Wayne Street, Crown Point, IN 46307.

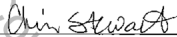
Further, Affiant sayeth not.


ROBERT T. ZAPPIA

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

BEFORE ME, the undersigned, a Notary Public, in and for said County and State, personally appeared **ROBERT T. ZAPPIA**, and acknowledged the execution of said Survivorship Affidavit to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 23rd day of February, 2023.


Chrissy Stewart, Notary Public



My Commission Expires: 7/20/23
County of Residence: Lake
Commission No. 670615

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. (Tara K. Tauber, Esq.)

This Instrument Prepared by:
Tara K. Tauber, Esq.
Tauber Law Offices
1415 Eagle Ridge Drive
Scherverville, IN 46375
(219) 865-6666